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)



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

NAME OF CONTRACTOR								ADDRESS										OMB No. 1235-0008			
						59	5960 MAIN ST NE MINNEAPOLIS, MN 55432											Expires: 07/31/2024			
PAYROLL NO. FOR WEEK ENDING						PR	PROJECT AND LOCATION PROJECT OR CONTRACT NO. 0 C REISS DOCK ST LOUIS BAY, SUPERIOR WI JOB/SUBJOB NO.: 301528 105 Project# 23-														
<u>18</u>	(2)	08/10/2024 (3)	(4) DAY A				-		DOCK	STLO	JIS BAY,			JOB/		NO.: 3015 (8)	28 105	Projeci#	<u>- 23-17-</u> PL		
														DEDUCTIONS					(0)		
NAME AND INDIVIDUAL	ល ស្		ST.	1	2	3	4	5	6	7								1	1	NET	
IDENTIFYING NUMBER	PTION		OT. OR	8 -4	8 -5	8 -6	8 -7	8 -8	8 - 9	8 -10										WAGES	
(e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHOLDING EXEMPTIONS	WORK CLASSIFICATION	0	HOURS WORK				KED EACH DAY			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	FED	ST	LOC	OTHER	TOTAL DEDUCTIONS	PAID FOR WEEK	
OSVOLD RYAN J XXX-XX- 0072	1	ELECTRICIAN FOR	S T	.00	2.00	6.00	.00	.00	5.00	.00	13.00	52.240	2261.46 / 753.82	173.00	361.41	125.00	.00	291.11	950.52	1310.94	
SCHLAFER PETER W XXX- XX-5163	0	HWY OPERATOR 2	S T	.00	.00	.00	.00	.00	8.00	.00	8.00	45.610	2805.02 / 980.62	214.58	511.71	184.00	.00	58.77	969.06	1835.96	
		HWY OPERATOR 2	O V	.00	.00	.00	4.00	2.00	3.00	.00	9.00	68.415									
DOLTER JACK T XXX-XX- 0532	0	ELECTRICIAN FOR	S T	.00	.00	.00	2.00	.00	8.00	.00	10.00	52.240	3537.17 / 1449.66	270.59	533.40	226.00	.00	455.14	1485.13	2052.04	
		ELECTRICIAN FOR	D T	.00	.00	.00	2.00	.00	1.00	.00	3.00	104.48 0									
		ELECTRICIAN FOR	O V	.00	.00	.00	2.00	2.00	2.00	.00	6.00	78.360									
GODBOUT, SAMUEL J XXX- XX-5179	0	APP6	S T	.00	.00	.00	2.00	.00	8.00	.00	10.00	39.300	2661.00 / 1090.58	203.56	437.46	172.00	.00	448.66	1261.68	1399.32	
		APP6	D T	.00	.00	.00	2.00	.00	1.00	.00	3.00	78.600									
		APP6	O V	.00	.00	.00	2.00	2.00	2.00	.00	6.00	58.950									
RISTINEN, ANDREW R XXX- XX-8287	0	APP4	S T	.00	2.00	6.00	.00	.00	5.00	.00	13.00	30.050	1300.86 / 433.62	99.51	149.29	78.00	.00	167.76	494.56	806.30	
JOB TOTALS -																					
			S T	.00	4.00	12.00	4.00	.00	34.00	.00	54.00										
			O T	.00	.00	.00	4.00	.00	2.00	.00	6.00										
			O V	.00	.00	.00	8.00	6.00	7.00	.00	21.00										
JOB TOTALS -			S																		
			Т	.00	.00	.00	.00	.00	.00	.00	.00										
			0 T 0	.00	.00	.00	.00	.00	.00	.00	.00										
			V	.00	.00	.00	.00	.00	.00	.00	.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 respond to the information collection contrained 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 a subcontractors 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.

Date ____ (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) dav 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.

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NAME AND TITLE	SIGNATURE Acid Joss
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. S TITLE 31 OF THE UNITED STATES CODE.	

Molly Musolf, Project Administrator

Molly Musolf 8/21/24