U.S. Department of Labor

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347inst.htm)

U.S. Wases and Hour Division

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

Rev. Dec. 2008

RACTOR | X | ADDRESS | OMB No. 1235-0008

| NAME OF CONTRACTOR | | OR SUBCONTRACTOR | | X | | | | ADDRESS | | | | | | | | (| OMB No. 1235-0008 | | | |
|--|------------------------------------|----------------------------|------------|-------|-------|---------------------------------------|-----------|------------|-------------|-------|----------------|----------------|---------------------|------------|---------------------|-------------|-------------------|-------------|------------------|----------------------|
| PEC SOLUTIONS LLC | | | | | 59 | 5960 MAIN ST NE MINNEAPOLIS, MN 55432 | | | | | | | | E | Expires: 07/31/2024 | | | | | |
| PAYROLL NO. | | FOR WEEK ENDING 05/18/2024 | | | | | | | ND LOCAT | | JIS BAY, | SUPER | RIOR WI | | | ECT OR CON' | | 0 28 105 | | |
| (1) | (2) | (3) | | | | (4) | DAY AND D | DATE | | | (5) | (6) | (7) | | | (| (8) | | | (9) |
| | | | | | | | | | | | | | | DEDUCTIONS | | | | | | |
| NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF | NO. OF WITHOLDING EXEMPTIONS | | OT. OR ST. | 5 -12 | 5 -13 | 3 5 -14 | 5 -15 | 5 5 -16 | 6 5 - 17 | 5 -18 | | | GROSS | | | | | | | NET WAGES PAID |
| SOCIAL SECURITY NUMBER) OF WORKER | M NO. | WORK CLASSIFICATION | | | | HOURS V | VORKED E | ACH DAY | | | TOTAL HOURS | RATE OF PAY | AMOUNT EARNED | FICA | FED | ST | LOC | OTHER | TOTAL DEDUCTIONS | FOR WEEK |
| SCHLAFER PETER W XXX- XX-5163 | 0 | HWY OPERATOR 2 | S T | .00 | .00 | .00 | .00 | 8.00 | .00 | .00 | 8.00 | 45.610 | 2645.38 / 501.71 | 202.37 | 473.40 | 171.00 | .00 | 55.52 | 902.29 | 1743.09 |
| | | HWY OPERATOR 2 | 0 V | .00 | .00 | .00 | .00 | 2.00 | .00 | .00 | 2.00 | 68.415 | | | | | | | | |
| DOLTER JACK T XXX-XX- 0532 | 0 | ELECTRICIAN FOR | S T | .00 | .00 | .00 | .00 | 8.00 | .00 | .00 | 8.00 | 50.590 | 3088.50 / 617.70 | 236.27 | 425.72 | 191.00 | .00 | 397.45 | 1250.44 | 1838.06 |
| | | ELECTRICIAN FOR | O V | .00 | .00 | .00 | .00 | 2.00 | .00 | .00 | 2.00 | 75.885 | | | | | | | | |
| RASMUSSEN, LOGAN T XXX-XX-6001 | 0 | APP5 | S T | .00 | .00 | .00 | .00 | 8.00 | .00 | .00 | 8.00 | 33.580 | 1938.23 / 410.01 | 148.27 | 269.51 | 117.00 | .00 | 393.76 | 928.54 | 1009.69 |
| | | APP5 | 0 V | .00 | .00 | .00 | .00 | 2.00 | .00 | .00 | 2.00 | 50.370 | | | | | | | | |
| JOB TOTALS - | | | | | | | | | | | | | | | | | | | | |
| | | | S T | .00 | .00 | .00 | .00 | 24.00 | .00 | .00 | 24.00 | | | | | | | | | |
| | | | O T | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | | | | | | | | | |
| | | | 0 V | .00 | .00 | .00 | .00 | 6.00 | .00 | .00 | 6.00 | | | | | | | | | |

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 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 \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

| Date | _ | | |
|---|---|---------------------------|---|
| I | | | |
| ı, (Name of Signat | ory Party) | | (Title) |
| do hereby state: | | | |
| (1) That I pay or supervise | the payment of the perso | ons employe | ved by |
| | (Contractor or Subcontr | actor) | on the |
| | · | • | |
| (Building or Wo | ork) | ; that during | ng the payroll period commencing on the |
| day of | ,, and endin | g the | day of,, |
| all persons employed on said pr been or will be made either dire | | | wages earned, that no rebates have aid |
| | | | from the fu |
| | (Contractor or Subcon | tractor) | |
| from the full wages earnéd by a | ny person, other than per by the Secretary of Labor | missible ded under the | peen made either directly or indirectly eductions as defined in Regulations, Part Copeland Act, as amended (48 Stat. 94 scribed below: |
| | | | |
| | | | |
| | | | |
| correct and complete; that the v | vage rates for laborers or d in any wage determination | mechanics on incorpora | be submitted for the above period are s contained therein are not less than the rated into the contract; that the classificat he performed. |

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- (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.
 - - (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 | | | | |
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| 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. | | | | | |

Molly Musolf, Project Administrator Molly Musolf 5/28/24