

# Wage and Hour Division (WHD)

## Report of Construction Contractor's Wage Rates Form WD-10

OMB No. 1235-0015 Expires 4/30/20XX



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.

### \* 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](#)

### 2. Submitter Information

\*Submitter Type:

\*Last Name and First Name

Title

Organization

\*Phone (202)555-1212

Extension 1234

Fax (202)555-1212

Email Address JoeSmith@example.com

(To receive an Email acknowledgement, an Email Address must be provided)

[Clear](#)

3. Please supply the complete name of the project, project description (area within a building, highway section, specific room number, etc.) address, and name of General/Prime Contractor if different from item 1.

\*Full Name of Project

\*Project Description

Address

\*City

\*State

\*County

Additional County

Name of General/Prime Contractor

Only Supplied Materials

[Clear](#)

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4. Indicate if project is subject to a Federal (Davis-Bacon) or state wage determination.

Federal  State  Neither

[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

5 B. For the project being reported on this form state the date any work (MM/DD/YYYY)

Began  Ended  Estimated  Actual

Project Value \$

5 C. If you are a Subcontractor for the project being reported indicate the date YOUR WORK (MM/DD/YYYY)

Began  Ended  Estimated  Actual

Subcontract Value \$

[Clear](#)

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.

- |  |   |  |
|--|---|--|
| * 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="checkbox"/> <input type="text"/>  |   |  |

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

Number of Stories

Kitchen in each Unit?

 

Bath in each Unit?

 

[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(%).

**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

Carpenter H2

CLASSIFICATION

Carpenter

Classification

Paid under CBA?

 

Local #

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](#)

Description of Any Additional Fringe (applies to all Additional Fringe amounts above)

8. Comments or Remarks

(Maximum characters: 255)

[Clear](#)

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