

WEEKLY PAYROLL (To be completed and submitted on a weekly basis)

Name of Employer		Contractor License #		Mailing Address										Email Address							
<i>John Doe Route 1, Box 1A Charleston, WV 25305 Kanawha</i>		<i>Example of Required Employee Information</i>																			
The address must be the physical address of the primary residence for each employee, including the county. Employee Information		For Week Ending		Payroll Number		Project Name					Project Location					Project or Contract Number:					
		Classification or Job Title		Type of Time		Day and Date							Total Hours	Rate of Pay	Gross Wages Earned	Deductions					Net Wages Paid for Week
						SU	M	T	W	TH	F	SA				FICA	Federal W/H Tax	State W/H Tax		Total Deductions	
				Hours Worked Each Day																	
		ST																			
		OT																			
		ST																			
		OT																			
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I hereby certify under penalty of perjury that the information above is true and accurate.

Name and Title

Signature