

**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 25<sup>th</sup> Ave East, Tacoma, WA 98445-5350 or email to [melissa.brown@hilgerconstruction.com](mailto: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

**PAYROLL**

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



Rev. Dec. 2008

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		ADDRESS																	
PAYROLL NO.		FOR WEEK ENDING		PROJECT AND LOCATION						PROJECT OR CONTRACT NO.											
(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		
				HOURS WORKED EACH DAY	FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS													
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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



\*\*\*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 \_\_\_\_\_

\_\_\_\_\_  
Signed:

\_\_\_\_\_  
Date: