## U.S. Department of Labor

Wage and Hour Division

## **PAYROLL**



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

						information unless it displays a currently valid OMB control number.								Rev. Der	Rev. Dec. 2008				
FL Crane & Sons, Inc.								ADDRESS 602 South Spring Street Fulton, MS 38843								OMB No Expires:	.: 1235-000 04/30/202		
PAYROLL NO. 9	(2)	FOR WEEK ENDIN 05/29/2022	G					Wee	ek# 9	PROJE	CT AND LOCAT		STER MJ 1	S ESSER 2 & JB5801 Pontotoc, MS		PROJECT	OR CONTRAC	1	U-11007202
(1)		(3)		(4) DAY AND DATE  Mon Tue Wed Thu Fri Sat Sur			т. —	(5)	(6)	(7)			·····	(8) WCTIONS			(9)		
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR ST	23	24	25	hu Fri 26 27 CED EA	28	29	TOTAL HOURS	RATE	GROSS AMOUNT		WITH- HOLDING	DEC	DUCTIONS		TOTAL	NET WAGES PAID
IAIS BENJAMIN	1	Carpenter	6		T	T	YED EV	UNUA		0.00	OF PAY 0.00	330.67	FIGA	TAX		<u> </u>	OTHER	DEDUCTIONS	FOR WEEK
-**-5941			s	5	8	7.5	$\dagger$			20.50	16.13	634.67	45.79	24.59	19.00		56,08	145,46	489.21
IMMS COREY	2	Carpenter	0		.75	.25				1.00	29.25	409.51						140.40	409.21
*-**-5740			\$	5	7.25	7.25				19.50	19.50	1,058.63	78.23	72.30	24.00		247.93	422.46	671.17
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White 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 to determine that employees have received legally required wages and tringe benefits.

## **Public Burden Statement**

We estimate that is 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 \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 06/01/2022  I, Children of Signatory Party)  (Name of Signatory Party)  (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by  FL Crane & Sons, Inc.	(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					
(Contractor or Subcontractor)  PONTOTOC SCHOOLS ESSER 2 & 3 DWL, ACT & that during the payroll period commencing on the (Building or Work)  23rd day of May 2022 and ending the 29th day of May 2022	EXCEPTION (CRAFT) EXPLANATION					
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  FL Crane & Sons, Inc.  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 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:						
FWH 96.89						
SWH 43.00						
(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.	REMARKS:  Report # : 9  Job # :  Total Hours : 41  Gross This job : 740.18					
(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.	NAME AND TITLE  POLYOLI  SIGNATURE  LICENSTRUCTURE  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CO'N OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF THE UNITED STATES CODE.					

## **Other Deduction Details**

FL Crane and Sons

From: 23-MAY-2022 To: 29-MAY-2022

W.E. Selection From: 29-MAY-2022 To: 29-MAY-2022

RAIS BENJAMIN	Amount
401K Deduction	
DENTAL - EE	20
BEST PLAN - MED - EE	5.35
	30.73
TIMMS COREY	Total for RAIS BENJAMIN 56.08
DENTAL - EE	
Principle Life	5.35
UNUM Critical Care	6.37
Truck Fringe- ded	2
Short Term Disability	187.5
Long Term Disability	6.23
BEST PLAN - MED - EE	9.75
	Total for TIMMS COREY 247.93
	Grand Total 304.01