


## Changes to Form WD-10

## Previous form

Wage and Hour Division (WHD)  
Report of Construction Contractor's Wage Rates Form WD-10  
OMB No. 1235-0015 Expires 3/31/2014



Not sure how to fill out this form? Read the [instructions](#).  
If you received a JavaScript Error message, click [here](#) for resolution.  
If you need further assistance and would like to have someone contact you directly,  
please email us <mailto:WHD-Webmaster@dol.gov?subject=EWD-10 Web Application>.

[Click here](#) to go to WD-10 homepage.  
[Click here](#) if you would like to clear out some of the sections which have already been filled.

**\* Required Information**  
1. Please indicate the full name, address, and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

**\*Name of Contractor/Subcontractor**

**\*Address**

**\*City**  **\*State**  **\*ZIP**


**\*Phone** (202)555-1212 **Extension** 1234 **Fax** (202)555-1212

Removed link to clear filled sections

Added Clear button for each section

## Current form

Wage and Hour Division (WHD)  
Report of Construction Contractor's Wage Rates Form WD-10  
OMB No. 1235-0015 Expires 3/31/2014



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**\* Required Information**  
1. Please indicate the full name, address, and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

**\*Name of Contractor/Subcontractor**

**\*Address**

**\*City**  **\*State**  **\*ZIP**

**\*Phone** (202)555-1212 **Extension** 1234 **Fax** (202)555-1212

[Clear](#)

5. The Contractor listed in Section 1 above is:

General/Prime Contractor  Subcontractor

5 A. Please provide a list of any subcontractors used on this project, including addresses and phone numbers.

Please select one of the following three Subcontractor options:  
 The list was provided earlier  There are no subcontractors  The list is given below

[Skip past the List of Subcontractors](#)

Project	Subcontractor																								
<input type="checkbox"/> Same Project as in Section 3 Above <table border="1"> <tr><td>Name</td><td></td></tr> <tr><td>Address</td><td></td></tr> <tr><td>City</td><td></td></tr> <tr><td>State</td><td>County</td></tr> <tr><td></td><td></td></tr> </table>	Name		Address		City		State	County			<table border="1"> <tr><td>Name</td><td></td></tr> <tr><td>Address</td><td></td></tr> <tr><td>City</td><td></td></tr> <tr><td>State</td><td>ZIP Code</td><td>Phone (202)555-1212</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>Type of Work</td><td></td></tr> </table>	Name		Address		City		State	ZIP Code	Phone (202)555-1212				Type of Work	
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Subcontractor list not displayed unless "The list is given below" is selected

The project entry is no longer required for each Subcontractor entry

Subcontractor entries are added individually, instead of defining 15 entries to the form

5. The Contractor listed in Section 1 above is:

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[Remove Subcontractor](#)    [Clear](#)  
[Add Additional Subcontractor](#)

Added button to remove subcontractors individually

Synchronized instruction with construction type terminology in list

6. Please select the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please check additional types.

<input type="checkbox"/> * Apartment Building	<input type="checkbox"/> Motel/Hotel	<input type="checkbox"/> * Residential
<input type="checkbox"/> Bicycle Path	<input type="checkbox"/> * Nursing/Assisted Living Facility	<input type="checkbox"/> Road/Street/Highway/Drive
<input type="checkbox"/> Bridge Over Navigable Water	<input type="checkbox"/> Office/Commercial Building	<input type="checkbox"/> School
<input type="checkbox"/> Bridge (Any other type)	<input type="checkbox"/> Paving	<input type="checkbox"/> Site Preparation
<input type="checkbox"/> Dormitory	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Treatment Plant
<input type="checkbox"/> Hospital	<input type="checkbox"/> Playground	<input type="checkbox"/> Water/Sewer
<input type="checkbox"/> Other	<input type="text"/>	

\* If you selected APARTMENTS, NURSING FACILITIES, or RESIDENTIAL, please enter the following three items.

Number of Stories <input type="text"/>	Kitchen in each Unit? <input type="text"/>	Bath in each Unit? <input type="text"/>
--	--	---

6. Please select the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please check additional types.

<input checked="" type="checkbox"/> * Apartment Building	<input type="checkbox"/> Motel/Hotel	<input type="checkbox"/> * Residential
<input type="checkbox"/> Bicycle Path	<input type="checkbox"/> * Nursing/Assisted Living Facility	<input type="checkbox"/> Road/Street/Highway/Drive
<input type="checkbox"/> Bridge Over Navigable Water	<input type="checkbox"/> Office/Commercial Building	<input type="checkbox"/> School
<input type="checkbox"/> Bridge (Any other type)	<input type="checkbox"/> Paving	<input type="checkbox"/> Site Preparation
<input type="checkbox"/> Dormitory	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Treatment Plant
<input type="checkbox"/> Hospital	<input type="checkbox"/> Playground	<input type="checkbox"/> Water/Sewer
<input type="checkbox"/> Other	<input type="text"/>	

\* If you Selected APARTMENT BUILDING, NURSING/ASSISTED LIVING FACILITY, or RESIDENTIAL, please enter the following three items.

Number of Stories <input type="text"/>	Kitchen in each Unit? <input type="text"/>	Bath in each Unit? <input type="text"/>
--	--	---

[Clear](#)

7. Classifications and Fringe Benefit Information

\*Include the decimal position when you fill in "Rate" fields. Do not include the comma(,), dollar sign(\$) or percentage sign(%).

You can submit up to 15 Classifications on this WD10 form. Please submit additional WD10s if you need to submit more classifications.

**GUAM SURVEY RESPONDENTS ONLY:**

- \* LIST H2B VISA WORKERS SEPARATELY FROM OTHER REPORTED WORKERS
- \* IDENTIFY H2B WORKERS BY AN ?H2? AFTER THE CLASSIFICATION TITLE

Example:  
 H2B/Visa Carpenter                      Non-H2B Carpenter

CLASSIFICATION                      CLASSIFICATION  
 Carpenter H2                              Carpenter

Classification #1                      Paid under CBA?                      Number of Employees  
                                           

Type of Work Performed                      Peak Week Ending Date                      Hourly Rate  
                                           

Health & Welfare:    None     % of Hourly Rate     \$ per EMP. per

Pension (401K, etc.):    None     % of Hourly Rate     \$ per EMP. per

Apprentice Training:    None     % of Hourly Rate     \$ per EMP. per

Vacation & Holiday:    None     % of Hourly Rate     \$ per EMP. per     No. of days per year

Additional Fringe:    None     % of Hourly Rate     \$ per EMP. per     No. of days per year

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Classification #2                      Paid under CBA?                      Number of Employees  
                                           

Type of Work Performed                      Peak Week Ending Date                      Hourly Rate  
                                           

Health & Welfare:    None     % of Hourly Rate     \$ per EMP. per

Pension (401K, etc.):    None     % of Hourly Rate     \$ per EMP. per

Apprentice Training:    None     % of Hourly Rate     \$ per EMP. per

Vacation & Holiday:    None     % of Hourly Rate     \$ per EMP. per     No. of days per year

Additional Fringe:    None     % of Hourly Rate     \$ per EMP. per     No. of days per year

Removed text

More compact layout - text contained on individual lines

Classification entries are added individually, instead of defining 15 entries to the form

7. Classifications and Fringe Benefit Information

\*Include the decimal position when you fill in "Rate" fields. Do not include the comma(,), dollar sign(\$) or percentage sign(%).

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Example:  
 H2B/Visa Carpenter                      Non-H2B Carpenter

CLASSIFICATION                      CLASSIFICATION  
 Carpenter H2                              Carpenter

Classification                      Paid under CBA?                      Number of Employees  
                                           

Type of Work Performed                      Peak Week Ending Date                      Hourly Rate  
                                           

Health & Welfare:    None     % of Hourly Rate     \$ per EMP. per

Pension (401K, etc.):    None     % of Hourly Rate     \$ per EMP. per

Apprentice Training:    None     % of Hourly Rate     \$ per EMP. per

Vacation & Holiday:    None     % of Hourly Rate     \$ per EMP. per     No. of days per year

Additional Fringe:    None     % of Hourly Rate     \$ per EMP. per     No. of days per year

[Remove Classification](#)    [Clear](#)

[Add Additional Classification](#)

Added button to remove classifications individually

8. Comments or Remarks

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Please click on the 'Save Form' button once to save your work. Please note that clicking the 'Save Form' button will not submit the form. You will be directed to a confirmation page upon successful save of the form.

Please click on the 'Submit Form' button once to submit your form. You will be directed to a confirmation page upon successful submission of the form.

Save Form
Submit Form

If you need to submit more WD-10 forms, you may clear some of the data you previously entered by checking the appropriate boxes below and clicking the "Clear Checked Sections Only" button. Or you may clear all of the data you previously entered by clicking the "Clear All Sections" button.

Section 1 - Contractor/Subcontractor <input type="checkbox"/>	Section 2 - Submitter <input type="checkbox"/>	Section 3 - Project <input checked="" type="checkbox"/>
Section 4 - Wage Determination Type <input checked="" type="checkbox"/>	Section 5 - Contract (except Subcontract) <input type="checkbox"/>	Section 6 - Construction Type <input checked="" type="checkbox"/>
Section 7 - Classification #1 <input checked="" type="checkbox"/>	Section 7 - Classification #9 <input checked="" type="checkbox"/>	
Section 7 - Classification #2 <input checked="" type="checkbox"/>	Section 7 - Classification #10 <input checked="" type="checkbox"/>	
Section 7 - Classification #3 <input checked="" type="checkbox"/>	Section 7 - Classification #11 <input checked="" type="checkbox"/>	
Section 7 - Classification #4 <input checked="" type="checkbox"/>	Section 7 - Classification #12 <input checked="" type="checkbox"/>	
Section 7 - Classification #5 <input checked="" type="checkbox"/>	Section 7 - Classification #13 <input checked="" type="checkbox"/>	
Section 7 - Classification #6 <input checked="" type="checkbox"/>	Section 7 - Classification #14 <input checked="" type="checkbox"/>	
Section 7 - Classification #7 <input checked="" type="checkbox"/>	Section 7 - Classification #15 <input checked="" type="checkbox"/>	
Section 7 - Classification #8 <input checked="" type="checkbox"/>		
Section 7 - Description of Additional Fringe <input checked="" type="checkbox"/>		

Clear Checked Sections Only
Clear All Sections

[Click here](#) to go to the top of the page

Revised instruction text in red  
 Bolded button names  
 Clarified save versus submit processes

Removed "Clear Section" text

Aligned buttons

Renamed Save Form button to Save Draft

Removed "Clear Section" options and button

8. Comments or Remarks

(Maximum characters: 255)

[Clear](#)

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If you haven't finished the form, but would like to save what you've completed so far, click '**Save Draft**'. This will bring you to a confirmation page where you can verify your entries. As the '**Save Draft**' button does not submit the EWD-10 to DOL, you are permitted to access the form at a later date to complete it.

Please click on the '**Submit Form**' button once to submit your form. You will be directed to a confirmation page upon successful submission of the form.

Clear All Sections
Save Draft
Submit Form

[Click here](#) to go to the top of the page