

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 or <input type="checkbox"/> Final Certification				Contractor Registration #		

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 Job Title <i>e.g., apprentice, journeyman, foreman</i> Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>		3. Demographics Sex <i>M=Male F=Female X=Non-Binary</i> Race <i>See Key</i>		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
					Hours worked each day									Gross Amt. Earned		Deductions						
					SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Withholding Tax					
					S																	
					O																	
					S																	
					O																	
					S																	
					O																	
					S																	
					O																	
					S																	
					O																	
					S																	
					O																	
					S																	
					O																	

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