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 SUBCONTRACTOR TY ADDRESS 602 South Spring Street OMB No. 1225 0000

FL Crane & Sons, Inc.		LXI									ADDRE		th Spring Stre //S 38843	et			:		OMB No. Expires:	: 1235-000 04/30/202
PAYROLL NO. 16		FOR WEEK ENDII 07/17/2022	NĢ						We	eek# 16	PROJE	CT AND LOCAT	(Master Job	0}	(OOLS ESSE) /E , Pontotoc,		PROJECT MS202	OR CONTRAC 10045	T NO.	
(1)	(2) Sa SN	(3):		Mor	`	. ~		DATI Fri		t Sun	(5)	(6)	(7)			DEC	(8) DUCTIONS		HANNES TO THE STATE OF THE STAT	(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT OH	11	1	<u> </u>	1 .	15 EAC		17 AY	TOTAL HOURS		GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
BENJAMIN RAIS	1	Carpenter	0	Π							0.00	0.00	142.50							
***-**-5941			s				7.5				7.50	19.00	649.37	46.91	24.06	19.00		76.08	166.05	483.32
COREY TIMMS	2	Carpenter	0				.76	.25	7		8.00	31.50	556.51							
***-**-5740			s				7.25	7.25		1	14.50	21.00	1,156.76	85.73	84.08	29.00		60.43	259.24	897.52
DRAE ABBOTT	1	Carpenter	٥		1	1					2.00	31.50	693.00							
***-**-4753		TO POPPE AND	s		7	7	8	8			30.00	21.00	924.75	70.74	87.06	33.00		20.56	211.36	713.39
GABRIEL BUCKNER		Carpenter	o								0.00	0.00	241.96			***************************************				
***-**-8692			s				7.5	7.5			15.00	16.13	497.96	38.09	0.00	12.00		0.00	50.09	447.87
JAY WEST	1	Carpenter	٥								0.00	0.00	272.00	·						
***-**-7942		WWW.	s		a	8					16.00	17.00	731.00	5 5.51	63.16	23.00		5.35	147.02	583.98
RODNEY YIELDING	0	Carpenter	o								0.00	0.00	232.00							
***- * *-0140		#- 10 mm	s				8				8.00	29.00	1,176.34	87.23	187.10	56.00		83.45	413.78	762.56
RUSSELL HOUSTON		Carpenter	0								0.00	0.00	279.00							
***-**-2076		T-C-P-C-P-C-P-C-P-C-P-C-P-C-P-C-P-C-P-C-	s				8	7.5		<u> </u>	15.50	18.00	752.67	57.58	0.00	19.00		0.00	76.58	676.09
TAYLOR MEARS	0	Carpenter	0								0.00	0.00	304.00							
***-**-2567			\$		В	В				T	16.00	19.00	1,115.69	84.94	141.58	48.00		30.37	304.89	810.80

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

Date 07/20/2022 I Dett to War Gory (Name of Signatory Party) (Name of Signatory Party) (Title) do hereby state: (1) That I pay or supervise the payment of the persons employed by FL Crane & Sons, Inc.	as indicated on the payroll, a	ted in the above referenced payroll has been paid, in amount not less than the sum of the applicable the amount of the required fringe benefits as listed
(Contractor or Subcontractor) PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Maste ; that during the payroll period commencing on the	EXCEPTION (CRAFT)	EXPLANATION
(Building or Work)		The HANGE AND ADDRESS AND ADDR
11th day of July , 2022 , and ending the 17th day of July , 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 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:		
FICA 526.73		
FWH 587.04		
SWH 239.00		
<u></u>	REMARKS:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are	Report # :	16
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	Job# : M	S20210045
set forth therein for each laborer or mechanic conform with the work he performed.	Total Hours :	132.5
(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 :	2,720.97
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE DAY VOLL]	SIGNATURE
▼	Dill a 16 proposit	Dails) 10 196
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.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATISUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SI	THE SECTION 1881 OF TITLE 18 AND SECTION 231 OF TITLE

Other Deduction Details

FL Crane and Sons

From: 11-JUL-2022 To: 17-JUL-2022

W.E. Selection From: 17-JUL-2022

To: 17-JUL-2022

BENJAMIN RAIS	·	
401K Deduction		40
DENTAL - EE		5.35
BEST PLAN - MED - EE		30.73
	Total for BENJAMIN RAIS	76.08
COREY TIMMS		70.00
BEST PLAN - MED - EE		30.73
Short Term Disability		6.23
DENTAL - EE		5.35
Principle Life		6.37
UNUM Critical Care		2
Long Term Disability		9.75
	Total for COREY TIMMS	60.43
DRAE ABBOTT	Total for GONET HINNES	00.43
Short Term Disability		0.04
UNUM Accident		6.31
Principle Life		2.78
Long Term Disability		1.59
Long Term Disability	T.4.15 PRAFADRO	9.88
	Total for DRAE ABBOTT	20.56
JAY WEST		
DENTAL - EE		5.35
	Total for JAY WEST	5.35
RODNEY YIELDING		
401K Deduction		25
Long Term Disability		13.65
DENTAL - EE		5.35
BEST PLAN - MED - EE		30.73
Short Term Disability	·	8.72
	Total for RODNEY YIELDING	83.45
TAYLOR MEARS		
UNUM Accident		2.78
DENTAL - EE		5.35
Principle Life		3.18
UNUM Critical Care		4.57
Short Term Disability		5.65
Long Term Disability		8.84
	Total for TAYLOR MEARS	30.37