

Payroll Certification for Public Works Projects
for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of <input type="checkbox"/> Contractor or <input type="checkbox"/> Subcontractor		Business Address		Project Name	
F.E.I.N.		Project Location		Contract I.D. or Project I.D.	
Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date		Contractor Registration #	
		or <input type="checkbox"/> Final Certification			

SUBMIT form by
email: equalpayact@dol.nj.gov

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.					9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour		
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>See Key</i>		Hours worked each day									Gross Amt. Earned		Deductions								
						SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions				
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KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

Check if additional sheets used

