

U.S. Department of Labor
Wage and Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form
(For Contractor's Optional Use: See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



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

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

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

PROJECT NAME	PROJECT NO. or CONTRACT NO.	CERTIFIED PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																		
East 9th St, Superior, WI		1012125	Solon Springs Concrete LLC																		
PROJECT LOCATION	WAGE DETERMINATION NO.	WEEK ENDING DATE	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																		
		10/12/25	10522 S Hewyer Rd, Solon Springs, WI 54879																		
PROJECT NO. or CONTRACT NO.	CERTIFIED PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																		
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(4) HOURS WORKED EACH DAY	(5) TOTAL HOURS WORKED FOR WEEK	(6A) HOURLY WAGE RATE PAID FOR ST AND OT	(6B) TOTAL FRINGE BENEFIT CREDIT	(6C) PAYMENT IN LIEU OF FRINGE BENEFITS	(7A) GROSS AMT EARNED	(7B) GROSS AMT EARNED FOR ALL WORK	(8) DEDUCTIONS FOR ALL WORK		(9) NET PAY TO WORKER FOR ALL WORK				
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)		(TOP) DAYS OF WORK WEEK (BOTTOM) DATES								TAX WITH-HOLDINGS	EICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS		
								M T W R F S S 0 7 8 9 10 11 12													
	Anderson	Thomas	W		J	Truck Driver	ST	1.5	3.5	37.32	24.34	3.07	483.11	483.11	37.75	242.65	10.00	600.4	2631.50		
	Wells	Thomas	A		J	Truck Driver	ST	2.25	2.25	37.32	24.34	3.07	140.54	140.54	12.17	107.44	84.25	312.89	1091.29		
	Magnuson	Ronald	A		J	Truck Driver	ST	1.17	1.17	37.32	24.34	3.07	44.07	44.07	55.71	204.10	247.98	171.53	2308.45		
	Burdell	Robert	E		J	Truck Driver	ST	4.08	4.08	37.32	24.34	3.07	153.80	153.80	10.00	103.80	804.50	854.00			
	Karna	Richard	W		J	Truck Driver	ST	.33	.33	37.32	24.34	3.07	12.46	12.46	6.00	20.00	22.48	2853.36			
	Peterson	Randy	D		J	Truck Driver	ST	.58	.58	37.32	24.34	3.07	21.91	21.91	37.78	82.00	32.48	2853.36			
	Hodgman	Patrick	L		J	Truck Driver	ST	1.25	1.25	37.32	24.34	3.07	46.66	46.66	55.71	204.10	247.98	171.53	2406.69		
	Lemore	Michael	R		J	Truck Driver	ST	2.17	2.17	37.32	24.34	3.07	81.37	81.37	141.37	185.14	84.44	810.84	1440.02		

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)(i) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract. 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" (i.e., 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 35502, 200 Constitution Avenue, N.W., Washington, D.C. 20210 (over)

