

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. 1235-0008 |
| FL Crane & Sons, Inc. | 602 South Spring Street Fulton, MS 38843 | Expires: 04/30/2021 |

| | | | | |
|----------------|----------------------------|-----------|--|-------------------------|
| PAYROLL NO. 34 | FOR WEEK ENDING 11/20/2022 | Week # 34 | 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 | (4) DAY AND DATE Mon 14 Tue 15 Wed 16 Thu 17 Fri 18 Sat 19 Sun 20 HOURS WORKED EACH DAY | (5) TOTAL HOURS | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | | | (9) NET WAGES PAID FOR WEEK |
|--|--|-------------------------------|--|-----------------------|-----------------------|----------------------------------|----------------|-------------------------|--|-------|---------------------|---|
| | | | | | | | FICA | WITH- HOLDING TAX | | OTHER | TOTAL DEDUCTIONS | |
| | | | | | | | | | | | | |
| BAILEY MCMICKIN ***-**-0866 | | Carpenter | O | | | | | | | | | |
| | | | S | | | | | | | | | |
| | | | | | | | | | | | | |
| DRAE ABBOTT ***-**-4753 | 1 | Carpenter | O | | | | | | | | | |
| | | | S | | | | | | | | | |
| | | | | | | | | | | | | |
| JAY WEST ***-**-7942 | 1 | Carpenter | O | | | | | | | | | |
| | | | S | | | | | | | | | |
| | | | | | | | | | | | | |
| JESSIE UNDERWOOD ***-**-3194 | 2 | Carpenter | O | | | | | | | | | |
| | | | S | | | | | | | | | |
| | | | | | | | | | | | | |
| JIMMY PERRINE ***-**-8162 | | Carpenter | O | | | | | | | | | |
| | | | S | | | | | | | | | |
| | | | | | | | | | | | | |
| JOHN LOVE ***-**-9055 | 1 | Carpenter | O | | | | | | | | | |
| | | | S | | | | | | | | | |
| | | | | | | | | | | | | |
| JONATHAN BARTON ***-**-7486 | 0 | Carpenter | O | | | | | | | | | |
| | | | S | | | | | | | | | |
| | | | | | | | | | | | | |
| JOSHUA FRANCIS ***-**-6377 | 0 | Carpenter | 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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

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Wage and Hour Division

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|--|----------------------------|---|---|---|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | | ADDRESS 602 South Spring Street Fulton, MS 38843 | | OMB No.: 1235-0008 Expires: 04/30/2021 |
| FL Crane & Sons, Inc. | | | | |
| PAYROLL NO. 34 | FOR WEEK ENDING 11/20/2022 | Week # 34 | 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 WITHHOLDING 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 | | |
| | | | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | | | | | | | | | | |
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | | |
| MICHAEL GREEN ***-**-1000 | 0 | Carpenter | O | | | | | | 8 | 10 | 18.00 | 40.50 | 729.00 | | | | | | | | |
| | | | S | | | | | | | | 0.00 | 0.00 | 2,089.72 | 156.94 | 348.92 | 99.00 | | 145.34 | 750.20 | 1,339.52 | |
| TAYLOR MEARS ***-**-2567 | 0 | Carpenter | O | | | | | | 8 | 10 | 18.00 | 30.00 | 540.00 | | | | | | | | |
| | | | S | | | | | | | | 0.00 | 0.00 | 1,405.26 | 107.01 | 205.07 | 63.00 | | 53.41 | 428.49 | 976.77 | |
| | | | O | | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | | |
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| | | | O | | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | | |

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Date 11/22/2022

Brittany McGregory payroll
(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. on the
(Contractor or Subcontractor)

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

14th day of November, 2022, and ending the 20th day of November, 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 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA 977.17

FWH 1,596.41

SWH 517.00

(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 |
|-------------------|-------------|
| | |
| | |
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| | |
| | |
| | |
| | |

REMARKS:

Report # : 34
Job # : MS20210045
Total Hours : 180
Gross This job : 4,978.36

NAME AND TITLE

SIGNATURE

Brittany McGregory payroll
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: 14-NOV-2022 To: 20-NOV-2022

W.E. Selection From: 20-NOV-2022 To: 20-NOV-2022

| Description | Amount |
|-----------------------------------|--------------|
| BAILEY MCMICKIN | |
| BEST PLAN - MED - EE | 31.95 |
| MUTUAL OMAHA- Life | 1.59 |
| DENTAL - EE | 6.35 |
| Total for BAILEY MCMICKIN | 39.89 |
| DRAE ABBOTT | |
| 401K ROTH | 25 |
| MUTUAL OMAHA- Life | 1.59 |
| MUTUAL OMAHA - Accident | 2.32 |
| Short Term Disability | 5.82 |
| Long Term Disability | 10.5 |
| Total for DRAE ABBOTT | 45.23 |
| JAY WEST | |
| DENTAL - EE | 6.35 |
| Total for JAY WEST | 6.35 |
| JESSIE UNDERWOOD | |
| Short Term Disability | 4.43 |
| 401K Deduction | 54.4 |
| DENTAL - EE | 6.35 |
| Total for JESSIE UNDERWOOD | 65.18 |
| JIMMY PERRINE | |
| DENTAL - FAMILY | 24.26 |
| BEST PLAN - MED - EE | 31.95 |
| Total for JIMMY PERRINE | 56.21 |
| JOHN LOVE | |
| MUTUAL OMAHA - Vision | 1.35 |
| BEST PLAN - MED - EE | 31.95 |
| DENTAL - EE | 6.35 |
| MUTUAL OMAHA - Accident | 2.32 |
| MUTUAL OMAHA - Critical Care | 3 |
| Short Term Disability | 4.43 |
| MUTUAL OMAHA- Life | .35 |
| Long Term Disability | 8 |
| Total for JOHN LOVE | 57.75 |
| JONATHAN BARTON | |
| Short Term Disability | 4.98 |
| DENTAL - EE | 6.35 |
| BEST PLAN - MED - EE | 31.95 |

Other Deduction Details

FL Crane and Sons

From: 14-NOV-2022 To: 20-NOV-2022

W.E. Selection From: 20-NOV-2022 To: 20-NOV-2022

| Description | Amount |
|----------------------------------|---------------|
| JONATHAN BARTON | |
| MUTUAL OMAHA- Life | 6.62 |
| MUTUAL OMAHA - Accident | 2.32 |
| Long Term Disability | 9 |
| Total for JONATHAN BARTON | 61.22 |
| JOSHUA FRANCIS | |
| BEST PLAN - MED - EE | 31.95 |
| MUTUAL OMAHA- Life | 3.18 |
| DENTAL - EE | 6.35 |
| 401K ROTH | 30 |
| Total for JOSHUA FRANCIS | 71.48 |
| MICHAEL GREEN | |
| MUTUAL OMAHA - Critical Care | 7.34 |
| Long Term Disability | 13.5 |
| All State Whole Life | 14 |
| MUTUAL OMAHA- Life | 39.6 |
| 401K Deduction | 20 |
| Short Term Disability | 7.48 |
| DENTAL - EE | 6.35 |
| MUTUAL OMAHA - Accident | 3.77 |
| MUTUAL OMAHA - Vision | 1.35 |
| BEST PLAN - MED - EE | 31.95 |
| Total for MICHAEL GREEN | 145.34 |
| TAYLOR MEARS | |
| MUTUAL OMAHA - Accident | 2.32 |
| DENTAL - EE | 6.35 |
| Short Term Disability | 5.26 |
| 401K ROTH | 25 |
| MUTUAL OMAHA - Critical Care | 1.8 |
| MUTUAL OMAHA- Life | 3.18 |
| Long Term Disability | 9.5 |
| Total for TAYLOR MEARS | 53.41 |
| Grand Total | 602.06 |