

City of Madison Weekly Payroll Report

All unshaded boxes must be completed. The weekly submittal of this form is required by Section 23.01(d) of the Madison General Ordinances. The penalty for failing to complete this form is prescribed in Section 23.01(l) of the Madison General Ordinances. Personally identifiable information may be used for secondary purposes.

MAIL TO:
City of Madison Engineering
210 Martin Luther King, Jr. Blvd., Room 115
Madison, WI 53709

Payroll #	Employer Name <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor Hired By:										City Project ID	Federal Project ID	County	Payroll Period Week Ending	Sheet #							
***Enter information below on every individual that you employed on this project during the payroll report period.	DAILY HOURS WORKED S - Straight Time - Overtime								(A) Total Weekly Hours Worked	(A) Basic Hourly Rate	(B) INDICATE COST PER HOUR				(A) + (B) Total Hourly Rate	Gross Wages	FICA	FED WH	ST WH	Other*	Net Paid	Check #
	SU	M	T	W	TH	F	SA			Health and Welfare	Vac or Holiday	Pension	Other*									
	REFERENCED PROJECT																					
Name	S																					
Address	O																					
City, Zip																						
Telephone ()																						
S.S. # (Last 4 digits only)	OTHER PROJECTS****																					
**Trade/Craft	S																					
Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No	O																					
Name	S																					
Address	O																					
City, Zip																						
Telephone ()																						
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**Trade/Craft	S																					
Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No	O																					

Please specify.
 ** If Operating Engineer or Laborer, include class of equipment or skill level of laborer.
 *** Full name, address, telephone number and last four digits of social security number must appear on the first payroll on which the employee's name appears.
 **** Include private work.

