**U.S. Department of Labor**
Wage and Hour Division

# Davis-Bacon and Related Acts Weekly Certified Payroll Form

**(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)**

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

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

U.S. Wage and Hour Division

Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

☐ 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 TIME OT = OVERTIME | (TOP) DAYS OF WORK WEEK (BOTTOM) DATES HOURS WORKED EACH DAY | 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 | |
| | | | | | | | ST | | | | | | | | | | | | |
| | | | | | | | OT | | | | | | | | | | | | |
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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)

| PROJECT NAME | PROJECT NO. or CONTRACT NO. | PAYROLL NO. | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME |
|---|---|---|---|
| | | | |
| **PROJECT LOCATION** | | **WEEK ENDING DATE** | **CERTIFYING OFFICIAL's NAME AND TITLE** |
| | | | |

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

☐ The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

☐ All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

☐ The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

☐ Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

| APPRENTICESHIP PROGRAM NAME | REGISTERED | | NAME OF LABOR CLASSIFICATION |
|---|---|---|---|
| | ☐ OA | ☐ SAA | |
| | ☐ OA | ☐ SAA | |
| | ☐ OA | ☐ SAA | |

☐ Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**

*If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.*

| NAME OF WORKER | FB NAME / FB TYPE / PLAN NO. / ☐ Funded ☐ Unfunded | | | | | | | | | | | | TOTAL HOURLY CREDIT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | $ |
| | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | $ |
| | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | $ |
| | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | $ |
| | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | $ |
| | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | $ |
| | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | $ |
| | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hourly Credit | $ | Hrly Credit | $ | $ |

☐ All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

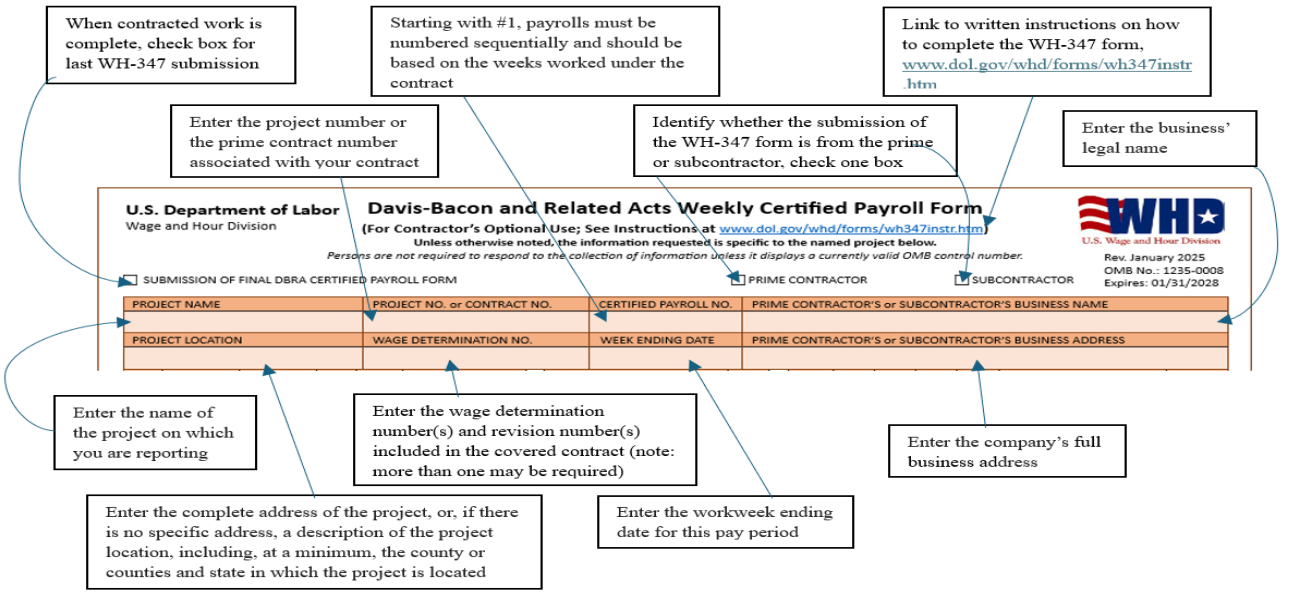
ADDITIONAL REMARKS

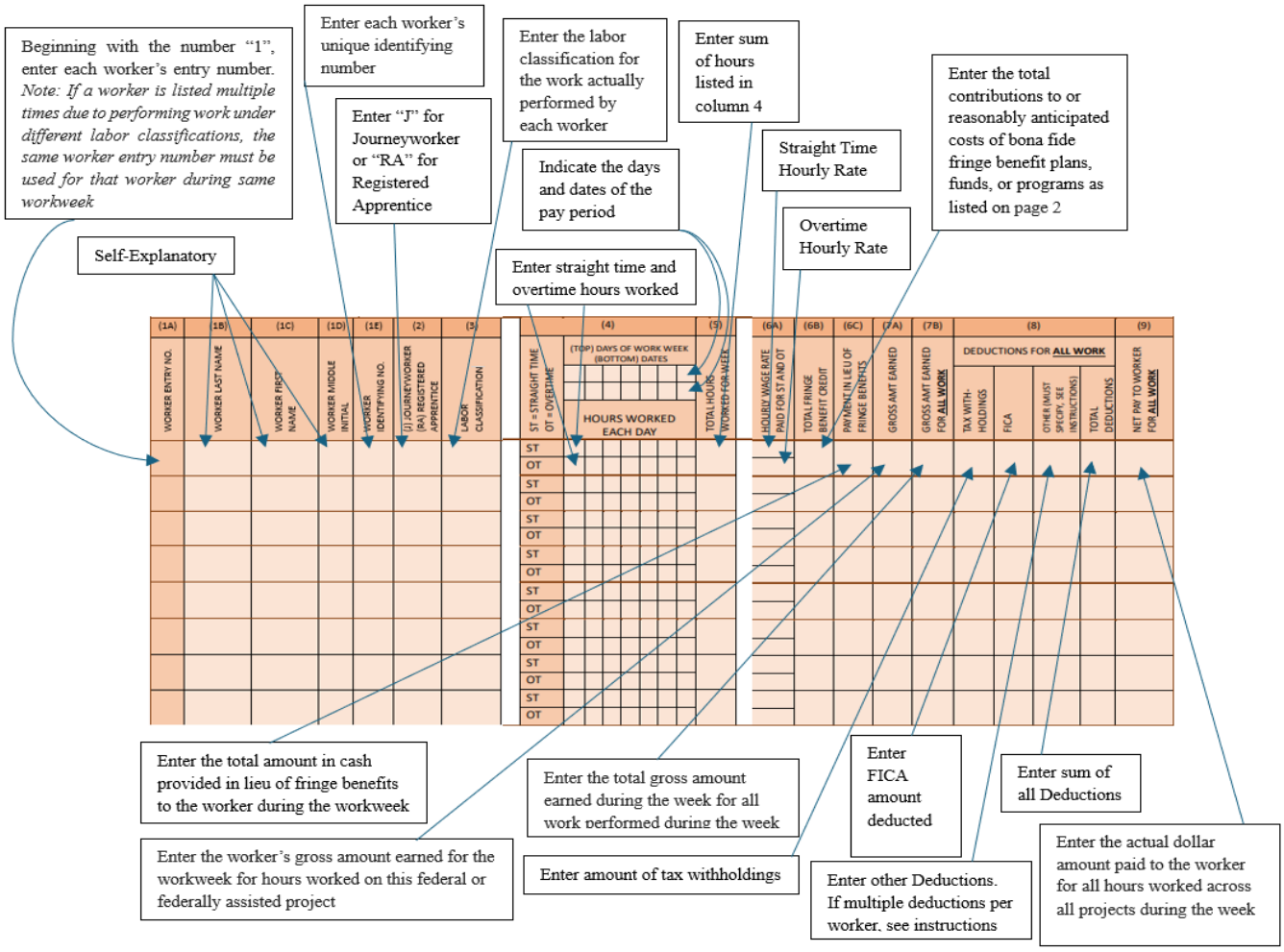
| SIGNATURE OF CERTIFYING OFFICIAL | DATE | TELEPHONE NUMBER | EMAIL ADDRESS |
|---|---|---|---|
| | | (___) ___ -____ | |

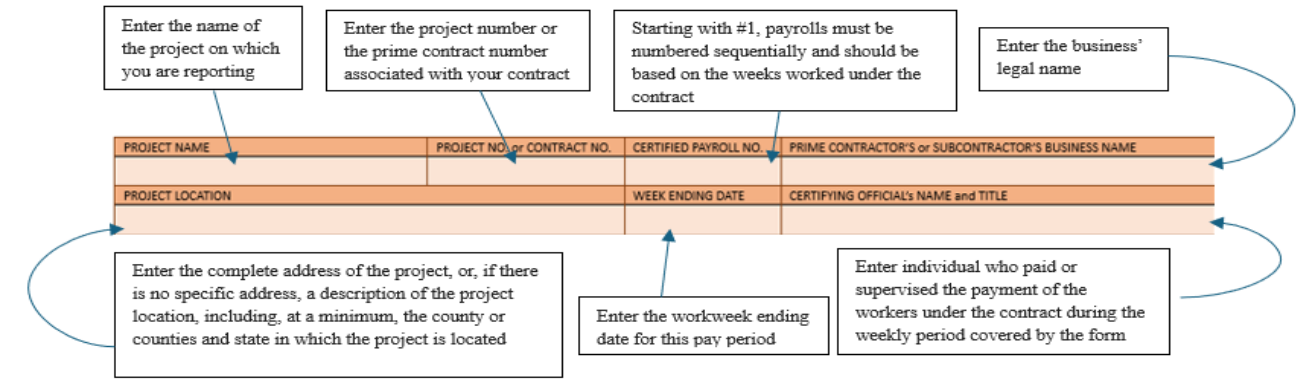
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

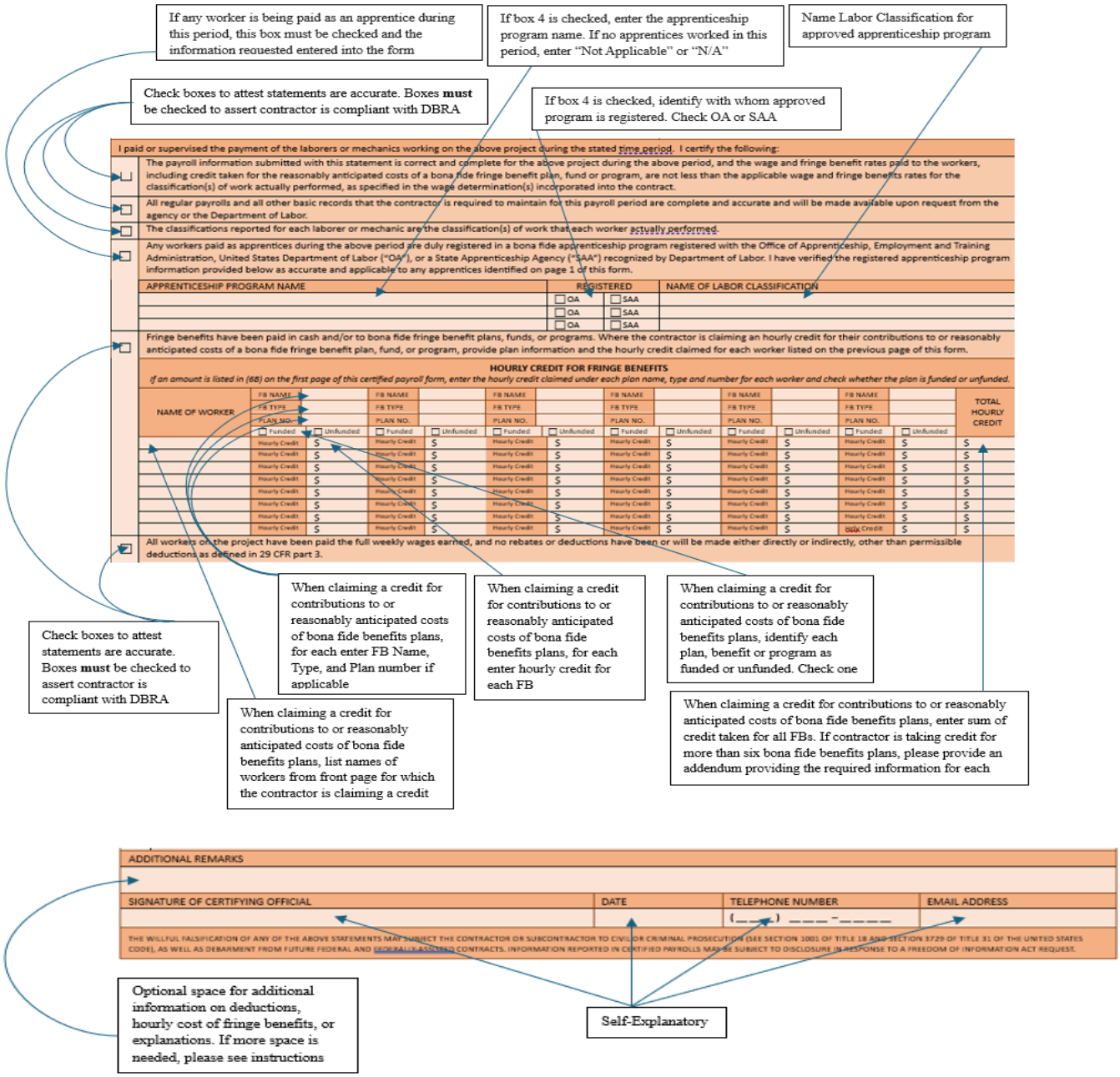
**How to correctly fill out the Davis-Bacon and Related Acts Weekly Certified Payroll WH-347 Form**

The completion of the WH-347 Davis Bacon and Related Acts Weekly Certified Payroll Form is optional; The required weekly certified payroll information may be submitted using Optional Form WH-347 or in any other format desired.




Enter the name of the project on which you are reporting
Enter the project number or the prime contract number associated with your contract
Starting with #1, payrolls must be numbered sequentially and should be based on the weeks worked under the contract
Enter the business' legal name
PROJECT NAME
PROJECT NO. or CONTRACT NO.
CERTIFIED PAYROLL NO.
PRIME CONTRACTOR'S or SUBCONTRACTOR'S BUSINESS NAME
PROJECT LOCATION
WEEK ENDING DATE
CERTIFYING OFFICIAL's NAME and TITLE
Enter the complete address of the project, or, if there is no specific address, a description of the project location, including, at a minimum, the county or counties and state in which the project is located
Enter the workweek ending date for this pay period
Enter individual who paid or supervised the payment of the workers under the contract during the weekly period covered by the form


If any worker is being paid as an apprentice during this period, this box must be checked and the information requested entered into the form
If box 4 is checked, enter the apprenticeship program name. If no apprentices worked in this period, enter "Not Applicable" or "N/A"
Name Labor Classification for approved apprenticeship program
Check boxes to attest statements are accurate. Boxes must be checked to assert contractor is compliant with DBRA
If box 4 is checked, identify with whom approved program is registered. Check OA or SAA
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:
The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.
APPRENTICESHIP PROGRAM NAME
REGISTERED
NAME OF LABOR CLASSIFICATION
OA
SAA
Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.
HOURLY CREDIT FOR FRINGE BENEFITS
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.
NAME OF WORKER
FB NAME
FB TYPE
PLAN NO.
Funded
Unfunded
Hourly Credit
TOTAL HOURLY CREDIT
All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.
Check boxes to attest statements are accurate. Boxes must be checked to assert contractor is compliant with DBRA
When claiming a credit for contributions to or reasonably anticipated costs of bona fide benefits plans, for each enter FB Name, Type, and Plan number if applicable
When claiming a credit for contributions to or reasonably anticipated costs of bona fide benefits plans, for each enter hourly credit for each FB
When claiming a credit for contributions to or reasonably anticipated costs of bona fide benefits plans, identify each plan, benefit or program as funded or unfunded. Check one
When claiming a credit for contributions to or reasonably anticipated costs of bona fide benefits plans, list names of workers from front page for which the contractor is claiming a credit
When claiming a credit for contributions to or reasonably anticipated costs of bona fide benefits plans, enter sum of credit taken for all FBs. If contractor is taking credit for more than six bona fide benefits plans, please provide an addendum providing the required information for each


ADDITIONAL REMARKS
SIGNATURE OF CERTIFYING OFFICIAL
DATE
TELEPHONE NUMBER
EMAIL ADDRESS
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE). AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.
Optional space for additional information on deductions, hourly cost of fringe benefits, or explanations. If more space is needed, please see instructions
Self-Explanatory