

CERTIFIED PAYROLL REQUIREMENTS FOR ALL SUBCONTRACTORS

- 1. CERTIFIED PAYROLL MUST be submitted within three days of the end of your weekly pay period.
- 2. Certified Payroll does not begin until there are actual hours performed on the jobsite.
- 3. You may use the 'attached' Payroll' form or you may use your computer-generated form as long as a Statement of Compliance (DD FORM 879) attached also is included.
- 4. Always consecutively number each certified payroll in the payroll number box. If there is a week that no work was performed, you must submit a 'Statement of Non-Performance' Payroll (form attached). The final certified payroll must be marked "FINAL"
- 5. If fringe benefits are being paid to an approved fund, you must show the name and address where the fund money is being sent on the first weekly certified payroll (show in the remarks columns of the certification page).
- 6. Please submit each copy via email, and drop the original in the postal mail to our office, unless noted otherwise (UNO)
- 7. All incorrect certified payrolls that have been submitted will be sent back to you for revisions.
 - BE AWARE THAT IF CERTIFIED PAYROLLS ARE NOT CURRENT, SUBCONTRACTOR INVOICES WILL NOT BE PROCESSED FOR PAYMENT.
- 8. Mail Certified Payrolls to: Hilger Construction, Inc., Attn: Melissa Brown, 10905 25th Ave East, Tacoma, WA 98445-5350 or email to melissa.brown@hilgerconstruction.com

For additional step by step instructions how to fill out the certified payroll form please go to https://www.dol.gov/whd/forms/wh347instr.htm

Davis Bacon Wage Rates will be provided for each subcontract on all Federal Projects

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 **ADDRESS** OMB No.:1235-0008 Expires: 07/31/2024 PROJECT OR CONTRACT NO. PROJECT AND LOCATION PAYROLL NO. FOR WEEK ENDING (1) (3) (4) DAY AND DATE (5) (9) (2)(6) (7) NO. OF WITHHOLDING EXEMPTIONS DEDUCTIONS NET NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WITH-WAGES (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED **FICA** TAX OTHER DEDUCTIONS FOR WEEK

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

Date			
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(Name of Sig	gnatory Party)	(Title)	
do hereby state:			
(1) That I pay or super	rvise the payment of the persons employ	yed by	
			on the
	(Contractor or Subcontractor)		
	; that duri	ng the payroll period	commencing on the
(Building or	Work)		
day of	,, and ending the	day of	
	id project have been paid the full weekly directly or indirectly to or on behalf of sa		t no rebates have
			from the full
	(Contractor or Subcontractor)		
3 (29 C.F.R. Subtitle A), iss	by any person, other than permissible dued by the Secretary of Labor under the 76 Stat. 357; 40 U.S.C. § 3145), and de	e Copeland Act, as a	
correct and complete; that t applicable wage rates conta	otherwise under this contract required to the wage rates for laborers or mechanic tined in any wage determination incorpo porer or mechanic conform with the worl	es contained therein rated into the contra	are not less than the
program registered with a S	es employed in the above period are duly State apprenticeship agency recognized partment of Labor, or if no such recogniz	by the Bureau of Ap	prenticeship and

(4) That

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

with the Bureau of Apprenticeship and Training, United States Department of Labor.

 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	SIGNATURE		
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.

Statement of Non-Performance Payroll Report No. Name: Address: City, State, Zip Phone: Fax: I do hereby state that no employee of my company was on the construction of the job: Contract No. Project: Location: during the perior commencing on and ending on

Date:

Signed: