



NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 6521 Tower Avenue Superior, WI 54880
 PAYROLL NO. 9 FOR WEEK ENDING 12/22/2023 PROJECT AND LOCATION 23-17-PL C Reiss Dock City of Superior
 PROJECT OR CONTRACT NO. 20211
 OMB No.: 1235-0008 Expires: 07/31/2024

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) HOURS OF WORK WITHIN PERIOD	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK	
			S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	WT	OTHER		TOTAL DEDUCTIONS
			18	19	20	21	22	23	HOURS WORKED EACH DAY									
Tyler Miller 3620	0	Driver			1.00	0.50					1.50	\$60.27	\$87.53	\$99.00	\$55.00	\$239.53	\$904.72	
Mike Lambert 6400	0	Driver			8.00	8.00					24.00	43.91	\$52.68	\$54.00	\$25.56	\$132.24	\$556.55	
Robert Miller 8120	1	Driver				0.50					0.50	\$60.27	\$29.17	\$0.00	\$6.79	\$35.96	\$345.46	
Fred Rose 5944	0	Driver				8.00					8.00	43.91	\$36.94	\$30.00	\$14.17	\$81.11	\$401.90	
Daniel Severin 2006	0	Driver					0.25				0.25	\$60.27	\$28.02	\$0.00	\$6.26	\$34.28	\$332.07	
David Shepersky 9874	0	Driver				8.00					8.00	43.91	\$30.32	\$29.00	\$10.02	\$69.34	\$327.14	

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 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)(i) 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 S5502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

