**Davis-Bacon and Related Acts Weekly Certified Payroll Form**

**U.S. Department of Labor**

Wage and Hour Division

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

**Unless otherwise noted, the information requested is specific to the named project below.**

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*Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.*

⬜ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM ⬜ PRIME CONTRACTOR ⬜ SUBCONTRACTOR

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT NAME | PROJECT NO. or CONTRACT NO.  | CERTIFIED PAYROLL NO. | PRIME CONTRACTOR’S/SUBCONTRACTOR’S BUSINESS NAME |
|  |  |  |  |
| PROJECT LOCATION | WAGE DETERMINATION NO. | WEEK ENDING DATE | PRIME CONTRACTOR’S/SUBCONTRACTOR’S BUSINESS ADDRESS |
|  |  |  |  |
| (1A) | (1B) | (1C) | (1D) | (1E) | (2) | (3) |  | (4) | (5) |  | (6A) | (6B) | (6C) | (7A) | (7B) | (8) | (9) |
| WORKER ENTRY NO. | WORKER LAST NAME | WORKER FIRST NAME | WORKER MIDDLE INITIAL | WORKER IDENTIFYING NO. | (J) JOURNEYWORKER(RA) REGISTERD APPRENTICE | LABOR CLASSIFICATION |  | ST = STRAIGHT TIMEOT = OVERTIME | (TOP) DAYS OF WORK WEEK (BOTTOM) DATES | TOTAL HOURS WORKED FOR WEEK |  | HOURLY WAGE RATE PAID FOR ST AND OT | TOTAL FRINGE BENEFIT CREDIT | PAYMENT IN LIEU OF FRINGE BENEFITS | GROSS AMT EARNED  | GROSS AMT EARNED FOR **ALL WORK** | DEDUCTIONS FOR **ALL WORK** | NET PAY TO WORKER FOR **ALL WORK**  |
|  |  |  |  |  |  |  |  |  | TAX WITH-HOLDINGS | FICA | OTHER (MUST SPECIFY, SEE INSTRUCTIONS) | TOTAL DEDUCTIONS |
|  |  |  |  |  |  |  |  |  |
|  | HOURS WORKED EACH DAY |  |
|  |  |  |  |  |  |  |  | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | OT |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | OT |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | OT |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | OT |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | OT |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | OT |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | OT |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | ST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | OT |  |  |  |  |  |  |  |  |  |

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, “furnish a statement on the wages paid each employee during the prior week.” U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed “Statement of Compliance” (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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 (over)