

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.



U.S. Wage and Hour Division

Rev. Dec 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 55 Lakeview Drive Sometown, US 55555												OMB No.: 1235-0008 Expires: 04/30/2021																		
PAYROLL NO. 1		FOR WEEK ENDING 11/03/2019						PROJECT AND LOCATION Sample Project 1 - Sample project for demonstration only 2500 Canyon Drive Anywhere, US 55555						PROJECT OR CONTRACT NO. 12321/SP678																		
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	(4) DAY AND DATE <table border="1"><tr><td>Mo</td><td>Tu</td><td>We</td><td>Th</td><td>Fr</td><td>Sa</td><td>Su</td></tr><tr><td>10/28</td><td>10/29</td><td>10/30</td><td>10/31</td><td>11/01</td><td>11/02</td><td>11/03</td></tr></table>							Mo	Tu	We	Th	Fr	Sa	Su	10/28	10/29	10/30	10/31	11/01	11/02	11/03	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
			Mo	Tu	We	Th	Fr	Sa	Su																							
10/28	10/29	10/30	10/31	11/01	11/02	11/03																										
O	T	S	T	HOURS WORKED EACH DAY					FICA	WITH- HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.																		
Jane Doe xxx-xx-5511	1	Foreman	O	2	0	2	0	2	0	0	6	75.00	2450.00	205.02	494.25	102.48	0.00	6.70	808.45	1641.55 # 1125												
Johnny Doe xxx-xx-4444	0	Laborer	O	0	0	2	0	0	0	0	40	50.00	2450.00	105.57	130.91	42.37	13.80	0.00	292.65	1087.35 # 1124												
Susan Anthony xxx-xx-7435	4	Truck Driver	O	0	0	0	0	0	0	0	0	60.00	1280.00	140.76	147.34	71.43	0.00	0.00	359.53	1480.47 # 1122												
Tom Jones xxx-xx-2323	2	Heavy Equipment Operator	O	0	0	0	0	0	0	0	0	60.00	1280.00	140.76	166.72	73.26	0.00	0.00	380.74	1459.26 # 1121												
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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, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W. Washington, D.C. 20210.

Colorado Department of Transportation
CONTRACTOR WAGE COMPLIANCE STATEMENT

Project Code: 324256

Project Number: 12321/SP678

Project Location:
 Sample project for demonstration only

Contractors/subcontractors

Completion of the payroll supervisor appointment and perjury statement is required by the U.S. Department of Labor and is included on the back of this form. Contractors/subcontractors are required to pay weekly; complete both sides of this form in full and attach to each payroll for the seven day payroll period. Prime Contractors are required to submit the forms within seven days of the weekly payroll period to the project engineer; subcontractors submit forms for review to the prime contractor prior to submission to CDOT. The prime contractor is responsible for subcontractor payroll submittal and compliance; by submittal of subcontractor payrolls, the prime contractor certifies that they have reviewed the submittal for compliance.

Contractor/subcontractor name Sample Company	Payroll number 1	Payroll Period October 28 2019 to November 03 2019
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Fringe benefit information:

Name(s)/addresses of fringe benefit administrator(s):

Enter fringe administrators names and addresses here

Contact person and phone number(s):

Enter names and phone numbers

Contributions are made in cash or to the plans, funds or programs described below at least quarterly. There are no past due deposits. List the value of the fringe amount as the dollar amount per hour. Documentation of calculations used to determine hourly rates shall be available upon request. Please attach additional information as necessary if fringe contributions vary by employee.

<input checked="" type="checkbox"/> cash	Enter amount per hour	<input checked="" type="checkbox"/> pension	Enter amount per hour
<input checked="" type="checkbox"/> health insurance	Enter amount per hour	<input checked="" type="checkbox"/> vacation	Enter amount per hour
<input checked="" type="checkbox"/> dental insurance	Enter amount per hour	<input checked="" type="checkbox"/> holiday	Enter amount per hour
<input checked="" type="checkbox"/> life insurance	Enter amount per hour	<input checked="" type="checkbox"/> other (describe)	Enter amount per hour

All on-the-job trainees (OJTs) employed in the above period are registered in and paid according to a bona fide training program approved by the Colorado Department of Transportation and the Federal Highway Administration. Each trainee has also been approved for work on this contract.

I declare under penalty of perjury in the second degree, and any other State or Federal laws that the statements made in this document are true and complete to the best of my knowledge.

Contractor/subcontractor payroll supervisor or signatory party

John Smith

Date

11/06/2019

Date 11/06/2019	(Name of Signatory Party) I, John Smith	(Title) President	do hereby state:										
(1) That I pay or supervise the payment of the persons employed by (Contractor or Subcontractor) Sample Company		on the (Building or Work) Sample project for demonstration only ;											
that during the payroll period commencing on day of 28 Month October Year 2019 and ending the day of 03 Month November Year 2019													
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) Sample Company		from the full 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 CFR 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. 276c), and described below:											
Enter deductions here Enter deductions here Enter deductions here Enter deductions here													
(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: <ul style="list-style-type: none"> (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS <ul style="list-style-type: none"> <input type="checkbox"/> 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 the appropriate programs for the benefit of such employees, except as noted in Section 4(c) below. (b) WHERE FRINGE BENEFITS ARE PAID IN CASH <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Exception (craft)</td> <td style="width: 50%;">Explanation</td> </tr> <tr> <td>Enter any exceptions here</td> <td>Enter any explanations here</td> </tr> <tr> <td>Enter any exceptions here</td> <td>Enter any explanations here</td> </tr> <tr> <td>Enter any exceptions here</td> <td>Enter any explanations here</td> </tr> <tr> <td>Enter any exceptions here</td> <td>Enter any explanations here</td> </tr> </table> 				Exception (craft)	Explanation	Enter any exceptions here	Enter any explanations here	Enter any exceptions here	Enter any explanations here	Enter any exceptions here	Enter any explanations here	Enter any exceptions here	Enter any explanations here
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Enter any exceptions here	Enter any explanations here												
Enter any exceptions here	Enter any explanations here												
Enter any exceptions here	Enter any explanations here												
Remarks Enter any other information here...													
Name and Title John Smith President		Signature John Smith											
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.													