

**PAYROLL**

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

Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.:
FL Crane & Sons, Inc.	602 South Spring Street Fulton, MS 38843	1235-0008
Expires: 04/30/2021		

PAYROLL NO. 10	FOR WEEK ENDING 06/05/2022	Week # 10	PROJECT AND LOCATION PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Master Job) 140 EDUCATION DRIVE, Pontotoc, MS 38863	PROJECT OR CONTRACT NO. MS20210045
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				30	31	01	02	03	04	05				HOURS WORKED EACH DAY					
BAILEY MCMICKIN ***-**-0866		Carpenter	O								0.00	0.00	258.08						
			S				8	8				16.00	16.13	514.08	39.32	47.70	13.32	0.00	100.34
BALDEMAR LUNA-SANCHEZ ***-**-3150		Carpenter	O								0.00	0.00	560.00						
			S	8	8	8	8	8				32.00	17.50	560.00	40.48	0.00	17.00	61.09	118.57
BARNEY ROBINSON ***-**-8443			O								0.00	0.00	120.00						
			S					8				8.00	15.00	120.00	6.42	0.00	0.00	36.08	42.50
BENJAMIN RAIS ***-**-5941	1	Carpenter	O								0.00	0.00	241.95						
			S			7	8					15.00	16.13	585.95	42.06	19.72	17.00	56.08	134.86
BRANDON WROTEN ***-**-4584		Carpenter	O								0.00	0.00	258.08						
			S	8	8							16.00	16.13	258.08	16.98	13.83	4.00	36.08	70.89
COREY TIMMS ***-**-5740	2	Carpenter	O								0.00	0.00	292.50						
			S			7	8					15.00	19.50	757.08	55.15	36.12	9.00	60.43	160.70
DEREK EDWARDS ***-**-4967	1	Carpenter	O								0.00	0.00	352.00						
			S	8	8							16.00	22.00	806.00	45.49	47.45	17.00	239.05	348.99
DRAE ABBOTT ***-**-4753	1	Carpenter	O								0.00	0.00	640.00						
			S	8	8	8	8	8				32.00	20.00	676.25	51.74	57.24	21.00	20.56	150.54

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 "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

**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.:
FL Crane & Sons, Inc.	602 South Spring Street Fulton, MS 38843	1235-0006
PAYROLL NO. 10	FOR WEEK ENDING 06/05/2022	Expires: 04/30/2021
Week # 10	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
	PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Master Job) 140 EDUCATION DRIVE, Pontotoc, MS 38863	MS20210045

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				30	31	01	02	03	04	05									
HOURS WORKED EACH DAY																			
GARY BALDWIN ***-**-6384		Carpenter	O								0.00	0.00	416.00						
			S		8	8						16.00	26.00	875.52	64.22	107.51	41.00	36.08	248.81
JAY WEST ***-**-7942	1	Carpenter	O								0.00	0.00	516.16						
			S		8	8	8	8				32.00	16.13	516.16	39.08	37.38	12.00	5.35	93.81
JOSHUA FRANCIS ***-**-6377	0	Carpenter	O								0.00	0.00	304.00						
			S				8	8				16.00	19.00	690.70	50.08	64.56	19.00	66.08	199.72
MICHAEL BALDWIN ***-**-7786		Carpenter	O								0.00	0.00	288.00						
			S		8	8						16.00	18.00	576.00	41.31	61.25	27.00	36.08	165.64
RUSSELL HOUSTON ***-**-2076		Carpenter	O								0.00	0.00	119.00						
			S			7						7.00	17.00	529.38	40.50	0.00	8.00	0.00	48.50
TAYLOR MEARS ***-**-2567	0	Carpenter	O								0.00	0.00	432.00						
			S		8	8	8					24.00	18.00	741.75	56.34	74.38	29.00	30.37	190.09
			O																
			S																
			O																
			S																

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Date 06/09/2022

Brittany Mcgregory (Name of Signatory Party) payroll (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

FL Crane & Sons, Inc. on the \_\_\_\_\_ on the \_\_\_\_\_  
(Contractor or Subcontractor)

PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Master) that during the payroll period commencing on the \_\_\_\_\_  
(Building or Work)

30th day of May, 2022, and ending the 5th day of June, 2022,

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 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA	589.17
FWH	567.14
SWH	234.32

(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.

(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

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Report #	:	10
Job #	:	MS20210045
Total Hours	:	261
Gross This job	:	4,797.77

NAME AND TITLE

Brittany Mcgregory payroll

SIGNATURE

Brittany Mcgregory

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 231 OF TITLE 31 OF THE UNITED STATES CODE.

## Other Deduction Details

FL Crane and Sons

From: **01-JUN-2022** To: **30-JUN-2022**

W.E. Selection From: 05-JUN-2022 To: 26-JUN-2022

Description	Amount
<b>BALDEMAR LUNA-SANCHEZ</b>	
Long Term Disability	9.1
BEST PLAN - MED - EE	30.73
Principle Life	8.21
Principal Vision	7.23
Short Term Disability	5.82
<b>Total for BALDEMAR LUNA-SANCHEZ</b>	<b>61.09</b>
<b>BARNEY ROBINSON</b>	
BEST PLAN - MED - EE	30.73
DENTAL - EE	5.35
<b>Total for BARNEY ROBINSON</b>	<b>36.08</b>
<b>BENJAMIN RAIS</b>	
401K Deduction	20
BEST PLAN - MED - EE	30.73
DENTAL - EE	5.35
<b>Total for BENJAMIN RAIS</b>	<b>56.08</b>
<b>BRANDON WROTEN</b>	
DENTAL - EE	5.35
BEST PLAN - MED - EE	30.73
<b>Total for BRANDON WROTEN</b>	<b>36.08</b>
<b>COREY TIMMS</b>	
Short Term Disability	6.23
Principle Life	6.37
Long Term Disability	9.75
UNUM Critical Care	2
DENTAL - EE	5.35
BEST PLAN - MED - EE	30.73
<b>Total for COREY TIMMS</b>	<b>60.43</b>
<b>DEREK EDWARDS</b>	
DENTAL - FAMILY	23.26
BEST PLAN - MED - EE + 1	188.08
Principle Life	8.96
Long Term Disability	11.44
Short Term Disability	7.31
<b>Total for DEREK EDWARDS</b>	<b>239.05</b>
<b>DRAE ABBOTT</b>	
Short Term Disability	6.31
Long Term Disability	9.88

# Other Deduction Details

FL Crane and Sons

From: 01-JUN-2022 To: 30-JUN-2022

W.E. Selection From: 05-JUN-2022 To: 26-JUN-2022

Description	Amount
<b>DRAE ABBOTT</b>	
Principle Life	1.59
UNUM Accident	2.78
<b>Total for DRAE ABBOTT</b>	<b>20.56</b>
<b>GARY BALDWIN</b>	
BEST PLAN - MED - EE	30.73
DENTAL - EE	5.35
<b>Total for GARY BALDWIN</b>	<b>36.08</b>
<b>JAY WEST</b>	
DENTAL - EE	5.35
<b>Total for JAY WEST</b>	<b>5.35</b>
<b>JOSHUA FRANCIS</b>	
DENTAL - EE	5.35
BEST PLAN - MED - EE	30.73
401K ROTH	30
<b>Total for JOSHUA FRANCIS</b>	<b>66.08</b>
<b>MICHAEL BALDWIN</b>	
DENTAL - EE	5.35
BEST PLAN - MED - EE	30.73
<b>Total for MICHAEL BALDWIN</b>	<b>36.08</b>
<b>TAYLOR MEARS</b>	
Long Term Disability	8.84
UNUM Accident	2.78
DENTAL - EE	5.35
UNUM Critical Care	4.57
Short Term Disability	5.65
Principle Life	3.18
<b>Total for TAYLOR MEARS</b>	<b>30.37</b>
<b>Grand Total</b>	<b>683.33</b>