

CONTRACTOR OR SUBCONTRACTOR	ADDRESS
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PAYROLL NO.:	WEEK ENDING:	ADDRESS OF PROJECT:	CONTRACT NO.:
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NAME OF EMPLOYEE	NO. W/HLDING. EXEMPT	CLASSIFICATION	OVERTIME ST TIME	DAY AND DATE							T O T A L HRS.	Rate of Pay	Extended Total	Gross Amount Earned	DEDUCTIONS				Not Actual Wages Earned	REMARKS
				HOURS WORKED EACH DAY											FICA	W/hld-ing TAX	Other	Total		
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