

Starting at the top of form WH-347:

1. Click the box "Subcontractor" to designate your role in the project.

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Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients. Highlight Fields

U.S. Department of Labor
Wage and Hour Division

PAYROLL
(For Contractor's Optional Use; See Instructions at 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.

WHD
U.S. Wage and Hour Division
Rev. Dec. 2008
OMB No.: 1215-0149
Expires: 12/31/2011

NAME OF CONTRACTOR <input type="checkbox"/>		OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS					OMB No.: 1215-0149 Expires: 12/31/2011	
PAYROLL NO.		FOR WEEK ENDING		PROJECT AND LOCATION			PROJECT OR CONTRACT NO.			
(1)	(2)	(3)	(4) DAY AND DATE		(5)	(6)	(7)	(8) DEDUCTIONS	(9)	

2. Type your company name in the provided space.

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NAME OF CONTRACTOR <input type="checkbox"/>		OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS					OMB No.: 1215-0149 Expires: 12/31/2011	
PAYROLL NO. Name of contractor or subcontractor		FOR WEEK ENDING		PROJECT AND LOCATION			PROJECT OR CONTRACT NO.			
(1)	(2)	(3)	(4) DAY AND DATE		(5)	(6)	(7)	(8) DEDUCTIONS	(9)	

3. Type your company mailing address in the provided space.

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Expires: 12/31/2011

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS	PROJECT AND LOCATION		PROJECT OR CONTRACT NO.			
PAYROLL NO.		Address						
(1)	(2)	(3)	(4) DAY AND DATE	(5)	(6)	(7)	(8)	(9)

4. Type Payroll Number in provided space. Note: the payroll number requested here is not your your internal payroll number; the number required here is your certified payroll number for this particular project. Your first certified payroll report should be numbered "1"; reports must be numbered consecutively. Your final certified payroll report should include the word "final" after the number, or in some other conspicuous place.

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS Step 3 - enter mailing address	PROJECT AND LOCATION		PROJECT OR CONTRACT NO.			
Step 2 - enter company name								
PAYROLL NO.								
(1)	(2)	(3)	(4) DAY AND DATE	(5)	(6)	(7)	(8)	(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER		NO. WORKING EMPLOYEES	DATE	GROSS		DEDUCTIONS		NET WAGES

5. Enter "week ending date" in provided space. Note: the week ending date should consistently fall on the same day of the week which your company payroll normally ends. As an example, Rock City's payroll week ending day is always Sunday. Also note, the DATE is required here, not the DAY. The entry format should be MM/DD/YYYY as in 01/01/2011 for January 1, 2011.

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NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS Step 3 - enter mailing address
Step 2 - enter company name

PAYROLL NO. step 4 - enter payroll # FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO.
step 4 - enter payroll # For week ending (in mm/dd/yyyy for mat) ← enter week ending date here

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (2) SOCIAL SECURITY NUMBER (3) WAGE RATE (4) DAY AND DATE (5) GROSS AMOUNT (6) DATE (7) OVERTIME (8) DEDUCTIONS (9) NET WAGES

6. Enter project name and location on the provided space. The project name may be found on the first page of your Subcontract Agreement. The location may be limited to City and State.

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NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS Step 3 - enter mailing address
Step 2 - enter company name

PAYROLL NO. step 4 - enter payroll # FOR WEEK ENDING step 5 - enter week ending date PROJECT AND LOCATION PROJECT OR CONTRACT NO.
step 4 - enter payroll # step 5 - enter week ending date ← type project name and city/state here

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (2) SOCIAL SECURITY NUMBER (3) WAGE RATE (4) DAY AND DATE (5) GROSS AMOUNT (6) DATE (7) OVERTIME (8) DEDUCTIONS (9) NET WAGES

- Enter project number or contract number in the space provided; if you know the wage rate decision number, enter it in this space as it is the preferred reference number, this number may be found on the first page of the prevailing wage rates as attached to your Subcontract Agreement. Alternatively, if you know the SBC number (state building commission), enter that here, this may either be found on the first page of your Subcontract Agreement or on the cover of the project manual. Lastly, in absence of the decision number and SBC number, you may either enter your Subcontract Agreement number OR leave this space blank.

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NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS Step 3 - enter mailing address

Step 2 - enter company name

PAYROLL NO. step 4 - enter payroll # FOR WEEK ENDING step 5 - enter week ending date PROJECT AND LOCATION step 6 - enter project name and city/state PROJECT OR CONTRACT NO.

(1) (2) (3) (4) DAY AND DATE (5) (6) (7) (8) (9)

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER NO. OF CONTRACTING EMPLOYEES WORK CLASSIFICATION OT OR ST. HOURS WORKED EACH DAY TOTAL HOURS RATE OF PAY GROSS AMOUNT EARNED FICA WITH-HOLDING TAX DEDUCTIONS OTHER TOTAL DEDUCTIONS WAGES PAID FOR WEEK

Project or contract number

- Column 1 – enter employee’s full name and an associated identifying number for the particular employee; this could be the last (4) digits of their social security number or an internal employee number.

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Wage and Hour Division

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NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS Step 3 - enter mailing address

Step 2 - enter company name

PAYROLL NO. step 4 - enter payroll # FOR WEEK ENDING step 5 - enter week ending date PROJECT AND LOCATION step 6 - enter project name and city/state PROJECT OR CONTRACT NO.

(1) (2) (3) (4) DAY AND DATE (5) (6) (7) (8) (9)

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER NO. OF CONTRACTING EMPLOYEES WORK CLASSIFICATION OT OR ST. HOURS WORKED EACH DAY TOTAL HOURS RATE OF PAY GROSS AMOUNT EARNED FICA WITH-HOLDING TAX DEDUCTIONS OTHER TOTAL DEDUCTIONS WAGES PAID FOR WEEK

Employee's Full Name
xxx-xx-1234

9. Column 2 – enter number of withholding exemptions for the particular employee. For instance, a single person with no dependents, who cannot be claimed by another person, would most likely have a withholding of “1”; this is dictated by the particular employee’s W-4. Note: as per the Department of Labor; this column is for the employer’s convenience and is not a requirement of Regulations, Part 3 and Part 5. Therefore, leaving this column blank is acceptable to Rock City Construction.

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Text Edits

1 pt

Author: Katie

Keep tool selected

Edit Layout Distribute

1 / 2

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Find

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Highlight Fields

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Wage and Hour Division

PAYROLL

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NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS Step 3 - enter mailing address

Step 2 - enter company name

PAYROLL NO. step 4 - enter payroll # FOR WEEK ENDING step 5 - enter week ending date PROJECT AND LOCATION step 6 - enter project name and city/state

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				
			OT	OR	ST.	HOURS WORKED EACH DAY							FICA	WITH-HOLDING TAX			
Employee's Full Name xxx-xx-1234	1		o														
			s														
			o														
			s														

10. Column 3 – enter the employee’s work classification in accordance with the prevailing wage rate. As an example, this employee installed carpet; his classification would be “Carpenter” as prescribed in The State of Tennessee Prevailing Wage Act of 1975. Note: Work classification must be one of the classifications provided in the prevailing wage rates for the particular project. Stating “motor patrol operator” instead of “Class A Operator” or “Class B Operator” is not acceptable as “motor patrol operator” falls under both classifications with a difference of “rough” and “finish”. Subcontractors are required to classify workers using the exact classification title as listed on the prevailing wage rate sheet even if this must be done by hand notation. Also note that a individual may be shown as having worked in more than one classification provided an accurate breakdown or hours worked in each classification is maintained and shown on the submitted payroll by use of separate entries.

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NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS Step 3 - enter mailing address
Step 2 - enter company name

PAYROLL NO. step 4 - enter payroll # FOR WEEK ENDING step 5 - enter week ending date PROJECT AND LOCATION step 6 - enter project name and city/state PRC ste

(1)	(2)	(3)	(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTI				
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR ST.	HOURS WORKED EACH DAY							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH-HOLDING TAX		
				M	T	W	TH	F	Sa	Su							
Employee's Full Name xxx-xx-1234	1	Carpenter	o														
Employee's Full Name xxx-xx-5678	8	Class B Operator	o														

11. Column 4 – the first row of boxes should be the days of the week, starting with your normal pay period begin day and ending with your normal week ending day. The second row of boxes should be the dates covered by this certified payroll report.

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NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS Step 3 - enter mailing address
Step 2 - enter company name

PAYROLL NO. step 4 - enter payroll # FOR WEEK ENDING step 5 - enter week ending date PROJECT AND LOCATION step 6 - enter project name and city/state PRC ste

(1)	(2)	(3)	(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTI				
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR ST.	M	T	W	TH	F	Sa	Su	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH-HOLDING TAX		
				18	19	20	21	22	23	24							
Employee's Full Name xxx-xx-1234	1	Carpenter	o														

12. Continuing with Column 4 for the first employee listed, enter the number of hours worked on each date; “o” designates overtime and “s” designates straight time. As shown in this screen shot, the carpenter worked (8) hours each day and worked an additional (2) hours of overtime on both Monday and Tuesday for a total of (40) straight hours and (4) overtime hours, which are to be calculated in Column 5 as shown. The second employee in this screen shot worked only (2) hours on this project as calculated in Column 5. If no work was performed by an employee on any given date, you do not have to indicate “0.00” as shown below, you may leave it blank.

step 4 - enter payroll #		FOR WEEK ENDING step 5 - enter week ending date							PROJECT AND LOCATION step 6 - enter project name and city/state						
(1)	(2)	(3)	(4) DAY AND DATE							(5)	(6)	(7)			
INDIVIDUAL IDENTIFYING NUMBER (LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	Mo	Tu	We	Th	Fr	Sa	Su	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	
															18
			HOURS WORKED EACH DAY												
Employee Name	1	Carpenter	o	2.00	2.00	0.00	0.00	0.00	0.00	0.00	4.00		/		
			s	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00				
Employee Name	8	Class B Operator	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00			/		
			s	2.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00				
			o												

13. Column 5 – there are (2) boxes per employee, the top box is for totaling “overtime” total hours while the bottom box is for totaling “straight” total hours. Make sure all of Column 4 boxes which include hours do in fact total the amount indicated in Column 5 as shown in the previous screen shot.

14. Column 6 – much like Column 5, Column 6 has (2) boxes for each employee. The top box is the prevailing wage rate for overtime hours worked – this must be 1.5 times the sum of the standard rate and applicable cash fringe (if fringe is not paid to approved programs). The bottom box is the prevailing wage rate for standard hours worked – this rate is prescribed in the prevailing wage rates for the particular classification. Note: if fringe rates are included in the prevailing wage rates for the project and Subcontractor is not paying amounts equal to or greater than the amount specified for fringe into approved plans, funds or programs, the Subcontractor is required to pay such fringe in cash as added to the employee’s base rate of pay. As an example, a carpenter’s base prevailing wage rate is \$17.00 an hour, a fringe rate for this classification in the amount of \$2.20 per hour is included in the particular project, and the Subcontractor is not paying into approved plans, funds or programs for the benefit of this particular employee, the Subcontractor must pay this employee \$19.20 per hour and must so indicate this within the certified payroll reports by entering “19.20” in the bottom box under Column 6. If the Subcontractor is paying an amount less than \$2.20 per hour worked, but an amount greater than zero, the Subcontractor must add the difference to the employee’s base prevailing wage rate. If the Subcontractor is paying at least \$2.20 into approved plans, funds or programs for the direct benefit of said employee, the Subcontractor does not pay the fringe benefit rate in cash and so indicates this by checking box “a” on the Statement of Compliance (screen shot step #23).

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Contractor OR SUBCONTRACTOR

Step 2 - enter company name

ADDRESS Step 3 - enter mailing address

Step 4 - enter payroll #

FOR WEEK ENDING step 5 - enter week ending date

PROJECT AND LOCATION step 6 - enter project name and city/state

(1) INDIVIDUAL IDENTIFYING NUMBER DIGITS OF SOCIAL SECURITY (NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX
			M	T	W	TH	F	Sa	Su					
Full Name	1	Carpenter	HOURS WORKED EACH DAY							4.00	\$28.80	\$883.20		
			O	2.00	2.00	0.00	0.00	0.00	0.00					
			S	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	19.20		

15. Column 7 Gross Amount Earned – there are also (2) boxes per employee in this column. The top box is designated as a total gross earned FOR THIS PROJECT ONLY, whereas the bottom box is designated as a total gross earned FOR THIS PAY CHECK and is a total of gross amount earned on this project AND any other project worked during this payroll week. Note: when using the WH-347 as prepared by U.S. Department of Labor, Wage and Hour Division, several spaces are self-calculating, this is the case for the top box in Column 7. However, the bottom box is not a calculation and does require manual entry.

Step 2 - enter company name		FOR WEEK ENDING		PROJECT AND LOCATION										
step 4 - enter payroll #		step 5 - enter week ending date		step 6 - enter project name and city/state										
(1)	(2)	(3)	(4) DAY AND DATE							(5)	(6)	(7)		
INDIVIDUAL IDENTIFYING NUMBER (LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	M	T	W	TH	F	Sa	Su	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITHHOLDING TAX
HOURS WORKED EACH DAY														
Full Name	1	Carpenter	0	2.00	2.00	0.00	0.00	0.00	0.00	4.00	\$28.80	\$883.20		
			S	8.00	8.00	8.00	8.00	8.00	0.00	40.00	19.20	\$1,000.00		
Full Name	8	Class B Operator	0	0.00	0.00	0.00	0.00	0.00	0.00					

16. Column 8 Deductions – the first sub-column is “FICA” – this is the sum of Social Security and Medicare deductions made from the employee’s gross amount earned as per the Federal Insurance Contributions Act. This amount does not include the employer’s matching – this amount shall include only the dollar amount deducted from the employee’s gross amount earned. The second sub-column is “WITHHOLDING TAX” – this is the amount of federal income tax withheld from the employee’s gross amount earned. The next two sub-columns are not titled and may be used to show some other approved deduction from the employee’s wages, i.e. repayment of an employer-to-employee loan, or deduction for health insurance premium or 401K contributions just to name a few examples. If other deductions are made beyond FICA and WITHHOLDING TAX, there is a space on the Statement of Compliance to provide details (screen shot step #22). Note also that Column 8 Deductions apply to the employee’s gross amount earned for the entire payroll, not just the project the certified report pertains to.

FOR WEEK ENDING		PROJECT AND LOCATION		PROJECT OR CONTRACT NO.										
step 5 - enter week ending date		step 6 - enter project name and city/state		step 7										
(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTIONS				(9)
M	T	W	TH	F	Sa	Su	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITHHOLDING TAX	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
18	19	20	21	22	23	24								
HOURS WORKED EACH DAY														
00	2.00	0.00	0.00	0.00	0.00	0.00	4.00	\$28.80	\$883.20					\$1,000.00
00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	19.20	\$1,000.00					
00	0.00	0.00	0.00	0.00	0.00	0.00								
00	0.00	0.00	0.00	0.00	0.00	0.00	2.00							

17. Column 9 Net Wages Paid for Week – this column is intended to show the same amount the employee was actually paid for the week, not just for this project, but for all hours worked this payroll. Ideally, the calculation should be, (Column 7, lower box) minus (the sum of all deductions in Column 8) equals (Column 9).

(4) DAY AND DATE								(5)	(6)	(7)	(8) DEDUCTIONS				(9)
M	T	W	TH	F	Sa	Su	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	
8	19	20	21	22	23	24	4.00	\$28.80	\$883.20	\$45.00	\$300.00	\$0.00	\$345.00	\$655.00	
HOURS WORKED EACH DAY							40.00	19.20	\$1,000.00						
00	2.00	0.00	0.00	0.00	0.00	0.00									
00	8.00	8.00	8.00	8.00	0.00	0.00									
00	0.00	0.00	0.00	0.00	0.00	0.00									

Second Page of form WH-347 Statement of Compliance

18. At the top of the Statement of Compliance, enter the date in the appropriate space (this should be the date your are preparing and signing the statement), type the name of the person which will be signing the statement, and then type the title of this same person in the space provided. Note: do not affix signature in this area, this area is meant for typing or legibility printed the signatory name and title.

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Date _____

I, _____ (Name of Signatory Party) _____ (Title)

do hereby state:

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

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.

Annotations:

- type date here
- type name of person signing statement here
- type signatory title here

19. Type company name in space provided just as in step 2 of these instructions. Also enter project name just as done in step 6 of these instructions, less the city/state.

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Date _____

I, _____ (Name of Signatory Party) _____ (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by _____ (Contractor or Subcontractor) on the _____ (Building or Work); that during the payroll period commencing on the _____ day of _____ of _____ all persons employed on said project have been or will be made either directly or indirectly _____

(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

Annotations: Red boxes and arrows point to the Contractor or Subcontractor field with the text "type subcontractor name here" and to the Building or Work field with the text "type name of project here".

20. Enter the commencement date of the current payroll week (this is the same date as shown in the first box of the upper row of boxes in Column 4 of the WH-347), next enter the week ending date (this is the same date as shown in step 5 and is also the last box of the upper row of boxes in Column 4 of the WH-347).

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Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients.

Date _____

I, _____ (Name of Signatory Party) _____ (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by _____ (Contractor or Subcontractor) on the _____ (Building or Work); that during the payroll period commencing on the _____ 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 _____ weekly wage from the full _____ at no _____ or Sur _____ her directly or indirectly _____ 3 (29 C.F.R. § 108, 72 Stat. 267; 76 Stat. 357; 40 U.S.C. § 314b), and described below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

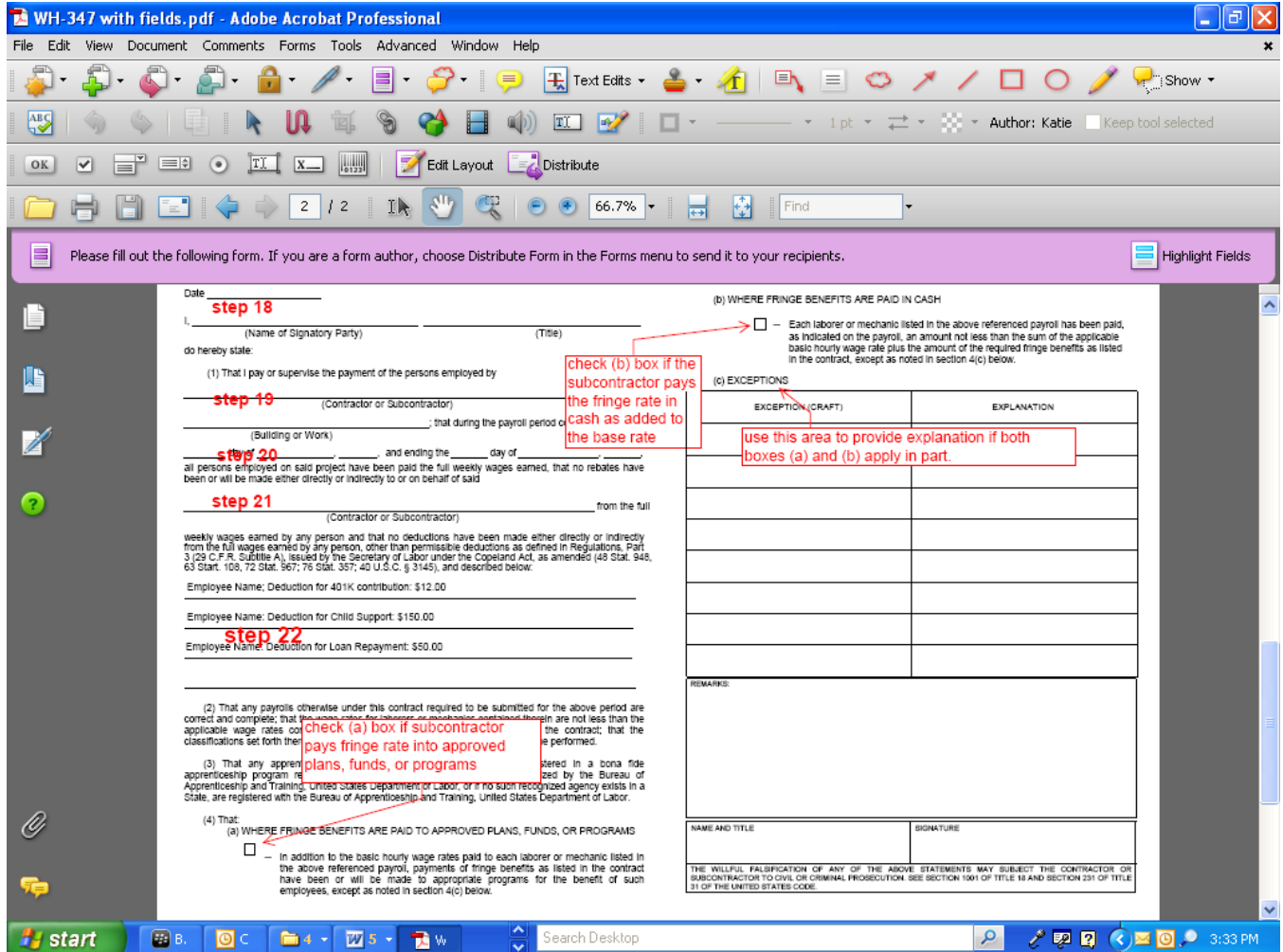
Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Annotations: A red oval highlights the dates "_____ day of _____, and ending the _____ day of _____". Red boxes and arrows point to the start and end date fields with the text "enter the beginning date of the payroll week" and "enter the ending date of the payroll week".

23. Section (4) of the Statement of Compliance is intended to indicate whether the subcontractor pays fringe benefits in cash or into approved plans, funds or programs. If a Subcontractor pays at least the fringe rate prescribed within the applicable prevailing wage rates into approved plans, funds, or programs for the direct benefit of the particular employee, the Subcontractor would check the (a) box at the lower left of the statement. If the Subcontractor pays the fringe rate in cash as an added amount to the base prevailing wage rate for the particular employee, the Subcontractor would instead check box (b) at the top right of the statement. If the Subcontractor pays an amount less than the rate prescribed, but greater than zero, the subcontractor would then check both box (a) and box (b) and would so indicate the explanation in section 4 (c) EXCEPTIONS.



24. The "remarks" section may be used to communicate any relevant information not contained elsewhere in the submittal. This area is also the best place to indicate if a correction to the current certified payroll report is forthcoming, or if the current certified payroll report includes a correction to a previously submitted report (be sure to include the PR # for reference). The "remarks" area may also be used to notate "no work" but since it is not as conspicuous as preferred, you may hand write in this space.

25. Be sure to type the name and title of the signatory just as done in step 18. Also be sure to affix signature in the provided space, and no where else. The statement below the signatory space is very important and must also be included on any other Statement of Compliance format the Subcontractor opts to use.

STEP 22
Employee Name: Deduction for Loan Repayment: \$50.00

(2) That any p correct and complie applicable wage r classifications set fi

(3) That any apprenticeship pro Apprenticeship and State, are registere

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

step 23 in addition to the basic hourly wage rates paid the above referenced payroll, payments of fr have been or will be made to appropri employees, except as noted in section 4(c) below.

Use the "remarks" section to indicate a corrected certified is forthcoming or that the current report includes a correction to a previously submitted payroll, could also use this section to indicate "no work" Could use this section to provide any relevant information not applicable to any other section or provided space within the certified payroll submittal.

type name and title just as done in step 18

affix signature in provided space, and no where else.

read and understand this statement.

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

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End of "Certified Payroll Instructions with Screen Shots"

Submit feedback and suggestions to: [Katie Bouldin of Rock City Construction Co., Inc.](#)