

PAYROLL

(For Contractor's Optional Use: See Instructions, Form WH-347 Inst.)



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 | OMB No.: 1215-0149 |
| New York Company | | 2378 Dane Hill Road West Charleston, NY 05872 | Expires: 12/31/2011 |

| | | | | |
|-------------|-----------------|--------------------------------------|---------|----------------------|
| PAYROLL No. | FOR WEEK ENDING | PROJECT AND LOCATION | 2001-02 | PROJECT/CONTRACT NO. |
| 1 | 11/13/01 | South Street Seaport 167 John Street | | 2001-02 SCA |

| (1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | # Withholding Exemptions | (3) WORK CLASSIFICATION | Overtime or Straight Time | (4) DAY AND DATE | | | | | | | (5) TOTAL HOURS | (6) RATE OF PAY/CASH FRINGES | (7) GROSS AMOUNT EARNED - THIS JOB/ALL JOBS | (8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS | | | | | | (9) NET WAGES PAID FOR WEEK | | |
|--|-----------------------------|----------------------------|---------------------------|------------------|------|------|-------|-------|-------|-------|--------------------|---------------------------------|--|--|-----------|----------|-----------|-----------|------------|--------------------------------|-----------|-------------|
| | | | | Wed | Thu | Fri | Sat | Sun | Mon | Tue | | | | TOTAL DEDUCTIONS | | | | | | | | |
| | | | | 11/7 | 11/8 | 11/9 | 11/10 | 11/11 | 11/12 | 11/13 | | | | FWH | MCARE | FICA | STWH | OTHER | DEDUCTIONS | | | |
| Carr, Terrence I 123 Anywhere Street Anytown, NY 55512 123-45-6789 | 0 | General Foreman | RT | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | \$ 39.68 | \$ 317.44 | | | | | #1 | \$ - | | | |
| | | | ST | | | | | | | | | | | | \$ 503.00 | \$ 35.52 | \$ 151.87 | \$ 152.07 | #2 | \$ - | | |
| | | | OT | | | | | | | | | | | \$2,406.72 | | | | | #3 | \$ - | \$ 842.46 | \$ 1,564.26 |
| Herbst, Joseph J 123 That Street Notown, NY 59912 999-88-7777 | 0 | Electricians | RT | 7 | 7 | 7 | 0 | 0 | 0 | 0 | 21 | \$ 33.68 | \$ 707.28 | | | | | #1 | \$ - | | | |
| | | | ST | | | | | | | | | | | | \$ 70.00 | \$ 11.60 | \$ 49.58 | \$ 31.37 | #2 | \$ - | | |
| | | | OT | | | | | | | | | | | \$707.28 | | | | | #3 | \$ - | \$ 162.55 | \$ 544.73 |
| | | | RT | | | | | | | | | | | | | | #1 | | | | | |
| | | | ST | | | | | | | | | | | | | | | #2 | | | | |
| | | | OT | | | | | | | | | | | | | | | #3 | | | | |
| | | | RT | | | | | | | | | | | | | | #1 | | | | | |
| | | | ST | | | | | | | | | | | | | | #2 | | | | | |
| | | | OT | | | | | | | | | | | | | | #3 | | | | | |
| | | | RT | | | | | | | | | | | | | | #1 | | | | | |
| | | | ST | | | | | | | | | | | | | | #2 | | | | | |
| | | | OT | | | | | | | | | | | | | | #3 | | | | | |
| | | | RT | | | | | | | | | | | | | | #1 | | | | | |
| | | | ST | | | | | | | | | | | | | | #2 | | | | | |
| | | | OT | | | | | | | | | | | | | | #3 | | | | | |
| | | | RT | | | | | | | | | | | | | | #1 | | | | | |
| | | | ST | | | | | | | | | | | | | | #2 | | | | | |
| | | | OT | | | | | | | | | | | | | | #3 | | | | | |
| | | | RT | | | | | | | | | | | | | | #1 | | | | | |
| | | | ST | | | | | | | | | | | | | | #2 | | | | | |
| | | | OT | | | | | | | | | | | | | | #3 | | | | | |
| | | | RT | | | | | | | | | | | | | | #1 | | | | | |
| | | | ST | | | | | | | | | | | | | | #2 | | | | | |
| | | | OT | | | | | | | | | | | | | | #3 | | | | | |

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 this will take an average of 55 minutes to complete this collections, 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

OTHER DEDUCTIONS KEY CODING:

- #1 Child Support
- #2 Union Dues
- #3 Medical
- #4 Misc. NY Taxes