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.

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

Check if Contractor or Subcontractor

Name of Contractor or Subcontractor

Contractor or Subcontractor's Address

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐: Johnson Asphalt & Paving Co.

ADDRESS: 1305 W. Main St. St. Louis, MO 63119

PAYROLL NO.: 4-Final

Payroll Number (indicate if Final)

FOR WEEK ENDING: 09/12/2009

Fill in ending date of pay week

PROJECT AND LOCATION: Gerrie's Restaurant, 2206 Lindell

Project Name and Address

PROJECT OR CONTRACT NO.: 20-05

Project Number provide by CDM

Fill in day and date of work week

(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	OT. OR ST.	(4) DAY AND DATE S 6	M 7	T 8	W 9	10	F 11	S 12	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	401k	Union	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
John Doe xxx-xx-5560		Carpenter	o							5	5.0	46.90		22.95	11.45	50.00	40.90	150.00	275.30	1,210.02
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Job Title

Employee Name and last 4 digits SS#

Hours worked for "s" standard rate of pay and "o" overtime.

"o" overtime worked = standard pay x 1.5

Total Gross Amount earned on DBA job

Rate of pay - refer to Project Wage Rate Sheet

Deductions - Money deducted from gross amount earned. Note any deductions listed under other must be explained.

Total amount deducted from pay check

Net wages paid after total deductions

Note: You may use blanks to add additional deductions.

If a deduction is not required by law you will need to provide a written note from the employee or documents authorizing the deduction.

All deductions must be identified.

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

Date Sept. 13, 2009

I, Jane Carson (Name of Signatory Party) Owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Johnson Asphalt & Paving Co. (Contractor or Subcontractor) on the Gerrie's Restaurant (Building or Work); that during the payroll period commencing on the 6 day of Sept., 2009, and ending the 12 day of Sept., 2009, 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 Johnson Asphalt & Paving Co. (Contractor or Subcontractor) 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 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Read carefully. Refers only to deductions permissible by law.

(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.

Check box (a) if you have a bona fide, approved fringe benefit program, and provide information.

Check box (b) below if you are paying fringe benefits in cash.

(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
John Doe (Carpenter)	$ 1.50 hr. Health/Dental $ 8.17 hr. Cash Payment (Fringe)

Fill out section (c) if you have a fringe benefit program that does not cover the hourly amount required under Davis-Bacon and you are paying a portion of the fringe benefit in cash.

REMARKS:

Information regarding the approved health care plan is attached.

Provide information on Fringe Benefit Program and hourly amount paid by employer.

Authorized Signature below.

NAME AND TITLE	SIGNATURE
Jane Carson, Owner	

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.

PAYROLL CHECKLIST

General Project Information

* Federal employer identification number (in the upper left-hand corner of the first payroll submitted)

* Contractor / Subcontractor name and address

* Payroll number and week ending date. The first payroll should be designated as "Initial No. 1" and continue to the last payroll, "Final No.___".

* Project name, location and number.

Column 1
Employee's name, address and last 4 digits of social security number on the first payroll on which he/she appears

Column 2
Number of withholding exemptions

Column 3
The employee's work classification, as it relates to the applicable wage determination. Time card(s) should be attached for split classification(s).

Column 4
Days of the week and corresponding dates of the month should be identified. Also, the number of straight and overtime hours worked by the employee each day should be listed.

Column 5
Total project hours worked for the week

Column 6
Straight-time rate of pay and, if applicable, over-time rate of pay

Column 7
Gross wages **NOTE:** If the employee worked on a federally funded project and elsewhere during the pay period, both project earnings and gross earnings for the week should be listed.

Column 8
Identify all deductions (i.e. FICA, withholding tax, other, etc.)

Column 9
Net wages paid for the week. Net wages should equal gross wages (column 7) less deductions (Column 8).

Other

* If the employee is an Apprentice, the work classification listed as "Apprentice (Trade)-____%" should be completed. Attach proof that the apprentice is individually registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training with the first payroll on which the apprentice is listed. **NOTE:** The allowable ratio of apprentices to journeymen on the job site in any craft classification should be no greater than the ratio permitted to the contractor as to the entire work force under the registered program.

* **Statement of Compliance** (WH-348) on the reverse of the payroll (WH-347) has been completed. Both a manual and an original signature are required.

* Appropriate box is checked regarding payment of fringe benefits (if applicable)

* If a computer printout is used in lieu of the WH-347, all information is required and a Statement of Compliance (WH-348) must be attached.

Please use this check list in preparation for submitting weekly certified payrolls.

1. You must submit certified payroll form(s) each week . **Employees must be paid weekly.**
2. Check your payroll(s) for accuracy before submitting for review: Calculations must be correct.
3. If you fail to pay an employee the required wage as stipulated under Davis-Bacon. You will be required to pay the difference, and provide proof of payment (refer to Contractor's Guide).

- Did you check the **Contractor** or **Sub-Contractor** Box?
- Did you fill-in the full **Name of your Company and the Address?**
- Did you fill-in **Payroll Number** (starting with **1, 2, 3** etc.); and mark "Final" on last payroll submitted?
- Did you fill-in the correct **Project Name** and **Location?**
- Did you fill-in the **Project Number** you received from the Commercial District Manager?
- Did you fill-in **Employee Name** and **last 4 digits of SS#** ?
- Did you fill-in the correct **Job Classification** as it appears on the Project Wage Rate Sheet (if the classification is "Operator," include name of equipment) ?
- Did you fill-in Date of payroll "Week Ending" ; (show day of week and date in squares)?
- Did you fill-in **standard hours worked** on line **"s"** ? **Total Hours** worked and **Rate of Pay?**
- Did you fill-in any **overtime hours** on line marked **"o"** and calculate payment correctly ? (if applicable)
- Did you include any owner, management or clerical employees on the payroll? DO NOT (DBA Certified Payrolls are for Mechanics and Laborers only.)
- Did you pay the **basic hourly rate required** as shown on the Project Wage Rate Sheet? (a higher BHR can be paid).
- Did you calculate the **standard hourly rate plus** the **fringe benefit** amount to ensure you are paying the correct wage amount required under Davis-Bacon?
- Do you have an **approved Fringe Benefit Program** (as defined by DOL)?
  *NOTE: **Employees do not pay their own fringe benefits. Fringe benefits are paid by the employer.***
- Did you include a **list of your fringe benefits** (with a break out of amounts paid by the hour)?
- Did you **substantiate all deductions listed under "Other"** by including a note from the employee(s) authorizing the deduction and/or court documents where applicable?
- Did you fill-in **deductions**, **Total Deductions** and amount of **Net Wages Paid for Week.**
- Did you **check the correct box on the Statement of Compliance** verifying how fringe benefits are paid?
- Did you fill-in the **name and title** of the **person authorized to sign** Statement of Compliance?
- Did you mail the **original, signed** Certified Payroll Form as required? You must keep a copy on file.