FINAL PAYROLL		diR		California Departme of Industri	ent ial							PUBLIC WO	ORKS PAY	ROLL REF	PORTING	FORM				Page		of	
ΡΡΙΕΜΕΝΤΔΙ ΡΔΥΡΟΙΙ		NAME OF CONTRACTOR OR SUB CONTRACTOR												CONTRACTOR'S LICENSE # SPECIALTY LICENSE #									
PAYR		PAYROLL NO.		FOR WEEK ENDING							SELF-INSURED CERTIFICATE #					PROJECT AND LOCATION PROJEC				CT OR CONTR	ACT NO.		
													WORKER'S COMPENSATION POLICY #				SDHC	Various Lo					
(1)	(2)	(3) WORK CLASSIFICATION		(4) Da				(5) Day			(5)	(6)							Τ				
NAME, ADDRESS AND SOCIAL SECURITY NUMBER	NO. OF WITH- HOLDING EXEMPTIONS						THUR Date				TOTAL HOURS	HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED			DEDU	CTIONS, CO	DNTRIBUTIONS AND PAYMENTS				NET WGS PAID FOR WEEK	CHECK NO.
	8-X					Hours Work		Each Day		ļ!						1	001 1/0/ 1/0/					\vdash	
			s								0		THIS PROJECT	ALL PROJECTS	FED TAX	FICA (SOC SEC)	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION		
											Ŭ											TIONS	
			0								0		\$0.00	\$0.00	TRANING	FUND ADMIN	DUES	TRV/ SUBS		OTHER*	TOTAL DED- UCTIONS		
			D								0										\$0.00		
													THIS	ALL	FED TAX	FICA	STATE TAX	SDI	VAC/ HOL	HEALTH & WELF	PENSION		
			s								0		PROJECT	\$0.00	TAX	(SOC SEC)	TAX		HUL	& WELF			
			0								0		\$0.00		TRANING	FUND	DUES	TRV/ SUBS	SAVINGS	OTHER*	TOTAL DED- UCTIONS	\$0.00	
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			0								0		\$0.00		TRANING	FUND	DUES	TRV/	SAVINGS	OTHER*	TOTAL DED-	\$0.00	
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																						\$0.00	
			0								0		\$0.00	\$0.00	TRANING	FUND ADMIN	DUES	TRV/ SUBS	SAVINGS		TOTAL DED- UCTIONS		
			D								0										\$0.00		
Form A 1-131 (New 2-80 (form has been minimized to fit page)		S = Straight Time *OTHER - Any other deductions, contributions and/or payment whether or not included or required by prevailing CERTIFICATION must be completed O = Overtime wage determinations must be separately listed. Use extra sheet if necessary SDI = State Disability Insurance D =Double Time														ompleted							
I,, the undersigned, am (Name - Print) (position with busin									with the authority to act for and on behalf of														
certify under penalty of perjury that the records or copies thereof submitted and consisting of										(de	scription n	o. of pages)	are	the origina	lls or true,	full and cor	rect copies	s of the ori	ginals whic	h depict th	e payroll		
record(s) of the actual disbursem issued by the Secretary of Labor to civil criminal prosecution (See	under ti	ne Copeland Act, as ame	endeo	d (48 Sta	at. 948,	63 Start.	. 108, '	72 Stat	. 967;	ned. On 76 Stat	federally-	funded projects,									or subcor	itractor	
Date:		Signature:										-											
A public entity may require a mor	e strict a	and/or more extensive fo	orm o	f certific	ation.																		