NORMAN Y. MINETA SAN JOSE INTERNATIONAL AIRPORT

CITY OF SAN JOSÉ PAYROLL REPORTING FORM

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NAME OF CONTRACTOR OR SUBCONTRACTOR	CONTRACTOR'S LICENSE# / SPECIALTY LICENSE#	ADDRESS
PAYROLL NO.	FOR WEEK ENDING	SELF-INSURED CERTIFICATE # / WORKERS' COMPENSATION POLICY#
PROJECT OR CONTRACT NO. / PROJECT AND LOCATION		

EMPLOYEE NAME, ADDRESS, SSN	WORK CLASSIFICATION		DAY: M T W TH F S S / DATE / HOURS WORKED EACH DAY	TOTAL HOURS	HOURLY RATE OF PAY	GROSS AMOUNT EARNED: SAN JOSÉ PROJECT	TRAVEL & SUBSISTENCE	TOTAL ALL WORK	DEDUCTIONS – EMPLOYEE PAID (DOES NOT INCLUDE BENEFIT OR OTHER EMPLOYER PAYMENTS): FED. TAX	FICA (Soc Sec)	STATE TAX	SDI	HEALTH & WELFARE	PENSION	SAVINGS	OTHER*	OTHER*	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	CHECK NO.
	San José Project:	S																			
		O																			
	All Other Work:	S																			
		O																			

S = Straight time
O = Overtime
SDI = State Disability Insurance

NOTE: CERTIFICATION STATEMENT MUST BE COMPLETED AND THE ORIGINAL SIGNED STATEMENT ATTACHED TO THE PAYROLL

City of San José Airport Finance and Administration Division, 1701 Airport Boulevard, Suite B-1130, San José, CA 95110-1206