

U.S. Department of Labor

Employment Standards Administration
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/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 <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS	OMB No.: 1215-0149
ABC Contractors	210 Lakeview Road Somertown, PA 99999	Expires: 12/31/2011

PAYROLL NO. 1	FOR WEEK ENDING 01/10/2009	PROJECT AND LOCATION: Sample project for demonstration only 900 Spring Ridge Drive Somertown, PA 99999	PROJECT OR CONTRACT NO. 54-67-89
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				01/04	01/05	01/06	01/07	01/08	01/09	01/10				FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER		TOTAL DED.
				Su	Mo	Tu	We	Th	Fr	Sa										
Jane Doe 71 Pineapple Lane Somertown, PA 99999 xxx-xx-9999	0	Pipe Fitter <i>Sex: F Ethnicity: 05</i>	O	0	0	0	0	0	0	0	0	27.00	432.00	55.08	96.83	22.10	0.00	0.43	174.44	545.56 # 8100
			S	0	8	8	8	0	0	0	24	18.00	720.00							
John Doe P.O. Box 999 Somertown, PA 99999 xxx-xx-9999	0	Sheetmetal Worker <i>Sex: M Ethnicity: 04</i>	O	0	0	0	0	0	0	0	0	30.00	480.00	61.20	116.83	24.56	0.00	0.48	203.07	596.93 # 8106
			S	0	8	8	8	0	0	0	24	20.00	800.00							
John Q. Public 2300 Arena Avenue Somertown, PA 99999 xxx-xx-9999	2	Truck Driver <i>Sex: M Ethnicity: 01</i>	O	0	0	0	0	0	0	0	0	33.00	528.00	67.32	72.53	27.02	0.00	0.53	167.40	712.60 # 8118
			S	0	8	8	8	0	0	0	24	22.00	880.00							
John Smith 36 Mimosa Lane Somertown, PA 99999 xxx-xx-9999	1	Laborer <i>Sex: M Ethnicity: 05</i>	O	0	0	0	0	0	0	0	0	21.00	336.00	42.84	58.38	17.19	0.00	0.34	118.75	441.25 # 8125
			S	0	8	8	8	0	0	0	24	14.00	560.00							
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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, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W. Washington, D. C. 20210.