U.S. Department of Labor

OR SUBCONTRACTOR IX

Wage and Hour Division

NAME OF CONTRACTOR

PAYROLL



(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.

ADDRESS 602 South Spring Street
Fulton MS 38843

Fulton MS 38843

| FL Crane & Sons, Inc. | | | | | | | Fulton, MS 38843 | | | | | | | OMB No. Expires: | : 1235-000 04/30/202 | | | | | |
|--|-------------------------------------|--|---|---|---|------|------------------|-------|-------------|--|----------------|----------------|---------------------------|---------------------|-------------------------|------------------------------------|---|--|---------------------|---------------------|
| PAYROLL NO. 12 | FOR WEEK ENDI 06/19/2022 | | | | | | | | | PROJECT AND LOCATION PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Master Job) 140 EDUCATION DRIVE , Pontotoc, MS 38863 | | | | | | PROJECT OR CONTRACT NO. MS20210045 | | | | |
| (1) | (S) SNC | (3) | (3) (4) DAY AND DATE Mon Tue Wed Thu Fri Sat Sun | | | Siin | (5) | . (6) | (7) | (8) DEDUCTIONS | | | | | (9) | | | | | |
| NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SCICIAL SECURITY NUMBER) OF WORKER | NO, OF WITHHOLDING EXEMPTIONS | WORK CLASSIFICATION | OT OR | L | 1 | | 1 | 1 | 18 H DAY | | TOTAL HOURS | RATE OF PAY | GROSS AMOUNT EARNED | FICA | WITH- HOLDING TAX | - | | OTHER | TOTAL DEDUCTIONS | WAGES PAID FOR WEEK |
| BAILEY MCMICKIN | | Carpenter | ٥ | | *************************************** | | | | | | 0.00 | 0.00 | 258.08 | | | | | | | |
| ***-**-0866 | | | ន | 8 | 8 | | | | | | 16.00 | 16.13 | 690.08 | 52.79 | 68.82 | 27.00 | | 0.00 | 148.61 | 541.47 |
| DRAE ABBOTT | 1 | Carpenter | 0 | | | | | | | | 0.00 | 0.00 | 640.00 | | | | | | | |
| ***-**-4753 | | | ş | 8 | 8 | 8 | 8 | | | | 32.00 | 20,00 | 869,00 | 66.48 | 80.37 | 30.00 | | 20.56 | 197.41 | 671.59 |
| GARY BALDWYN | | Carpenter | 0 | | | | | | | | 0.00 | 0.00 | 208.00 | | | | - | | <u> </u> | |
| ***-**-6384 | | Anni contraction de la contrac | s | | | 8 | | | | | 8.00 | 26.00 | 875.52 | 64.22 | 86.74 | 35,00 | | 36.08 | 222.04 | 653.48 |
| JAY WEST | 1 | Carpenter | ٥ | | | | | | | | 0.00 | 0.00 | 516.16 | | | | | | | |
| ***-**-7942 | | | Ś | 8 | В | 8 | 8 | | | | 32.00 | 16.13 | 644.16 | 48.87 | 52.74 | 19.00 | | 5.35 | 125.96 | 518.20 |
| JOSHUA FRANCIS | 0 | Carpenter | 0 | 1 | 1 | | | | | | 2.00 | 28.50 | 323.00 | | | | | | | |
| ***-**-6377 | | | ß | 7 | 7 | | | | | | 14.00 | 19.00 | 988.64 | 72,87 | 106.87 | 40.00 | | 66.08 | 285.82 | 702.82 |
| MICHAEL BALDWYN | | Carpenter | 0 | | | | | | | | 0.00 | 0.00 | 144.00 | | | | | | | |
| ***-**-7786 | | | s | | | 8 | | | | | 8.00 | 18.00 | 720.00 | 52.32 | 44.17 | 25.00 | | 36.08 | 157.57 | 562.43 |
| TAYLOR MEARS | 0 | Carpenter | o | | | | | | | ĺ | 0.00 | 0.00 | 432,00 | | | | | | | |
| *** <u>*</u> **-2567 | | | s | | 8 | 8 | 8 | | | | 24.00 | 18.00 | 749.00 | 56.89 | 75.25 | . 30.00 | | 30.37 | 192.51 | 556.49 |
| | | | 0 | | | | | | | | | | | | | · | | TAXABILITY PARAMETER PARAM | | |
| | | | s | 1 | | | | | | | | | | | | , | | Life and Associated | | |

While completion of Form WH-347 is aptional, 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 "turnish 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 fringe benefits.

Public Burden Statement

We estimate that is will take an average of 56 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 06/23/2022 (Name of Signatory Party) (Name of Signatory Party) (Title) (Title) (Title) (Title) | (b) WHERE FRINGE BENEFITS ARE PAID IN CASH Each laborer or mechanic listed in the above referenced payroll has been pair 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 lister in the contract, except as noted in section 4(c) below. (c) EXCEPTIONS |
|---|---|
| (Contractor or Subcontractor) on the | EXCEPTION (CRAFT) EXPLANATION |
| PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Maste; that during the payroll period commencing on the (Building or Work) | |
| 13th day of June , 2022 , and ending the 19th 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) | JII |
| 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. 94). | 18, |
| 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below: | |
| FICA 414.44 | |
| FWH 514.96 | |
| SWH 206.00 | |
| | REMARKS: |
| (2) That any payrolls otherwise under this contract required to be submitted for the above period are | Report # : 12 |
| 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 classificati | Job# : MS20210045 |
| set forth therein for each laborer or mechanic conform with the work he performed. | Total Hours : 136 |
| (3) That any apprentices employed in the above period are duly registered in a bone 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. | 2,021,21 |
| (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS | NAME AND TITLE POUVOIL SIGNATURE |
| 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. | Doithan N. M. Chicecon I Thutton I N. Chicago |

Other Deduction Details

FL Crane and Sons

From: 13-JUN-2022 To: 19-JUN-2022

W.E. Selection From: 19-JUN-2022 To: 19-JUN-2022

| Description | | Amount |
|-----------------------|----------------------------|------------|
| DRAE ABBOTT | | |
| Short Term Disability | | 6,31 |
| Principle Life | | 1.59 |
| Long Term Disability | | 9.88 |
| UNUM Accident | | 2.78 |
| | Total for DRAE ABBOTT | 20.56 |
| GARY BALDWYN | | |
| BEST PLAN - MED - EE | | 30.73 |
| DENTAL - EE | | 5.35 |
| | Total for GARY BALDWYN | 36.08 |
| JAY WEST | | |
| DENTAL - EE | | 5,35 |
| | Total for JAY WEST | 5.35 |
| JOSHUA FRANCIS | | |
| DENTAL - EE | | For |
| 401K ROTH | | 5.35 30 |
| BEST PLAN - MED - EE | | 30.73 |
| | Total for JOSHUA FRANCIS | 66.08 |
| MICHAEL BALDWYN | Total Id. Cooling Pharmaco | 00.00 |
| | | • |
| BEST PLAN - MED - EE | | 30.73 |
| DENTAL - EE | | 5.35 |
| | Total for MICHAEL BALDWYN | 36.08 |
| TAYLOR MEARS | | |
| UNUM Critical Care | | 4.57 |
| Short Term Disability | | 5.65 |
| DENTAL - EE | | 5.35 |
| Principle Life | | 3.18 |
| Long Term Disability | | 8.84 |
| UNUM Accident | | 2.78 |
| | Total for TAYLOR MEARS | 30.37 |
| | Grand Total | 194,52 |