## 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.

**U.S. Department of Labor**  
Employment Standards Administration  
Wage and Hour Division

**Payroll**

**Payroll No.**

**For Week Ending**

**Project and Location**

**Project or Contract No.**

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| **NAME AND INDIVIDUAL IDENTIFYING NUMBER**  
(e.g., Last four digits of Social Security Number of Worker) | **WORK CLASSIFICATION** | **HOURS WORKED EACH DAY** | **TOTAL HOURS** | **RATE OF PAY** | **GROSS AMOUNT EARNED** | **FICA** | **WITHHOLDING TAX** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Write completion of Form WH-347 is optional, it is mandatory for owners, 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, 5.3(a). The Contractor's Act  
(U.S.C. § 3145) requires all contractors and subcontractors performing work on Federally financed or assisted construction contracts to "provide weekly statements with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at  
29 C.F.R. § 5.3(a)(8) require contractors to submit weekly a copy of all payroll to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll is 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 the 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

(over)
Date ____________________________

I, ________________________________, ________________________________ (Name of Sgnatory Party) ________________________________ (Title) hereby state:

(1) That ________, on the ________________________________ day of ________________________________ , 20___________; that during the payroll period commencing on the ________________________________ day of ________________________________ , 20___________ and ending the ________________________________ day of ________________________________ , 20___________, 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 ________________________________ (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full weekly 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, 61 Stat. 108, 72 Stat. 987 76 Stat. 359; 40 U.S.C. § 3145), and described below:

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REMARKS:

(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 laborors 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

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REMARKS:

THE WILFUL 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 31 OF TITLE 18 OF THE UNITED STATES CODE.