

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

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	Withholding Tax						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