U.S. Department of Labor

PAYROLL



Wage and Hour Division

(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.

Rev. Dec 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR Fireline, Inc.						ADDRESS 3905 RC Lane Tupelo, MS 38801								OMB No.: 1235-0008 Expires: 07/31/2024					
PAYROLL NO. FOR WEEK ENDING 06/04/2022			F	PROJECT AND LOCATION Pontotoc ESSR #2&3								OR CONTRACT NO. 222005							
(1) NAME AND INDIVIDUAL	(2)	(3)	O Su	Mo	(4) [AY AND			Sa	(5)	(6)	/MS/39042 (7)			DEDU(8) CTIONS	1		(9)
IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	# Ex	WORK CLASSIFICATION	or 05/2 S T	9 05/30		06/01 VORKED		/02 06/03 06/04 TOTAL HOURS	OF	GROSS AMOUNT EARNED PROJECT / ALL	FICA	WITH- HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	NET WAGES PAID FOR WEEK		
No Work Performed.			0	Τ		VOINEE	LAGIT	DA.			PAT	PROJECT/ALL					-		
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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.

Date	06/08/2022							
l,	Rick Reddout			Pres	sident			
	(Name of Signatory F	Party)	(Title)					
do hereby s	state:							
(1) That I	pay or supervise the pay	yment of the per	rsons employed b	У				
		Fireline, Inc.				on the		
	(Cor	tractor or Subcont	ractor)					
Pontotoc ES	SR #2&3		; that during the	pavroll	period cor	mmencing		
	(Building or Work)		,	payron	poca co.	monomy		
on the	29 day of May	2022 , a	and ending the	04 (day of	June		
2022 ,	all persons employed of	on said project h	ave been paid the	e full we	ekly wage	es earned,		
that no reb	ates have been or will b	e made either d	irectly or indirectly	to or c	on behalf o	of said		
	F	Fireline, Inc.			froi	m the		
		ctor or Subcontract	or)					
76 Stat. 35	nder the Copeland Act, a 7; 40 U.S.C. § 3145), ar urance Premium - 50% o	nd described bel	low:			ο <i>(</i> ;		
			uividuai Rate Pait	ונט טח				
Life Insurar	nce - \$.02/Hr Paid to Pri	ncipal						
above pend contained t determinati	ny payrolls otherwise un od are correct and comp therein are not less than ion Incorporated into the er or mechanic conform	lete; that the wa the applicable y contract; that the	age rates for labor wage rates contain the classifications	ers or r ned in	nechanics ny wage			
fide appren the Bureau such recog	ny apprentices employed ticeship program registe of Apprenticeship and I nized agency exists in a lig, United States Depart	ered with a State Fraining, United State, are regis	e apprenticeship a States Departme	igency nt of La	recognized abor, or if r	10		
(4) That:								
(a) WHER	E FRINGE BENEFITS A	ARE PAID TO A	PPROVED PLAN	IS, FUN	NDS, OR F	PROGRAM		
-	ddition to the basic hourl							

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

(d) EXCELLIONS	
EXCEPTION (CRAFT)	EXPLANATION
Health Insurance Benefit - 50% of Individual Health Insurance	Paid to United Health Care
Life Insurance - \$.02/Hr	Paid to Principal
John Henson - \$1.56/Hr	Paid in Cash
Walker Hale - \$1.08/Hr	Paid in Cash
REMARKS:	
Employer Pays 50% of Individual Health In Premiums Number: Fireline EIN: 64-0868706	nsurance Contract
NAME AND TITLE	SIGNATURE
Rick Reddout President	// A-A

President

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.