

# Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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Rev. January 2025  
OMB No.: 1235-0008  
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																			
25013-East 5th St Reconstruction		25-19-PW		11		M Jolma Inc																			
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																			
East 5th Street Superior, WI				08/09/2025		63946 Hangard Rd Ashland, WI 54806																			
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)				(9)	
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION	Earn Code	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK
								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	
								08/03	08/04	08/05	08/06	08/07	08/08	08/09											
HOURS WORKED EACH DAY																									
1	Anderson	Braxten	T	6029	J	LABRE-LAE RESIDENTI	REG			0.80	0.60				1.40	32.00	9.48	0.00	44.80	2016.07	359.56	147.72	92.96	600.24	1415.83
																	<b>Union</b>	<b>Other Ddt:</b>	<b>Ded.</b>	<b>Amt.</b>					
																		H100	14.27						
																		H200	0.85						
																		ROTH	77.84						
1	Anderson	Braxten	T	6029	J	OPERATOF HEAVY SEWER	REG		5.08						5.08	44.23	137.87	0.00	224.69	2016.07	359.56	147.72	92.96	600.24	1415.83
																	<b>Union</b>	<b>Other Ddt:</b>	<b>Ded.</b>	<b>Amt.</b>					
																		H100	14.27						
																		H200	0.85						
																		ROTH	77.84						
1	Anderson	Braxten	T	6029	J	OPERATOF	REG		7.19	0.26	10.11				27.56	44.77	793.73	0.00	1233.86	2016.07	359.56	147.72	92.96	600.24	1415.83
																	<b>Union</b>	<b>Other Ddt:</b>	<b>Ded.</b>	<b>Amt.</b>					
																		H100	14.27						
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WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION		(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK			NET PAY TO WORKER FOR ALL WORK			
								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)		TOTAL DEDUCTIONS		
								08/03	08/04	08/05	08/06	08/07	08/08	08/09													
							HOURS WORKED EACH DAY																				
2	Cole	Tyler	M	7973	J	LABORER HEAVY SEWER	REG					1.83	0.65				2.48	38.68	48.24	0.00	95.93	1884.67	221.86	136.14	0.00	358.00	1526.67
2	Cole	Tyler	M	7973	J	LABHW-LA HWY	REG		11.25	9.00	3.71	2.30					26.26	40.67	510.76	0.00	1067.99	1884.67	221.86	136.14	0.00	358.00	1526.67
2	Cole	Tyler	M	7973	J	LABRE-LAE RESIDENTI	OT					3.82					3.82	45.00	57.27	0.00	253.20	1884.67	221.86	136.14	0.00	358.00	1526.67
							REG					2.71									2.71	30.00					
2	Cole	Tyler	M	7973	J	OPERATOF	REG		0.53	2.50	4.15						7.18	44.77	206.78	0.00	321.45	1884.67	221.86	136.14	0.00	358.00	1526.67
3	Granger	Reed	D	7766	J	LABHW-LA HWY	OT						3.51				13.51	61.01	284.16	0.00	868.92	2842.10	579.02	206.71	0.00	785.73	2056.37
							REG			0.25	0.85											1.10	40.67				

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WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION	Earn Code	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK	
								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS		
								08/03	08/04	08/05	08/06	08/07	08/08	08/09												
HOURS WORKED EACH DAY																										
3	Granger	Reed	D	7766	J	OPERATOF		OT					1.72			1.72	67.16	1116.00	0.00	1773.34	2842.10	579.02	206.71	0.00	785.73	2056.37
								REG		11.03	0.50	8.53	6.97					37.03	44.77							
4	Granger	Reuben	M	4123	J	Truck Driver - On Site Only		OT					0.54			0.54	56.58	60.03	0.00	92.79	1535.04	223.22	109.40	0.00	332.62	1202.42
								REG		0.48	0.60	0.57					1.65	37.72								
5	Homola	Trevor	A	2329	J	LABORER HEAVY SEWER		REG		1.87		3.75			5.62	38.68	109.31	0.00	217.38	2879.63	590.01	209.58	0.00	799.59	2080.04	
5	Homola	Trevor	A	2329	J	LABHW-LA HWY		OT					5.43	3.25		18.68	61.01	939.05	0.00	2343.40	2879.63	590.01	209.58	0.00	799.59	2080.04
								REG		7.80	1.21	6.01	4.58				29.60	40.67								
5	Homola	Trevor	A	2329	J	LABRE-LAE RESIDENTI		REG					0.95		0.95	30.00	8.33	0.00	28.50	2879.63	590.01	209.58	0.00	799.59	2080.04	

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(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)			
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								08/03	08/04	08/05	08/06	08/07	08/08	08/09												
HOURS WORKED EACH DAY																										
6	Lazorik	Andrew	T	8635	J	OPERATOF	REG			0.92						0.92	44.77	26.50	0.00	41.19	1604.80	256.80	118.92	15.27	390.99	1213.81
																	Union/Other Dtd:	Ded.	Amt.							
																	H100		14.27							
																	H200		0.85							
																	H300		0.15							
7	Lipka	William	S	9773	J	LABORER HEAVY SEWER	REG		4.27	1.43					5.70	38.68	110.87	0.00	220.48	1853.87	356.58	146.88	76.80	580.26	1273.61	
																	Union/Other Dtd:	Ded.	Amt.							
																	ROTH		76.80							
7	Lipka	William	S	9773	J	LABHW-LA HWY	REG		0.40	0.07	8.11	1.03			19.61	40.67	381.41	0.00	797.54	1853.87	356.58	146.88	76.80	580.26	1273.61	
																	Union/Other Dtd:	Ded.	Amt.							
																	ROTH		76.80							
7	Lipka	William	S	9773	J	OPERATOF HEAVY SEWER	REG				0.65				0.65	44.23	17.64	0.00	28.75	1853.87	356.58	146.88	76.80	580.26	1273.61	
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HOURS WORKED EACH DAY																												
7	Lipka	William	S	9773	J	OPERATOF	REG		7.50		1.90	1.28				10.68		44.77	307.58	0.00	478.14	1853.87	356.58	146.88	76.80	580.26	1273.61	
7	Lipka	William	S	9773	J	OPERATOF RESIDENTI	OT					4.14			4.14		64.38	169.52	0.00	368.68	1853.87	356.58	146.88	76.80	580.26	1273.61		
							REG					2.38			2.38		42.92											
8	Miller	Tyler	J	1570	J	LABORER HEAVY SEWER	REG		2.57		3.05				5.62		38.68	109.31	0.00	217.38	2841.02	578.70	206.63	0.00	785.33	2055.69		
8	Miller	Tyler	J	1570	J	LABHW-LA HWY	OT					2.93	3.88		16.81		61.01	913.76	0.00	2252.50	2841.02	578.70	206.63	0.00	785.33	2055.69		
							REG		7.90	1.50	5.44	5.33			30.17		40.67											

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SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																					
25013-East 5th St Reconstruction		25-19-PW		11		M Jolma Inc																					
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																					
East 5th Street Superior, WI				08/09/2025		63946 Hangard Rd Ashland, WI 54806																					
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)				(9)			
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERD APPRENTICE	LABOR CLASSIFICATION	Earn Code	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK		
								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS			
								08/03	08/04	08/05	08/06	08/07	08/08	08/09													
							HOURS WORKED EACH DAY																				
8	Miller	Tyler	J	1570	J	LABRE-LAE RESIDENTI	OT					3.12					3.12	39.00	39.84	0.00	121.68	2841.02	578.70	206.63	0.00	785.33	2055.69
9	Paladeni	Ryan	M	2703	J	LABHW-LA HWY	REG		11.50	3.83							15.33	40.67	298.17	0.00	623.47	877.72	58.95	64.47	0.00	123.42	754.30
9	Paladeni	Ryan	M	2703	J	LABRE-LAE RESIDENTI	REG		0.12								0.12	25.00	1.65	0.00	3.00	877.72	58.95	64.47	0.00	123.42	754.30
10	Palecek	Mark	M	0932	J	LABHW-LA HWY	REG		0.17	8.92	1.00	0.62					10.71	40.67	208.31	0.00	435.58	2265.39	237.24	142.19	74.35	453.78	1811.61
														Union/Other Ddt: Ded.		Amt.						ROTH		74.35			

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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 (over)

# Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Unless otherwise noted, the information requested is specific to the named project below.

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



Rev. January 2025  
OMB No.: 1235-0008  
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																				
25013-East 5th St Reconstruction		25-19-PW		11		M Jolma Inc																				
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																				
East 5th Street Superior, WI				08/09/2025		63946 Hangard Rd Ashland, WI 54806																				
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)		(9)				
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	Earn Code	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK				NET PAY TO WORKER FOR ALL WORK	
								SUN	MON	TUE	WED	THU	FRI	SAT							TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS		
								08/03	08/04	08/05	08/06	08/07	08/08	08/09												
HOURS WORKED EACH DAY								OT		REG																
10	Palecek	Mark	M	0932	J	OPERATOF						1.88			1.88		67.16	869.47	0.00	1393.69	2265.39	237.24	142.19	74.35	453.78	1811.61

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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 53502, 200 Constitution Avenue, N.W. Washington, D.C. 20210 (over)

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
25013-East 5th St Reconstruction	25-19-PW	11	M Jolma Inc

PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
East 5th Street Superior, WI	08/09/2025	Jayden Jolma, Vice President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE	FB TYPE	FB TYPE	FB TYPE	
	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
1 Anderson, Braxten T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 6.770	Hourly Credit	\$	Hourly Credit	\$	\$ 6.770
1 Anderson, Braxten T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.140	Hourly Credit	\$	Hourly Credit	\$	\$ 27.140
1 Anderson, Braxten T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
2 Cole, Tyler M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
2 Cole, Tyler M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
2 Cole, Tyler M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 8.770	Hourly Credit	\$	Hourly Credit	\$	\$ 8.770
2 Cole, Tyler M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
3 Granger, Reed D	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	8/9/2025	715-278-3344	candace@mjolmainc.com

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), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
25013-East 5th St Reconstruction	25-19-PW	11	M Jolma Inc

PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
East 5th Street Superior, WI	08/09/2025	Jayden Jolma, Vice President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**

*If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.*

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
3 Granger, Reed D	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
4 Granger, Reuben M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.410	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.410
5 Homola, Trevor A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
5 Homola, Trevor A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
5 Homola, Trevor A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 8.770	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 8.770
5 Homola, Trevor A	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
6 Lazorik, Andrew T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
6 Lazorik, Andrew T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	8/9/2025	715-278-3344	candace@mjolmainc.com

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PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
25013-East 5th St Reconstruction	25-19-PW	11	M Jolma Inc

PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
East 5th Street Superior, WI	08/09/2025	Jayden Jolma, Vice President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

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APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
6 Lazorik, Andrew T	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
7 Lipka, William S	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
7 Lipka, William S	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
7 Lipka, William S	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 27.140	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 27.140
7 Lipka, William S	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
7 Lipka, William S	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 26.000	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 26.000
8 Miller, Tyler J	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
8 Miller, Tyler J	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	8/9/25	715-278-3344	candace@mjolmainc.com

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), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
25013-East 5th St Reconstruction	25-19-PW	11	M Jolma Inc

PROJECT LOCATION	WEEK ENDING DATE	CERTIFYING OFFICIAL'S NAME AND TITLE
East 5th Street Superior, WI	08/09/2025	Jayden Jolma, Vice President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

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APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
N/A	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE	401K	FB TYPE	HEALTH	FB TYPE	PENSION	FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
8 Miller, Tyler J	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 12.770	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 12.770
9 Paladeni, Ryan M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
9 Paladeni, Ryan M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 13.770	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 13.770
10 Palecek, Mark M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 19.450	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 19.450
10 Palecek, Mark M	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$ 28.800	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$ 28.800
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	8/9/2025	715-278-3377	candace@mjomainc.com

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), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.