

## State of California' Payroll Reporting Standard

### LIST OF INFORMATION ITEMS REQUIRED ON PUBLIC WORKS PAYROLL REPORT FORM A-1-131 Pursuant to Labor Code §1776(c) and CCR §16401 and §16421(a)(3)

1. Name of contractor (or subcontractor).
2. Contractor's license number.
3. Contractor's address.
4. Payroll WEEK number. (First week is #1, etc.) (Use 1-A, 1-B, 1-C for multiple week payroll periods – all reporting must be on a weekly basis.)
5. Week ending associated with report. (If multiple week payroll system, apply only the last date of the week's portion of this payroll period of the report.)
6. Workers Compensation Insurance Policy or self-insured certificate number.
7. Project or contract number (if applicable).
8. Name of project and it's geographic location.
9. Name, address, and SSA# of worker. (Field #1 on the form.)
10. Federal Withholding status of worker. (Field #2 on the form.)
11. Work Classification. (Field #3 on the form.)
12. Hours worked per day of the week. (Field #4 on the form.)
13. Any overtime hours worked per day of the week. (Field #4 on the form.)
14. Total hours worked on the project, separate straight time and overtime. (Field #5 on form.)
15. Hourly rates of straight time and overtime pay. (Field #6 on the form.)
16. Gross amount earned for the project during the reported week. (Field #7 of the form.)
17. Gross amount earned for ALL projects/work during the reported week. (Field #7 of the form.)

Deductions (withholdings) AND Contributions and Payments (Combined into Field #8 of the form)

18. Federal tax withheld.
19. FICA withheld.
20. State tax withheld.
21. State Disability Insurance (SDI) tax withheld.
22. Vacation/Holiday (either deducted or contributed, depending on payroll methods.)
23. Health and Welfare.
24. Pension.
25. Training.
26. Fund Administration.
27. Dues.
28. Travel/Subsistence.
29. Savings.
30. Other – Any other deductions, contributions and/or payments, etc. (see footnote on form)
31. The total of all DEDUCTIONS made FROM GROSS PAY ON CHECK (do NOT include CONTRIBUTIONS MADE TO TRUST FUNDS, INSURANCE COMPANIES, ETC.)

Final Details/Requirements

32. Net wages paid to worker for the week. (Field #9 on the form.)
33. Check (or Direct Deposit) number. (Field #9 on the form.)
34. Certification (must be pursuant to form language).