



U.S. Wage and Hour Division

Rev Dec 2008

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://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.

OMB No. 1235-0008

Expires: 07/31/2024

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒  
Coverings Unlimited LLC

ADDRESS 240A Bynum Ave Shannon, Ms 38868

PAYROLL NO

FOR WEEK ENDING

PROJECT AND LOCATION  
Pontotoc Esser Project  
Pontotoc, MS

PROJECT OR CONTRACT NO. \_\_\_\_\_

21064

(1)	(2)	(3)	(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTIONS					(9)			
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHELDING EXEMPTIONS	WORK CLASSIFICATION	OT	GRST								TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Med	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	
					M	T	W	T	F	S	S										
					HOURS WORKED EACH DAY																
Mark Williams 3081		Carpenter	O		6	5	3	1			15	18.00	270.00	28.68	75.00	5.44			109.12	265.88	
			S										375.00								
			O										/								
			S										/								
			O										/								
			S										/								
			O										/								
			S										/								
			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, 5.9(a). The Copeland Act (40 U.S.C. § 3145) requires 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. § 5.9(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 S3902, 200 Constitution Avenue, NW, Washington, D.C. 20210.



(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://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 <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS	
Coverings Unlimited LLC		240A Bynum Ave Shannon, MS 38868	
PAYROLL NO	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO
2 Final	11/15/23	For Loc Elser Project Donator MS	21067

(1)	(2)	(3)	(4) DAY AND DATE							(5)	(6)	(7)	(8) DEDUCTIONS				(9)	
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT OR ST	M	T	W	T	F	S	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Med	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
				9	10	11	12	13	14				15	HOURS WORKED EACH DAY	FICA	WITH- HOLDING TAX	Med	OTHER
Mark Williams 3081		Carpenter	O	10	B					18	18.00	324. <sup>00</sup>						
			S									375. <sup>00</sup>	28.68	75. <sup>00</sup>	5.44		109.12	265. <sup>88</sup>
			O									/						
			S									/						
			O									/						
			S									/						
			O									/						
			S									/						
			O									/						
			S									/						
			O									/						
			S									/						
			O									/						
			S									/						
			O									/						
			S									/						

Date 2/24/23

I, Mark Williams  
(Name of Signatory Party)

Member  
(Title)

do hereby state:

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

Coverings Unlimited LLC

(Contractor or Subcontractor)

on the

Pontotoc ESSER

(Building or Work)

2nd day of JANUARY 2023 and ending the 15th day of JANUARY 2023

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

Mark Williams

(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:

(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

NAME AND TITLE

Mark Williams Member

SIGNATURE

Mark Williams

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.