

NAME OF CONTRACTOR											ADDRESS											
SRF Consulting																						
PAYROLL NO.			FOR WEEK ENDING								PROJECT LOCATION					PROJECT OR CONTRACT NO.						
			05/05/2017								123 Hello Street Redondo Beach, CA 90278					Sample Project 1						
(1)	(2)	(3)		(4)							(5)	(6)	(7)	(8)						(9)		
NAME AND IDENTIFYING NUMBER	No. of Exs.	WORK CLASSIFICATION									TOTAL HOURS	RATE OF PAY		AMOUNT EARNED								NET WAGES PAID FOR WEEK
				Sun 04/30	Mon 05/01	Tue 05/02	Wed 05/03	Thu 05/04	Fri 05/05	Sat 05/06		BASIC FRINGE	GROSS FRINGE	FICA	FED INCOME TAX	STATE INCOME TAX	MEDICARE	OTHER	TOTAL DEDUCTIONS			
Donte Misso		101-LABORER, COMMON (GENERAL LABOR WORK...	REG	0	0	0	8	0	0	0	8.0	24.82 17.87	198.98 141.38									
SSN or ID# Last 4 digits [255]			OT	0	0	0	0	0	0	0	0.0	36.93 17.87	0.00 0.00						\$0.00	\$338.32		
Jessica Smith		717-PIPEFITTERS . STEAMFITTERS	REG	0	8	0	0	0	0	0	8.0	40.78 18.13	328.08 145.04									
SSN or ID# Last 4 digits [256]			OT	0	0	0	0	0	0	0	0.0	61.14 18.13	0.00 0.00						\$0.00	\$471.12		
Greg Conway		204-OFF-ROAD TRUCK	REG	0	0	8	0	8	8	0	24.0	37.83 18.66	907.82 447.80									
SSN or ID# Last 4 digits [257]			OT	0	0	0	0	0	0	0	0.0	66.74 18.66	0.00 0.00						\$0.00	\$1,355.52		

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 is 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:_____

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

do hereby state:
(1) That I pay or supervise the payment of the persons employed by

SRF Consulting on the
(Contractor or Subcontractor)

Sample Project 1 ; that during the payroll period commencing on the
(Building or Work)

30 day of April, 2017 , and ending the 06 day of May, 2017,

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

SRF Consulting from the full
(Contractor or Subcontractor)

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:

(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.

- 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

REMARKS

NAME AND TITLE	SIGNATURE
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.	

NAME OF CONTRACTOR Knutson Construction Services Rochester, Inc.											ADDRESS											
PAYROLL NO.				FOR WEEK ENDING 05/05/2017							PROJECT LOCATION 123 Hello Street Redondo Beach, CA 90278					PROJECT OR CONTRACT NO. Sample Project 1						
(1)	(2)	(3)			(4)							(5)	(6)	(7)	(8)						(9)	
NAME AND IDENTIFYING NUMBER	No. of Exs.	WORK CLASSIFICATION										TOTAL HOURS	RATE OF PAY		AMOUNT EARNED							NET WAGES PAID FOR WEEK
					Sun 04/30	Mon 05/01	Tue 05/02	Wed 05/03	Thu 05/04	Fri 05/05	Sat 05/06		BASIC FRINGE		GROSS FRINGE	FICA	FED INCOME TAX	STATE INCOME TAX	MEDICARE	OTHER	TOTAL DEDUCTIONS	
Greg Test		201-ARTICULATED HAULER		REG	0	8	8	8	8	8	0	40.0	37.83 18.66		1,513.20 746.00							
SSN or ID# Last 4 digits [4321]				OT	0	0	0	2	0	0	0	2.0	56.74 18.66		113.49 37.30						\$0.00	\$2,409.99

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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

Knutson Construction Services Rochester, Inc. on the
(Contractor or Subcontractor)

Sample Project 1 ; that during the payroll period commencing on the
(Building or Work)

30 day of April, 2017 , and ending the 06 day of May, 2017,

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

Knutson Construction Services Rochester, Inc. from the full
(Contractor or Subcontractor)

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:

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