

# Annual Equal Pay Report

for Qualifying Services  
Other than Public Works Projects

Name of Employer	Year	Contract No.
Business Address	Establishment Address or <input type="checkbox"/> Same as business address	

1.  Number of Employees	2.  Job Category	3. Demographics			4. Hours		5. Compensation
		Sex  M=Male F=Female X=Non-Binary	Race  See Key A	Ethnicity  H=Hispanic N=Non-Hispanic	Non-Exempt Employees  Total Hours Worked Annually	Exempt Employees  Est. Annual Hours - see instructions	Pay Band No.  See Key B - based on IRS form W-2, Box #1

**KEY A – Race**

**A** = Asian  
**B** = Black or African American  
**I** = Native Hawaiian or Pacific Islander  
**N** = American Indian or Native Alaskan  
**W** = White  
**M** = 2 or More

**KEY B – Pay Bands**

<b>1</b> = \$19,239 and under	<b>7</b> = \$62,920–80,079
<b>2</b> = \$19,240–\$24,439	<b>8</b> = \$80,080–\$101,919
<b>3</b> = \$24,440–\$30,679	<b>9</b> = \$101,920–\$128,959
<b>4</b> = \$30,680–\$38,999	<b>10</b> = \$128,960–\$163,799
<b>5</b> = \$39,000–\$49,919	<b>11</b> = \$163,800–\$207,999
<b>6</b> = \$49,920–\$62,919	<b>12</b> = \$208,000 and over

Check if additional sheets are used

**Email completed form to**  
[equalpayact@dol.nj.gov](mailto:equalpayact@dol.nj.gov)