

PAYROLL

For contractor's optional use; see instructions at dol.gov/agencies/whd/forms/wh347

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR	OR SUBCONTRACTOR	ADDRESS	OMB No. 1235-0008 Expires 09/30/2026
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PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
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(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							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
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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

DOL WH-347 Payroll and Statement of Compliance

Instructions

DOL WH347 - Payroll Form Instructions

PAYROLL FORM INSTRUCTIONS			
CONTRACTOR SECTION			
Name of Contractor:	Check box that applies		
Address:	Self - explanatory		
Payroll No:	Begin with #1 and number consecutively. Mark last weekly payroll as “#-Final”	Note: If temporary break occurs, 1) number and submit weekly and write “no work week” OR 2) write memo to file stating “temporary break, returning MM/DD/YYYY” and number sequentially when returning to job site	
FOR WEEK ENDING	List the workweek ending date		
Project Name and Location:	Self - explanatory		
Project or Contract No.:	(Enter TDHCA Contract No.)		
COLUMNS 1 - 9			
	FORM DESCRIPTION	ACTION	RESPONSIBILITY
COLUMN 1	Name and Individual identifying No. (e.g., LAST 4 – digit # of Social Security or Payroll No.) of Worker	DO NOT enter full worker Social Security number	Separate Worker Information Sheet that lists all hired workers name, full social security number, address and telephone (optional) must be provided to Prime by each hired contractors

PAYROLL FORM INSTRUCTIONS

COLUMN 2	Worker and No. of Withholding Exemptions	Optional	Not required but can be completed
COLUMN 3	Work Classification	1. Worker class on GWD	If NOT listed on GWD, process request for class approval by DOL
		2. Apprentice and/or Trainees	Must be registered in a bona fide program approved by the Department of Labor Employment & Training Office of Apprenticeship (DOL-ETA). NO exceptions. Must NOT exceed the ration of apprentices to journeymen.
			NOTE: State licensing apprentice programs MUST be approved DOL-ETA
			NOTE: "Helper" class is forbidden unless listed on GWD.
		3. Union trade workers	MUST be paid union rates
		4. Piece Worker	Classify according to GWD and pay class hourly wage. Convert total hours worked in workweek into hourly rate. Pay required overtime at 1.5 basic rate if hours worked exceed 40 in a workweek
		5. Foreman or Supervisor	If Supervisor or Foreman performs the work of the trade and exceeds 20% during workweek, he/she must be listed on weekly payroll as "trade" worker. He/she is also entitled to earn 1.5 basic hourly rate if worked hours exceed 40/hours
			NOTE: Salaried employees loose exemption status if performing construction work on federally assisted DBRA project

**PAYROLL FORM
INSTRUCTIONS**

		6. Owner	If Owner performs trade work on project, he/she must be listed on payroll showing daily hours worked and total hours worked in workweek – hourly wage rate earned is NOT required
			NOTE: If working solo, an owner CANNOT certify his/her payroll. Prime MUST certify hours worked on Prime payroll
COLUMN 4	Day and Date	Daily Hours worked during Workweek: (O=Overtime hours and S=Straight time hours)	Day and Date: - List the first letter of each work day (i.e. S,M,T,W,T,F,S) and the date (i.e. 3/1, 3/2)
			Hours Worked Each Day: List the straight (S) time and overtime (O) hours worked in the applicable boxes. Note: If hours worked in the workers “workweek” (seven days) exceeds 40 hours, enter hours worked as "overtime"
			NOTE: Enter ONLY hours worked on TDHCA project
COLUMN 5	Total Hours	Total hours worked on TDHCA project during workweek	Calculate total hours worked on TDHCA project during workweek: Overtime (O) – document all “Overtime” hours worked and Straight (S) – document all “Straight” hours worked
COLUMN 6	Rate of Pay	Straight (S) and Overtime (O) hourly rate paid to employee working on TDHCA project	Overtime (O) – hourly amount must equal base rate multiplied by 1.5 Straight (S) – hourly amount must equal, at a minimum, base rate approved by DOL-WHD
			NOTE: Fringe OT paid @ straight time

PAYROLL FORM INSTRUCTIONS

COLUMN 7	Gross Amount Earned	Gross amount paid to employee for all hours worked on federally assisted project and other jobs during the workweek (seven days)	<p>Top Section:</p> <p>Gross amount earned ONLY for hours worked on TDHCA project.</p> <hr/> <p>Lower Section:</p> <p>Gross amount earned for ALL hours worked during the workweek (seven days) on other project(s) including TDHCA project</p>
COLUMN 8	Deductions	Five columns are titled showing deductions. If more than five are needed, use first four columns and enter total of remaining deduction(s) amount under "Other" columns and attach description.	With the exception of federal (FICA, withholding taxes) or by order of property authority ALL others (including 401K and insurance) require Employee written authorization.
		NOTE: ALL deductions must comply with the provisions of the Copeland Act Regulations, 29C.F.R. Part 3	
COLUMN 9	Net Wages Paid for Week	Self-Explanatory	347 Payroll Form automatically calculates deductions.
		NOTE: Using alternate payroll form requires TDHCA approval. Form MUST capture DOL recording requirements.	

Date _____

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

do hereby state:

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

_____ on the
(Contractor or Subcontractor)

_____ ; that during the payroll period commencing on the
(Building or Work)

_____ 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
(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 Stat. 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 3729 OF
TITLE 31 OF THE UNITED STATES CODE.

DOL WH-347 – Statement of Compliance

STATEMENT OF COMPLIANCE INSTRUCTIONS	
Requirement Required by Regulations, Part 3 and 5 on Page 2	Subject to the penalties provided by 18 U.S.C. § 1001, fine and possible imprisonment of not more than five years, or both. Party who signs certifies employee(s) pay rate and worked hours documented are factual and true
Date, Name of Signatory, Title	
Section (1)	Name of Contractor or Subcontractor
	Commencement work day to ending work day (seven day workweek)
	Note: Date(s) - "workweek" recorded MUST match dates noted on DOL- Payroll 347 form "For Week Date"
	Name of Contractor or Subcontractor Affirms workers were paid required weekly wages
	List any other permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A) subtracted from employee(s) weekly check in excess of those noted on DOL-347 form "Column (8) - Deductions"
Section (2)	Affirms payrolls under this contract submitted for the above period are correct and complete and workers wage rates are paid not less than the applicable wage rates contained in the wage determination incorporated into the contract and conform to the work he/she performed
Section (3)	Hired "apprentices" MUST be registered in a bona fide apprenticeship program approved by the US Department of Labor of Employment and Training Administration Office of Apprenticeship (ETA) and paid, at a minimum, <u>approved</u> wage rate
Fringe Benefits	PAID AT "STRAIGHT" RATE IF EMPLOYEE WORK HOURS EXCEED 40/hour WORKWEEK RESULTING IN WORKED OVERTIME. FRINGE BENEFIT RATE IS <u>NOT</u> REQUIRED TO BE MULTIPLIED BY 1.5 HOURLY BASE RATE. NOTE: IF WAGE DETERMINATION DOES <u>NOT</u> REQUIRE FB pay, CONTRACTOR DOES <u>NOT</u> HAVE TO CHECK SECTIONS (4)(a) – 4(c)
Section (4)(a)	Check box if, employee receives "fringe" amount, at a minimum, listed on the project applicable wage determination is paid in the form of actual benefits to approved plans,, funds, or programs under the Copeland Act
Section (4)(b)	Check box if, "fringe" amount listed on applicable wage determination is paid in the form of "cash" in lieu of actual benefits paid to approved plans under the Copeland Act
Section (4) (c) Exceptions	Complete section if, "fringe" benefit given to employee results in a lesser amount than the published dollar amount listed on the project applicable wage determination. The employee MUST be compensated in cash for the difference of underpayment.
	The difference should be listed in 347 Payroll Column (4) as "straight" time with written explanation on line (c) Exception, page 2. Enter the approved pay rate and amount of cash paid in lieu of fringe benefits per hour in column 6 on the payroll.
Name and Title	
Signature	Name and Title of Signatory Signature of Owner or authorized individual