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)

NAME OF CONTRACTOR OR SUBCONT	- CACTOR	Persons are no	ot requ	uired	to res	spon	d to ti	he co	ollecti	on of i	nformat	ion unless it d	isplays a curren	itly valid ON	AB control nu	ımber.		U.S	. Wage and He Rev. Dec	
FL Crane & Sons, Inc.							ADDRESS 602 South Spring Street Fulton, MS 38843							OMB No	: 1235-0008					
PAYROLL NO. 11 FOR WEEK ENDING Week # 06/12/2022 11							PROJECT AND LOCATION PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Master Job) MS2021						Expires: 04/30/202 T OR CONTRACT NO. 210045							
(1)	(2)	(3)		(4) DAY AND DATE						*********	(5)	(6)	(7)	T						(9)
NASSE AND INDRUDURE (PENYER)	DWIG:		ž.	Mon Tue Wed Thu Fn Sat			Sun	1			(8) DEDUCTIONS				,,,					
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	010	06			1	1	11 CH DA	1	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH-				TOTAL	NET WAGES PAID
BAILEY MCMICKIN		Carpenter	٥			Π		Τ	T		0.00	0.00	516.16	1	TAX			OTHER	DEDUCTIONS	FOR WEEK
--0866			s	8	8		В	8			32.00	16.13	516.16	39.48	47,95	18.00		0.00		ACT CASE ASSOCIATION OF THE PARTY OF THE PAR
BALDEMAR LUNA-SANCHEZ		Carpenter	0			T		T	1	1	0.00	0.00	700.00	1	11.00	10.00		0.00	105.43	410,73
--3150 			s	6	8	8	8	В			40.00	17.50	1,172.50	87.35	0.00	47.00				A Company of the Comp
BARNEY ROBINSON		Carpenter	o				T	T	1		0.00	0.00	516.16	1 07.55	0.00	47.00		61.09	195.44	977.06
--8443		THE PROPERTY OF THE PROPERTY O	_	8	8	В	_	8	+		32.00	16.13	/							NA COSTA
			4		<u> </u>		<u> </u>	_	<u> </u>			.0.10	516.16	36.72	0.00	0.00		36.08	72.80	443.36
BRANDON WROTEN		Carpenter	٥								0.00	0.00	129.04							
--4584			s					8			8.00	16.13	625.04	45.06	56.68	22.00		36.08	159.82	465,22
EREK EDWARDS	1	Carpenter	0					.75			0.75	33.00	184.25					50.00	159.62	465.22
--4967			s					7.25			7.25	22.00	989.25	59.51	69.44	26.00		239.05	204.00	T. C.
AY WEST	1	Carpenter	0								0.00	0.00	645.20		90.11	20.55		239.05	394.00	595.25
--7942 			s	8	8	8	8	8			40.00	16.13	1,077.20	81.99	114.92	40.00		5,35	242.26	834.94
OSHUA FRANCIS	0	Carpenter	0						ļ		0.00	0.00	608.00					0.00	242.20	
--6377			s	8	8	8	8	_			32.00	19.00	818.00	59.82	79.84	32.00		66.08	237.74	580.26
AYLOR MEARS	0	Carpenter	٥								0.00	0.00	576.00			+=.00		00.00	257.74	300.26
·*-**-2567			s	8	8	8	в				32.00	18.00	778.00	59.10	78.73	31.00		30.37	199 20	578.80

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 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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 06/16/2022		
(Name of Signatory Party) (Title)	(b) WHERE FRINGE BENEFITS ARE PAID IN	N CASH sted in the above referenced payroll has been paid,
do hereby state:	as indicated on the payroll, a	an amount not less than the sum of the applicable the amount of the required fringe benefits as listed
(1) That I pay or supervise the payment of the persons employed by	in the contract, except as no	sted in section 4(c) below.
FL Crane & Sons, Inc.	(c) EXCEPTIONS	
(Contractor or Subcontractor) on the	EVCEDTION (OD 4 ST.)	
PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Maste; that during the payroll period commencing on the (Building or Work)	EXCEPTION (CRAFT)	EXPLANATION
6th day of June , 2022 , and ending the 12th 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.		
(Contractor or Subcontractor) from the full		
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:		
FICA 469.03		
FWH 447.56		
SWH 216.00		
	REMARKS:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are	Report # :	
confect and complete, that the wade rates for laborers or mechanics contained thorois are not less than the		11
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.	Job# : Ms	S20210045
	Total Hours :	224
(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.	Gross This job :	3,874.81
(4) That:		1
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE OCCUPANT S	SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in	Britteny N'Gragon	PHI-DOWN DCB. CO.
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.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATI SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SE 31 OF THE UNITED STATES CODE.	EMENTS MAYSUBJECT THE CONTRACTOR OR SE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

Other Deduction Details

FL Crane and Sons

From: 06-JUN-2022 To: 13-JUN-2022

W.E. Selection From: 12-JUN-2022 To: 12-JUN-2022

Description	vv.E. Selection From: 12-JUN-2022 To: 12-JUN-2022		
BALDEMAR LUNA-SANCHEZ		Amount	
Principle Life			
Long Term Disability		8.21	
Short Term Disability		9.1	
Principal Vision		5.82	
BEST PLAN - MED - EE		7.23	
		30.73	
BARNEY ROBINSON	Total for BALDEMAR LUNA-SANCHEZ	61.09	
BEST PLAN - MED - EE			
DENTAL - EE			
		30.73	
	Total for BARNEY ROBINSON	5.35	_
BRANDON WROTEN	TOWN TO BARNET ROBINSON	36.08	
DENTAL - EE			
BEST PLAN - MED - EE		5.35	
		30.73	
DEREK EDWARDS	Total for BRANDON WROTEN	36.08	

Principle Life			
BEST PLAN - MED - EE + 1		8.96	
DENTAL - FAMILY		188.08	
Short Term Disability		23.26	
Long Term Disability		7.31	
	Total for DEREK EDWARDS	11.44	
JAY WEST	TOTAL TO DEREK EDWARDS	239.05	
DENTAL - EE			
		5.35	
JOSHUA FRANCIS	Total for JAY WEST	5.35	
DENTAL - EE			
401K ROTH		5.35	
BEST PLAN - MED - EE		30	
		30.73	
AYLOR MEARS	Total for JOSHUA FRANCIS	66.08	
Long Term Disability		0.04	
Short Term Disability		8.84	
DENTAL - EE		5.65 5.35	
UNUM Critical Care		5.35 4.57	
UNUM Accident		4.57 2.78	
Principle Life		3.18	
	Total for TAYLOR MEARS	30.37	

Other Deduction Details

FL Crane and Sons

From: 06-JUN-2022 To: 13-JUN-2022

W.E. Selection From: 12-JUN-2022 To: 12-JUN-2022

Description	 10. 12-3014-2022			
	 · · · · · · · · · · · · · · · · · · ·		Amount	· · · · · · · · · · · · · · · · · · ·
	 Gra	ind Total	474.1	