U.S. Department of Labor

PAYROLL

Employment Standards Administration Wage and Hour Division

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

U.S. Wage and Hour Division Rev. Dec. 2008

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

NAME OF CONTRACTOR OR SUBCONTRACTOR				ADDRESS								OMB No.: 1215-0149 Expires: 12/31/2011					
PAYROLL NO.		FOR WEEK ENDING	G					PROJECT	AND LOCATION	NC				PROJECT	OR CONTRAC	T NO.	
(1)	(2) SNO ONS	(3)	R ST.	(4) DAY AND DATE		Г	(5)	(6)	(7)	(8) DEDUCTIONS					(9) N ET		
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO, OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. O	HOURS W	ORKED	EACH DA	Į.	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	WAGES PAID
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White completion of Form WH-347 is oplional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to respond to the wages paid each emptyoe 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 payrolls are corre

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, galhering and maintaining the data needed, and completing and reviewing the collection, including time for reviewing instructions, searching existing data sources, galhering and maintaining the data needed, and complete this 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, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date		(b) WHERE FRINGE BENEFITS ARE PAID
(Name of Signatory Party)	(Title)	Each laborer or mechanic as indicated on the payro
do hereby state:		basic hourly wage rate plu in the contract, except as
(1) That I pay or supervise the payment of the persons employ	ed by	(c) EXCEPTIONS
(Contractor or Subcontractor)	on the	EXCEPTION (CRAFT)
; that durin	g the payroll period commencing on the	·
day of,, and ending the	day of	
all persons employed on said project have been paid the full week been or will be made either directly or indirectly to or on behalf of sai	dy wages earned, that no rebates have	
	from the full	
(Contractor or Subcontractor)		<u> </u>
weekly wages earned by any person and that no deductions have from the full wages earned by any person, other than permissible de 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and det	ductions as defined in Regulations, Part Copeland Act, as amended (48 Stat. 948,	(-1
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		(<u>-</u>
		REMARKS:
(2) That any payrolls otherwise under this contract required to correct and complete; that the wage rates for laborers or mechanics applicable wage rates contained in any wage determination in classifications set forth therein for each laborer or mechanic conform	s contained therein are not less than the corporated into the contract; that the	
(3) That any apprentices employed in the above period apprenticeship program registered with a State apprenticeship Apprenticeship and Training, United States Department of Labor, or State, are registered with the Bureau of Apprenticeship and Training	agency recognized by the Bureau of if no such recognized agency exists in a	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVI	ED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE
in addition to the basic hourly wage rates pa the above referenced payroll, payments of the have been or will be made to appropriate employees, except as noted in section 4(c) be	fringe benefits as listed in the contract te programs for the benefit of such	THE WILLFUL FALSIFICATION OF ANY OF THE AB SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTIO 31 OF THE UNITED STATES CODE.

IN CASH c listed in the above referenced payroll has been paid, oil, an amount not less than the sum of the applicable us the amount of the required fringe benefits as listed a noted in section 4(c) below. **EXPLANATION** SIGNATURE IOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR IN SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE