## 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)

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 SUBCONTE FL Crane & Sons, Inc.	RACTOR	X								ADDRE		th Spring Stre IS 38843	et				ATTENNA NA KAMPUNINA UNA	OMB No. Expires:	.: 1235-000 04/30/202	 3€ 21
PAYROLL NO: 14		FOR WEEK ENDIN- 07/03/2022	G	······		<del></del>		Wee	k# 14	PROJE	CT AND LOCAT	ION PONTOTO (Master Job 140 EDUCA	)	OOLS ESSE		PROJECT ( MS2021	OR CONTRAC 10045	T NO.		_
(1)	(S)	(3)	35	Mon	,	 Y AND	· 		Sun	(5)	(6)	m			DED	(8) UCTIONS			(9)	The second
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO, OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR	27	1	30 PRKED		02 H DAY		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	
DRAE ABBOTT	1	Carpenter	0		1		an a			1.00	31.50	178.50								the same
***-**-4753			s		7					7.00	21.00	916.45	70.11	86.06	33.00		20.56	209.73	706.72	
GARY BALDWYN		Carpenter	0							0.00	0.00	208.00								demonstrate of the second
***-**-6384			s	. 8						8.00	26.00	700.76	50.85	65.77	26.00		36.08	178.70	522.06	
JAY WEST	1	Carpenter	٥							0.00	0.00	136.00								
***-**-7942			s		В					8.00	17.00	680.00	51.61	57.04	21.00		5,35	135.00	545.00	
MICHAEL BALDWYN		Carpenter	o							0.00	0.00	144.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	74.7°*11.11.11.11.11.11.11.11.11.11.11.11.11.						demons
***-**-7786			\$	8			***************************************			8.00	18.00	747.00	54.39	47.41	26.00		36.08	163.88	583.12	**************************************
TAYLOR MEARS	0	Carpenter	Ö							0.00	0.00	152.00								-
***-**-2567			s		8					8.00	19.00	785,38	59.67	79.61	32.00		30.37	201.65	583.73	ALCOHOLD STATE
			o																	
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While completion of Form WH-347 is optional, it is mandatory for severed 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 exployees 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 \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 07/06/2022  I. PONTHAND MC VECYON PAUVOL (Title)  (Name of Signatory Party) (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by	(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
FL Crane & Sons, Inc.  (Contractor or Subcontractor)  PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Maste; that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLANATION
(Building or Work)	
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, Incfrom 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:	
FICA 286.63	
FWH 335.89	
SWH 138.00	
	REMARKS:
(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 classification set forth therein for each laborer or mechanic conform with the work he performed.	Report # : 14  Job # : MS20210045  Total Hours : 40
(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: 818.5
(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 payroli, 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  NAME AND TITLE  SIGNATURE  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MARSUBJECT THE CONTRACTOR OF SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

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## **Other Deduction Details**

FL Crane and Sons

From: **27-JUN-2022** To: **03-JUL-2022** 

W.E. Selection From: 03-JUL-2022

To: 03-JUL-2022

DRAE ABBOTT Short Term Disability Principle Life Long Term Disability UNUM Accident  Total for DRAE ABBOTT  GARY BALDWYN  DENTAL - EE BEST PLAN - MED - EE  Total for GARY BALDWYN  JAY WEST  DENTAL - EE BEST PLAN - MED - EE  Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE Short Term Disability	6.31 1.59 9.88 2.78 <b>20.56</b> 5.35 30.73 <b>36.08</b> 5.35
Principle Life Long Term Disability UNUM Accident  Total for DRAE ABBOTT  GARY BALDWYN  DENTAL - EE BEST PLAN - MED - EE  Total for GARY BALDWYN  JAY WEST  DENTAL - EE  Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE BEST PLAN - MED - EE  Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	1.59 9.88 2.78 <b>20.56</b> 5.35 30.73 <b>36.08</b> 5.35
Long Term Disability UNUM Accident  Total for DRAE ABBOTT  GARY BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for GARY BALDWYN  JAY WEST  DENTAL - EE  MICHAEL BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for JAY WEST  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	1.59 9.88 2.78 <b>20.56</b> 5.35 30.73 <b>36.08</b> 5.35
UNUM Accident  Total for DRAE ABBOTT  GARY BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for GARY BALDWYN  DENTAL - EE  MICHAEL BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for JAY WEST  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	2.78 20.56 5.35 30.73 36.08
Total for DRAE ABBOTT  GARY BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for GARY BALDWYN  JAY WEST  DENTAL - EE  Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	20.56  5.35 30.73 36.08  5.35
DENTAL - EE BEST PLAN - MED - EE  Total for GARY BALDWYN  DAY WEST  DENTAL - EE  Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	5.35 30.73 <b>36.08</b> 5.35
DENTAL - EE BEST PLAN - MED - EE  Total for GARY BALDWYN  JAY WEST  DENTAL - EE  Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	30.73 <b>36.08</b> 5.35
DENTAL - EE  Total for GARY BALDWYN  DENTAL - EE  Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	30.73 <b>36.08</b> 5.35
Total for GARY BALDWYN  DENTAL - EE  Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	30.73 <b>36.08</b> 5.35
DAY WEST DENTAL - EE  Total for JAY WEST MICHAEL BALDWYN DENTAL - EE BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS DENTAL - EE	<b>36.08</b> 5.35
DAY WEST DENTAL - EE  Total for JAY WEST MICHAEL BALDWYN DENTAL - EE BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS DENTAL - EE	5.35
DENTAL - EE  Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	
Total for JAY WEST  MICHAEL BALDWYN  DENTAL - EE  BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	
DENTAL - EE BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  [AYLOR MEARS DENTAL - EE	5.35
DENTAL - EE BEST PLAN - MED - EE  Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	
TOTAL FOR MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	
Total for MICHAEL BALDWYN  TAYLOR MEARS  DENTAL - EE	5.35
DENTAL - EE	30.73
DENTAL - EE	36.08
Short Term Disability	5.35
Onort Torri Diodolity	5.65
Principle Life	3.18
UNUM Accident	2.78
UNUM Critical Care	4.57
Long Term Disability	8.84
Total for TAYLOR MEARS	
Grand Total	30.37