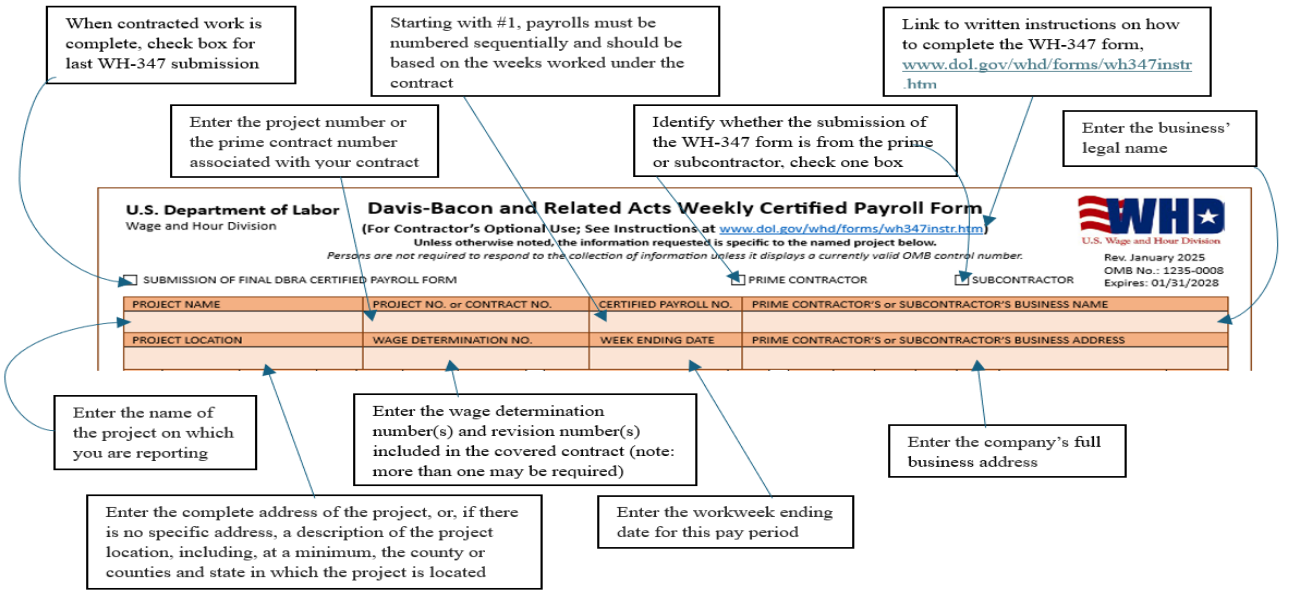
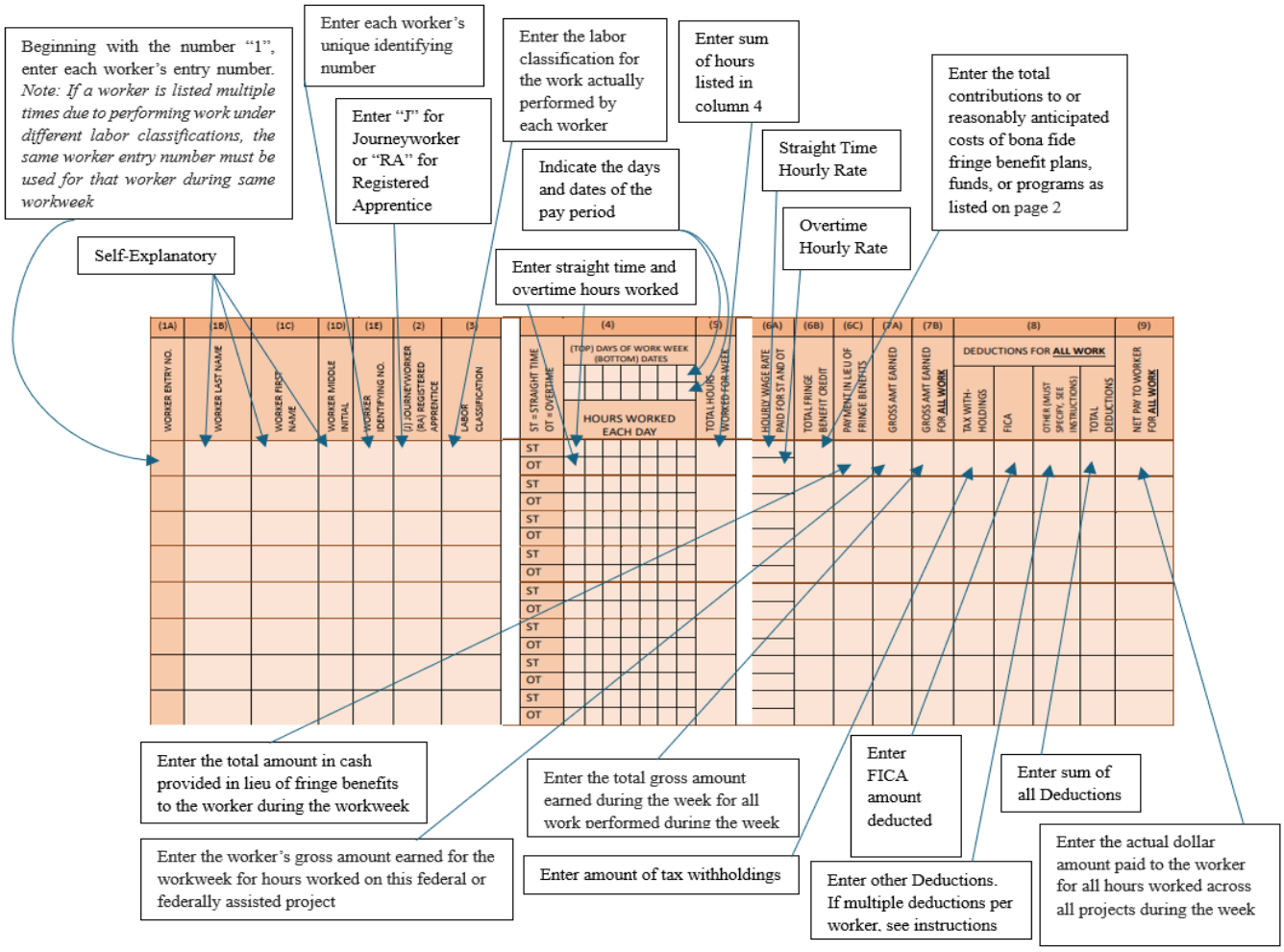
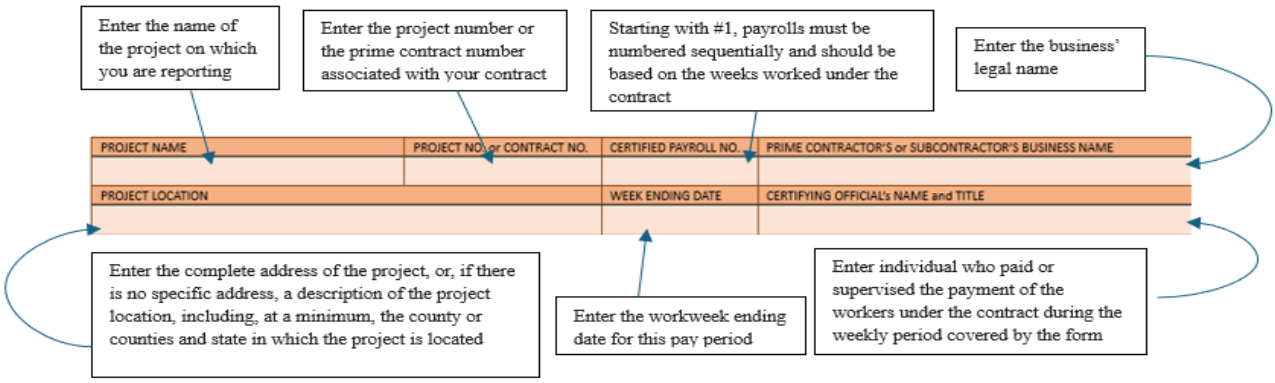
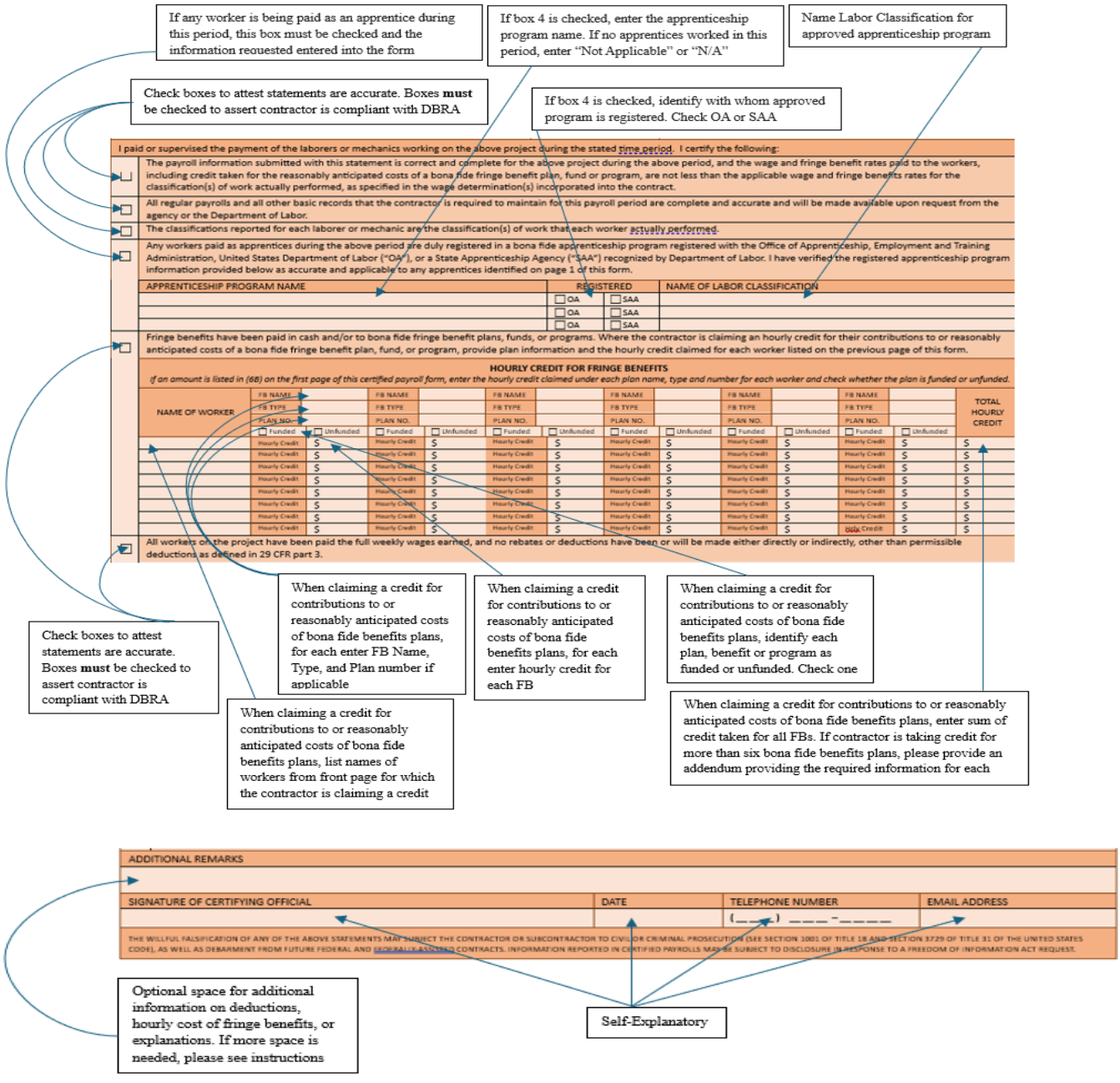
How to correctly fill out the Davis-Bacon and Related Acts Weekly Certified Payroll WH-347 Form

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