

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

| NAME OF CONTRACTOR  |                                      | OR SUBCONTRACTOR           |           | ADDRESS               |  |  |  |  |  |  |                    |                    |                            |                         |                  |       | OMB No.:1235-0008<br>Expires: 04/30/2021 |  |                                |  |  |
|---|--------------------------------------|----------------------------|-----------|-----------------------|--|--|--|--|--|--|--------------------|--------------------|----------------------------|-------------------------|------------------|-------|--|--|--------------------------------|--|--|
| PAYROLL NO.   |                                      | FOR WEEK ENDING            |           | PROJECT AND LOCATION  |  |  |  |  |  |  |                    |                    |                            | PROJECT OR CONTRACT NO. |                  |       |  |  |                                |  |  |
| (1)<br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | (2)<br>NO. OF WITHHOLDING EXEMPTIONS | (3)<br>WORK CLASSIFICATION | OT OR ST. | (4) DAY AND DATE      |  |  |  |  |  |  | (5)<br>TOTAL HOURS | (6)<br>RATE OF PAY | (7)<br>GROSS AMOUNT EARNED | (8) DEDUCTIONS          |                  |       |  |  | (9)<br>NET WAGES PAID FOR WEEK |  |  |
|   |                                      |                            |           | HOURS WORKED EACH DAY |  |  |  |  |  |  |                    |                    |                            | FICA                    | WITH-HOLDING TAX | OTHER | TOTAL DEDUCTIONS                         |  |                                |  |  |
|   |                                      |                            | O         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | S         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | O         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | S         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | O         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | S         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | O         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | S         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | O         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | S         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | O         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |
|   |                                      |                            | S         |                       |  |  |  |  |  |  |                    |                    |                            |                         |                  |       |  |  |                                |  |  |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date \_\_\_\_\_

I, \_\_\_\_\_  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

\_\_\_\_\_ on the  
 (Contractor or Subcontractor)

\_\_\_\_\_ ; that during the payroll period commencing on the  
 (Building or Work)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
 been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ from the full  
 (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
 correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
 applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
 set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
 program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
 Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
 with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
 the above referenced payroll, payments of fringe benefits as listed in the contract  
 have been or will be made to appropriate programs for the benefit of such employees,  
 except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid,  
 as indicated on the payroll, an amount not less than the sum of the applicable  
 basic hourly wage rate plus the amount of the required fringe benefits as listed  
 in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |

REMARKS:

|                |           |
|----------------|-----------|
| NAME AND TITLE | SIGNATURE |
|                |           |

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
 SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
 31 OF THE UNITED STATES CODE.