

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

[illegible]

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

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

Submit completed form at
<https://njwages.nj.gov>
or email completed form to
equalpayact@dol.nj.gov