

PAYROLL REPORT

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

| | |
|---|---------|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> | 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 WITHHOLDINGS 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 | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | 0 | | \$0.00 | | | | | | \$0.00 | \$0.00 | |
| | | | S | | | | | | | | 0 | | | | | | | | \$0.00 | \$0.00 | |
| | | | O | | | | | | | | 0 | | \$0.00 | | | | | | \$0.00 | \$0.00 | |
| | | | S | | | | | | | | 0 | | | | | | | | \$0.00 | \$0.00 | |
| | | | O | | | | | | | | 0 | | \$0.00 | | | | | | \$0.00 | \$0.00 | |
| | | | S | | | | | | | | 0 | | | | | | | | \$0.00 | \$0.00 | |
| | | | O | | | | | | | | 0 | | \$0.00 | | | | | | \$0.00 | \$0.00 | |
| | | | S | | | | | | | | 0 | | | | | | | | \$0.00 | \$0.00 | |
| | | | O | | | | | | | | 0 | | \$0.00 | | | | | | \$0.00 | \$0.00 | |
| | | | S | | | | | | | | 0 | | | | | | | | \$0.00 | \$0.00 | |
| | | | O | | | | | | | | 0 | | \$0.00 | | | | | | \$0.00 | \$0.00 | |
| | | | S | | | | | | | | 0 | | | | | | | | \$0.00 | \$0.00 | |
| | | | O | | | | | | | | 0 | | \$0.00 | | | | | | \$0.00 | \$0.00 | |
| | | | S | | | | | | | | 0 | | | | | | | | \$0.00 | \$0.00 | |

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. § 9145) 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

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, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

How to Complete Payroll Forms

(front section)

| U.S. DEPARTMENT OF LABOR WAGE AND HOUR DIVISION <i>"Enter Tax Identification Number on First Payroll"</i> | | | PAYROLL (For Contractor's Optional Use; See Instruction, Form WH-347) | | | | | Form Approved. Budget Bureau No. 44-R1093 | | | | | | | | | | | | | |
|---|-----|--------------------------------------|--|----|----------------------|--|----|--|----|----|----------------|---|---------------------------|-------------------|-------------------------|--------------|--------|------------------|---|---------------------|--|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> <i>Enter Name of Company (Check correct box)</i> | | | | | | ADDRESS <i>Enter Address of Company</i> | | | | | | | | | | | | | | | |
| PAYROLL NO. | | FOR WEEK ENDING <i>Enter Date</i> | | | PROJECT AND LOCATION | | | PROJECT OR CONTRACT NO. | | | | | | | | | | | | | |
| <p>Payroll must be numbered sequentially. Write the word "FINAL" after the number on your last payroll.</p> <p>Enter days and week work was performed</p> | | | | | | | | | | | | | | | | | | | | | |
| (1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE | SSN | (2) WORK CLASSIFICATION | OT | W | T | F | S | S | M | T | TOTAL HOURS | RATE OF PAY | GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | | | (9) NET WAGES PAID FOR WEEK | | |
| | | | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | | | | FICA | WITH- HOLDING TAX | STATE TAX | HEALTH | OTHER PENSION | | TOTAL DEDUCTIONS | |
| Lee Buskey 715 Washington Place Baltimore, MD 238668864 | | Mason | O | | | | | | | 8 | 8 | 15.00 | 520.00 | 42.00 | 36.24 | 4.50 | 2.62 | 1.31 | 85.67 | 434.33 | |
| | | | S | 8 | 8 | 8 | 8 | | 8 | | 40 | 10.00 | | | | | | | | | |
| | | | | | | | | | | | | Straight Time <input checked="" type="checkbox"/> Hours worked on this contract up to 40 per week <input checked="" type="checkbox"/> Total straight time | | | | | | | | | |

**Address and social security number
Are required...**

- ✓ The first time the worker's name appears on the payroll
- ✓ Whenever the employee moves to a new address

**Fill the classification exactly as it
appears on the determination.**

**If classification is for a
power equipment operator,
indicate type, size, horsepower.**

**Enter gross, each deduction;
And net. Check you figures;
subtract the total amount
withheld from the total gross.
The answer should equal the
Total in Column 9**

**Community Action Partnership of Kern
300 19th Street
Bakersfield, California 93301
(661) 336-5236**

CERTIFICATE OF AUTHORIZATION

Project Name:

Project Number:

The following person(s) is designated as the payroll officer for the undersigned and is authorized to sign the Statement of Compliance which will accompany our weekly certified payroll reports for this project:

Payroll Officer Name

Payroll Officer Signature

Contractor/Subcontractor

Signature

Title

Contractor/Subcontractor License No.

Community Action Partnership of Kern FRINGE BENEFIT STATEMENT

| | | |
|----------------------------------|---------------|-------------------|
| Contract No. / Project Name: | Project Name: | Date: |
| Contractor / Subcontractor Name: | | Business Address: |

INSTRUCTIONS: This form is to be submitted with the first certified payroll. In order that the Fringe Benefit rates can be used for checking payrolls or applied to Force Account work which may be done on the above contract the hourly rates for fringe benefits, subsistence and/or travel allowance payment (as required by collective bargaining agreements) made for employees on the various classes of work are tabulated below.

| | | |
|-------------------|-----------------------------|----------------------------|
| Classification: | Effective Date: | Subsistence or Travel Pay: |
| Base Rate: | | |
| Employer Payments | Health and Welfare \$ | Paid To: Name: Address: |
| | Pension \$ | Paid To: Name: Address: |
| | Vacation/Holiday \$ | Paid To: Name: Address: |
| | Training and/or Other \$ | Paid To: Name: Address: |

| | | |
|-------------------|-----------------------------|----------------------------|
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| Base Rate: | | |
| Employer Payments | Health and Welfare \$ | Paid To: Name: Address: |
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| | | |
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| Classification: | Effective Date: | Subsistence or Travel Pay: |
| Base Rate: | | |
| Employer Payments | Health and Welfare \$ | Paid To: Name: Address: |
| | Pension \$ | Paid To: Name: Address: |
| | Vacation/Holiday \$ | Paid To: Name: Address: |
| | Training and/or Other \$ | Paid To: Name: Address: |

Supplemental statement must be submitted during the progress of work should a change in rate of any of the classifications be made. I CERTIFY THAT THE FRINGE BENEFIT PAYMENTS ARE MADE TO THE APPROVED PLANS, FUNDS OR PROGRAMS AS LISTED ABOVE.

| | |
|-----------------------------|-----------|
| Submitted: (Name and Title) | Signature |
|-----------------------------|-----------|