Wage and Hour report (For contractor Optional Use, See Instructions, Form WH - 347, Inst.)

Name of Contractor	or Subcontractor	Address	OMB No. 1215-0150

PAYROLL NO.	FOR WEEK END	PROJECT AND LOCATION:	PROJECT or CONTRACT NUMBER

1	2	3		(4) Day and Date							5	6	7	8						9
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	NO. OF W/HOLDING & EXEMPTIONS	Work Classification	ST or OT	Hours worked each day							Total Hours	Rate of Pay	Gross Amount Earned	DEDUCTIONS						NET WAGES PAID FOR WEEK
														FICA / SS	W/HDG TAX			OTHER	TOTAL DEDUCTION	
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Date: _____

Wage and Hour Record

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 (Building or Work)

_____; that during the payroll period commencing on the _____
Day of _____, _____ and ending the _____day of _____, _____

all persons employed on said project have been paid in 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 that permissible deductions as defined in regulatios, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as ammended (48 Stat. 948, 63 Stat. 108,72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), as described below

_____

_____

_____

_____

(2) That any payroll otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rate for laborers or mechanic contained therein are not less than the the applicable wage rate contained in any wage determination incorporated into the contract; that the classification set forth therein for each laborer or mechanic comform with the work he performed

(3) That any apprenticies 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 exist 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 rates paid to each laborer or mechanic listed in the above referenced payroll, payments of the fringe benfits 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 references payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basis hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section4(c) below

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Name and Title	Signature

THE WILFUL 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.