

|                    |  |                  |  |         |  |                                           |  |
|--------------------|--|------------------|--|---------|--|-------------------------------------------|--|
| NAME OF CONTRACTOR |  | OR SUBCONTRACTOR |  | ADDRESS |  | OMB No.: 1235-0008<br>Expires: 02/28/2018 |  |
|--------------------|--|------------------|--|---------|--|-------------------------------------------|--|

|             |  |                 |  |                      |  |                         |  |
|-------------|--|-----------------|--|----------------------|--|-------------------------|--|
| PAYROLL NO. |  | FOR WEEK ENDING |  | PROJECT AND LOCATION |  | PROJECT OR CONTRACT NO. |  |
|-------------|--|-----------------|--|----------------------|--|-------------------------|--|

| (1)<br><br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br><br>NO. OF<br>WITHHOLDING<br>EXEMPTIONS | (3)<br><br>WORK<br>CLASSIFICATION | OT OR ST. | (4) DAY AND DATE      |  |  |  |  |  |  | (5)<br><br>TOTAL<br>HOURS | (6)<br><br>RATE<br>OF PAY | (7)<br><br>GROSS<br>AMOUNT<br>EARNED | (8)<br><br>DEDUCTIONS |                         |  |  |       |                     | (9)<br><br>NET<br>WAGES<br>PAID<br>FOR WEEK |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------|-----------|-----------------------|--|--|--|--|--|--|---------------------------|---------------------------|--------------------------------------|-----------------------|-------------------------|--|--|-------|---------------------|---------------------------------------------|
|                                                                                                                      |                                                |                                   |           | HOURS WORKED EACH DAY |  |  |  |  |  |  |                           |                           |                                      | FICA                  | WITH-<br>HOLDING<br>TAX |  |  | OTHER | TOTAL<br>DEDUCTIONS |                                             |
|                                                                                                                      |                                                |                                   |           |                       |  |  |  |  |  |  |                           |                           |                                      |                       |                         |  |  |       |                     |                                             |
|                                                                                                                      |                                                |                                   | O         |                       |  |  |  |  |  |  |                           |                           |                                      |                       |                         |  |  |       |                     |                                             |
|                                                                                                                      |                                                |                                   | S         |                       |  |  |  |  |  |  |                           |                           |                                      |                       |                         |  |  |       |                     |                                             |
|                                                                                                                      |                                                |                                   | 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.

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.