

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.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No.:
FL Crane & Sons, Inc.		602 South Spring Street Fulton, MS 38843		1235-0008 Expires: 04/30/2021
PAYROLL NO. 28	FOR WEEK ENDING 10/09/2022	Week # 28	PROJECT AND LOCATION PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Master Job) 140 EDUCATION DRIVE, Pontotoc, MS 38863	PROJECT OR CONTRACT NO. MS20210045

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF INCLUDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				FICA	WITH-HOLDING TAX		OTHER	TOTAL DEDUCTIONS	
				03	04	05	06	07	08	09				HOURS WORKED EACH DAY					
BAILEY MCMICKIN ***_**-0866		Carpenter	o								0.00	0.00	132.00						
			s					8			8.00	16.50							
CHARLOTTE HUDSON ***_**-3082	2	Carpenter	o					1			1.00	24.20	153.24						
			s					8			8.00	16.13							
DEREK EDWARDS ***_**-4967	1	Carpenter	o					8			8.00	35.25	282.00						
			s								0.00	0.00							
DRAE ABBOTT ***_**-4753	1	Carpenter	o								0.00	0.00	168.00						
			s						8		8.00	21.00							
JESSIE UNDERWOOD ***_**-3194	2	Carpenter	o						8		8.00	24.20	322.80						
			s					8			8.00	16.13							
JIMMY PERRINE ***_**-8162		Carpenter	o								0.00	0.00	129.04						
			s					8			8.00	16.13							
JONATHAN BARTON ***_**-7486	0	Carpenter	o					1			1.00	27.00	171.00						
			s					8			8.00	18.00							
JOSHUA BALDWIN ***_**-0783		Carpenter	o						8		8.00	24.75	198.00						
			s								0.00	0.00							

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

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)



U.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.:
FL Crane & Sons, Inc.	602 South Spring Street Fulton, MS 38843	1235-0008
PAYROLL NO. 28	FOR WEEK ENDING 10/09/2022	Expires: 04/30/2021
Week # 28	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
	PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Master Job) 140 EDUCATION DRIVE, Pontotoc, MS 38863	MS20210045

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT CRST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				Mon	Tue	Wed	Thu	Fri	Sat	Sun				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				03	04	05	06	07	08	09				HOURS WORKED EACH DAY					
JOSHUA FRANCIS ***-**-6377	0	Carpenter	O					1			1.00	30.00	170.00						
			S					7			7.00	20.00	1,369.65	101.84	190.20	59.00	71.48	422.52	947.13
MICHAEL BALDWIN ***-**-7786		Carpenter	O								0.00	0.00	144.00						
			S						8			8.00	18.00	720.00	52.15	43.90	24.00	47.33	167.38
MICHAEL GREEN ***-**-1000	0	Carpenter	O								0.00	0.00	243.00						
			S					9			9.00	27.00	2,077.32	155.99	345.94	99.00	145.34	746.27	1,331.05
TAYLOR MEARS ***-**-2567	0	Carpenter	O					9	10		19.00	28.50	541.50						
			S								0.00	0.00	1,433.23	109.16	211.22	64.00	53.41	437.79	995.44
			O																
			S																
			O																
			S																
			O																
			S																

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 53502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 10/12/2022

Brittany McGregory (Name of Signatory Party) payroll (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

FL Crane & Sons, Inc. (Contractor or Subcontractor) on the

PONTOTOC CITY SCHOOLS ESSER 2 & 3 (Maste; that during the payroll period commencing on the (Building or Work)

3rd day of October, 2022, and ending the 9th day of October, 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 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA	958.50
FWH	1,491.48
SWH	503.00

(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 classifications set forth therein for each laborer or mechanic conform with the work he performed.

(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.

(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 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.

(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

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Report #	:	28
Job #	:	MS20210045
Total Hours	:	118
Gross This job	:	2,654.38

NAME AND TITLE

SIGNATURE

Brittany McGregory payroll Brittany McGregory

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.

Other Deduction Details

FL Crane and Sons

From: 03-OCT-2022 To: 09-OCT-2022

W.E. Selection From: 09-OCT-2022 To: 09-OCT-2022

Description	Amount
BAILEY MCMICKIN	
DENTAL - EE	6.35
BEST PLAN - MED - EE	31.95
MUTUAL OMAHA - Life	1.59
Total for BAILEY MCMICKIN 39.89	
CHARLOTTE HUDSON	
401K Deduction	20
Short Term Disability	4.43
MUTUAL OMAHA - Critical Care	1.5
DENTAL - EE	6.35
MUTUAL OMAHA - Accident	2.32
BEST PLAN - MED - EE	31.95
MUTUAL OMAHA - Vision	3.42
MUTUAL OMAHA - Life	6.38
Long Term Disability	8
Total for CHARLOTTE HUDSON 84.35	
DEREK EDWARDS	
DENTAL - FAMILY	24.26
MUTUAL OMAHA - Life	9.04
BEST PLAN - MED - EE + 1	195.6
Long Term Disability	11.75
Short Term Disability	6.51
Total for DEREK EDWARDS 247.16	
DRAE ABBOTT	
MUTUAL OMAHA - Life	1.59
Short Term Disability	5.82
401K ROTH	25
Long Term Disability	10.5
MUTUAL OMAHA - Accident	2.32
Total for DRAE ABBOTT 45.23	
JESSIE UNDERWOOD	
Short Term Disability	4.43
Total for JESSIE UNDERWOOD 4.43	
JONATHAN BARTON	
Short Term Disability	4.98
DENTAL - EE	6.35
Long Term Disability	9
MUTUAL OMAHA - Life	6.62
BEST PLAN - MED - EE	31.95

Other Deduction Details

FL Crane and Sons

From: 03-OCT-2022 To: 09-OCT-2022

W.E. Selection From: 09-OCT-2022 To: 09-OCT-2022

Description	Amount
JONATHAN BARTON	
MUTUAL OMAHA - Accident	2.32
Total for JONATHAN BARTON 61.22	
JOSHUA BALDWIN	
Short Term Disability	4.57
MUTUAL OMAHA- Life	1.59
Total for JOSHUA BALDWIN 6.16	
JOSHUA FRANCIS	
401K ROTH	30
BEST PLAN - MED - EE	31.95
MUTUAL OMAHA- Life	3.18
DENTAL - EE	6.35
Total for JOSHUA FRANCIS 71.48	
MICHAEL BALDWIN	
MUTUAL OMAHA - Critical Care	4.5
MUTUAL OMAHA- Life	4.53
DENTAL - EE	6.35
BEST PLAN - MED - EE	31.95
Total for MICHAEL BALDWIN 47.33	
MICHAEL GREEN	
MUTUAL OMAHA - Accident	3.77
All State Whole Life	14
Short Term Disability	7.48
MUTUAL OMAHA - Critical Care	7.34
MUTUAL OMAHA - Vision	1.35
DENTAL - EE	6.35
401K Deduction	20
BEST PLAN - MED - EE	31.95
MUTUAL OMAHA- Life	39.6
Long Term Disability	13.5
Total for MICHAEL GREEN 145.34	
TAYLOR MEARS	
DENTAL - EE	6.35
401K ROTH	25
MUTUAL OMAHA - Critical Care	1.8
MUTUAL OMAHA- Life	3.18
Long Term Disability	9.5
Short Term Disability	5.26
MUTUAL OMAHA - Accident	2.32

Other Deduction Details

FL Crane and Sons

From: 03-OCT-2022 To: 09-OCT-2022

W.E. Selection From: 09-OCT-2022 To: 09-OCT-2022

Description	Amount
TAYLOR MEARS	
	Total for TAYLOR MEARS
	53.41
	Grand Total
	806