



GSLC FILL-IN PAYROLL REPORTING FORM

NAME OF CONTRACTOR: OR SUBCONTRACTOR:										CONTRACTOR'S LICENSE NO.: SPECIALITY LICENSE NO.:										ADDRESS:									
PAYROLL NO.:					FOR WEEK ENDING:					SELF-INSURED CERTIFICATE NO.:					PROJECT OR CONTRACT NO.:														
					(4) DAY					(5)		(6)		WORKERS' COMPENSATION POLICY NO.:					PROJECT AND LOCATION:										
(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH- HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION		M	T	W	TH	F	S	S	TOTAL HOURS	HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED		(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS							(9) NET WGS PAID FOR WEEK		CHECK NO.					
				DATE																									
				HOURS WORKED EACH DAY																									
			S										THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION								
				O															TRAIING.	FUND ADMIN	DUES			TRAV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUC- TIONS		
			S										THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION								
				O															TRAIING.	FUND ADMIN	DUES			TRAV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUC- TIONS		
			S										THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION								
				O															TRAIING.	FUND ADMIN	DUES			TRAV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUC- TIONS		
			S										THIS PROJECT	ALL PROJECTS	FED. TAX	FICA (SOC. SEC.)	STATE TAX	SDI	VAC/ HOLIDAY	HEALTH & WELF.	PENSION								
				O															TRAIING.	FUND ADMIN	DUES			TRAV/ SUBS.	SAVINGS	OTHER*	TOTAL DEDUC- TIONS		

\*\*PAYROLL CERTIFICATION MUST BE ATTACHED

\* OTHER– Include explanation of any other deductions. Any other deductions, contributions and/or payments whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet(s) if necessary