PUBLIC WORKS PAYROLL REPORTING FORM

Los Angeles County Metropolitan Transportation Authority

HC347 (MTA LC FORM A1)

NAME OF CONTRACTOR: CONTRACTOR'S LICENSE # ADDRESS

OR SUBCONTRACTOR ☐ SPECIALTY LICENSE #

PAYROLL NO. **FOR WEEK ENDING:** EMPLOYER FEDERAL ID NUMBER: PROJECT OR CONTRACT # PROJECT LOCATION

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITH HOLDING EXEMPT	(3) WORK CLASSIFI-CATION		(4) DAY AND DATE SUN	MON	TUES	WED	THU	FRI	SAT	(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED THIS PROJECT	ALL PROJECTS	(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS FED TAX	FICA SOC SEC	STATE TAX	SDI	VAC/ HOL	HEALTH WELF	PEN.	(9) NET WAGES PAID FOR WEEK	CHECK NO.
				HOURS WORKED EACH DAY																			
			S										THIS PROJECT	ALL PROJECTS	FED TAX	FICA SOC SEC	STATE TAX	SDI	VAC/ HOL	HEALTH WELF	PEN.		
			O												TRAIN	FUND ADMIN	DUES	TRAV/ SUBS	SAVING	OTHER	TOTAL DEDUCT.		
			S										THIS PROJECT	ALL PROJECT	FED TAX	FICA SOC SEC	STATE TAX	SDI	VAC/ HOL	HEALTH WELF	PEN.		
			O												TRAIN	FUND ADMIN	DUES	TRAV/ SUBS	SAVING	OTHER	TOTAL DEDUCT.		
			S										THIS PROJECT	ALL PROJECT	FED TAX	FICA SOC SEC	STATE TAX	SDI	VAC/ HOL	HEALTH WELF	PEN.		
			O												TRAIN	FUND ADMIN	DUES	TRAV/ SUBS	SAVING	OTHER	TOTAL DEDUCT.		
			S										THIS PROJECT	ALL PROJECT	FED TAX	FICA SOC SEC	STATE TAX	SDI	VAC/ HOL	HEALTH WELF	PEN.		
			O												TRAIN	FUND ADMIN	DUES	TRAV/ SUBS	SAVING	OTHER	TOTAL DEDUCT.		
			S										THIS PROJECT	ALL PROJECT	FED TAX	FICA SOC SEC	STATE TAX	SDI	VAC/ HOL	HEALTH WELF	PEN.		
			O												TRAIN	FUND ADMIN	DUES	TRAV/ SUBS	SAVING	OTHER	TOTAL DEDUCT.		

S=STRAIGHT TIME O=OVERTIME SDI=STATE DISABILITY INSURANCE