

PRIME CONTRACTOR SUBCONTRACTOR

Business Name (DBA):		Phone: ()	CCB Registration Number:
Project Name:		Project Number:	Type of Work:
Street Address:		Project Location:	
Mailing Address:		Project County	

Date Pay Period Began:	Date Pay Period Ended:
THIS SECTION FOR PRIME CONTRACTORS ONLY	THIS SECTION FOR SUBCONTRACTORS ONLY
Public Contracting Agency Name:	Subcontract Amount:
Phone: ()	Prime Contractor Business Name (DBA):
Date Contract Specifications First Advertised for Bid:	Prime Contractor Phone: ()
Contract Amount:	Prime Contractor's CCB Registration Number:
	Date You Began Work on the Project:

(1)	(2)	(3) DAY AND DATE	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)							
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE**	TRADE, CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)	HOURS WORKED EACH DAY							TOTAL HOURS	BASE HOURLY RATE OF PAY	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED	ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC	NET WAGES PAID FOR WEEK	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM	
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* Although this form has not been officially approved by the US. Department of Labor, it is designed to meet the requirements of both the state PWR law and the federal Davis-Bacon Act.

** Social Security Number is required only for Davis-Bacon projects.

