

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: 07/31/2024	
PAYROLL NO. 43	FOR WEEK ENDING 01/22/2023	Week # 43	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	
				16	17	18	19	20	21	22										
				HOURS WORKED EACH DAY																
BAILEY MCMICKIN ***-**-0866		Carpenter	O						6		6.00	24.75	148.50							
			S								0.00	0.00	880.44	64.42	84.71	30.00		39.89	219.02	661.42
JAY WEST ***-**-7942	1	Carpenter	O						6		6.00	26.25	157.50							
			S								0.00	0.00	857.50	65.11	75.87	31.00		6.35	178.33	679.17
JOHN LOVE ***-**-9055	1	Carpenter	O								0.00	0.00	99.00							
			S						6		6.00	16.50	783.65	57.02	63.17	25.00		57.75	202.94	580.71
JONATHAN BARTON ***-**-7486	0	Carpenter	O						4		4.00	27.00	144.00							
			S						2		2.00	18.00	1,114.11	82.30	124.23	42.00		61.22	309.75	804.36
JOSHUA FRANCIS ***-**-6377	0	Carpenter	O						6		6.00	30.00	180.00							
			S								0.00	0.00	1,347.31	100.14	175.53	54.00		71.48	401.15	946.16
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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

Date 01/25/2023

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 (Maste; that during the payroll period commencing on the
(Building or Work)

16th day of January, 2023, and ending the 22nd 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

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 368.99

FWH 523.51

SWH 182.00

(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 # : 43
Job # : MS20210045
Total Hours : 30
Gross This job : 729

NAME AND TITLE

Brittany McGregory payroll

SIGNATURE

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: 16-JAN-2023 To: 22-JAN-2023

W.E. Selection From: 22-JAN-2023 To: 22-JAN-2023

Description	Amount
BAILEY MCMICKIN	
DENTAL - EE	6.35
MUTUAL OMAHA- Life	1.59
BEST PLAN - MED - EE	31.95
Total for BAILEY MCMICKIN	39.89
JAY WEST	
DENTAL - EE	6.35
Total for JAY WEST	6.35
JOHN LOVE	
Long Term Disability	8
MUTUAL OMAHA - Critical Care	3
MUTUAL OMAHA - Vision	1.35
BEST PLAN - MED - EE	31.95
DENTAL - EE	6.35
Short Term Disability	4.43
MUTUAL OMAHA - Accident	2.32
MUTUAL OMAHA- Life	.35
Total for JOHN LOVE	57.75
JONATHAN BARTON	
Long Term Disability	9
DENTAL - EE	6.35
MUTUAL OMAHA- Life	6.62
Short Term Disability	4.98
MUTUAL OMAHA - Accident	2.32
BEST PLAN - MED - EE	31.95
Total for JONATHAN BARTON	61.22
JOSHUA FRANCIS	
DENTAL - EE	6.35
MUTUAL OMAHA- Life	3.18
BEST PLAN - MED - EE	31.95
401K ROTH	30
Total for JOSHUA FRANCIS	71.48
Grand Total	236.69