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

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.

When contracted work is complete, check box for last WH-347 submission

Starting with #1, payrolls must be numbered sequentially and should be based on the weeks worked under the contract

Link to written instructions on how to complete the WH-347 form, www.dol.gov/whd/forms/wh347instr.htm

Enter the project number or the prime contract number associated with your contract

Identify whether the submission of the WH-347 form is from the prime or subcontractor, check one box

Enter the business' legal name

**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.*

WHD 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 or SUBCONTRACTOR'S BUSINESS NAME |
|---|---|---|---|
| | | | |
| **PROJECT LOCATION** | **WAGE DETERMINATION NO.** | **WEEK ENDING DATE** | **PRIME CONTRACTOR'S or SUBCONTRACTOR'S BUSINESS ADDRESS** |
| | | | |

Enter the name of the project on which you are reporting

Enter the wage determination number(s) and revision number(s) included in the covered contract (note: more than one may be required)

Enter the company's full business address

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

Beginning with the number "1", enter each worker's entry number. *Note: If a worker is listed multiple times due to performing work under different labor classifications, the same worker entry number must be used for that worker during same workweek*

Enter each worker's unique identifying number

Enter the labor classification for the work actually performed by each worker

Enter sum of hours listed in column 4

Enter the total contributions to or reasonably anticipated costs of bona fide fringe benefit plans, funds, or programs as listed on page 2

Enter "J" for Journeyworker or "RA" for Registered Apprentice

Indicate the days and dates of the pay period

Straight Time Hourly Rate

Overtime Hourly Rate

Self-Explanatory

Enter straight time and overtime hours worked

| (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) REGISTERED 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 | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | OT | | | | | | | | | | | | | | | | | | | | |

Enter the total amount in cash provided in lieu of fringe benefits to the worker during the workweek

Enter the total gross amount earned during the week for all work performed during the week

Enter FICA amount deducted

Enter sum of all Deductions

Enter the worker's gross amount earned for the workweek for hours worked on this federal or federally assisted project

Enter amount of tax withholdings

Enter other Deductions. If multiple deductions per worker, see instructions

Enter the actual dollar amount paid to the worker for all hours worked across all projects during the week

**Complete Form WH-347 online at https://www.dol.gov/agencies/whd/forms/wh347-web**

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 | |
| | ☐ 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 | FB NAME / FB TYPE / PLAN NO. ☐ Funded ☐ Unfunded | FB NAME / FB TYPE / PLAN NO. ☐ Funded ☐ Unfunded | FB NAME / FB TYPE / PLAN NO. ☐ Funded ☐ Unfunded | FB NAME / FB TYPE / PLAN NO. ☐ Funded ☐ Unfunded | 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 $ | $ |
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| | Hourly Credit $ | Hourly Credit $ | Hourly Credit $ | Hourly Credit $ | Hourly Credit $ | 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

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