Wage and Hour Division

PAYROLL



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

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. NAME OF CONTRACTOR OR SUBCONTRACTOR Rev. Dec. 2008 ADDRESS 3466 Hillcrest Lane, Canastota, NY 13032 OMB No.: 1235-0008 M&S Fire Protection, LLC Expires: 02/28/2018 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. 02/11/2018 Syracuse Hancock Airport 7744 (1) (3)(4) DAY AND DATE (5) (6) (7) (9) NO, OF WITHHOLDING EXEMPTIONS (8) DEDUCTIONS W M T Т F S S NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY GROSS NET WORK WAGES TOTAL RATE NUMBER) OF WORKER AMOUNT HOLDING CLASSIFICATION HOURS WORKED EACH DAY TOTAL PAID HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$182.55 Foreman 0 \$182.55 5.00 5.00 36.51 Owner 0 5,00 5.00 0 Owner 5.00 5.00 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contracts or respond to the information collection contracts and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each alborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an everage 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 Washington, D.C. 20210

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR 🔽 **ADDRESS** 3466 Hillcrest Lane, Canastota, NY 13032 OMB No.: 1235-0008 M&S Fire Protection, LLC Expires: 02/28/2018 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. Syracuse Hancock Airport 02/18/2018 7744 (1) (3)(4) DAY AND DATE (5) (6) (7) (9) (8) DEDUCTIONS MT W T F S NAME AND INDIVIDUAL IDENTIFYING NUMBER NET (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY GROSS WITH-WORK **WAGES** TOTAL RATE **AMOUNT** HOLDING NUMBER) OF WORKER CLASSIFICATION TOTAL HOURS WORKED EACH DAY PAID HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$91.27 Foreman 0 \$91.27 2.50 2.50 36.51 Owner 0 5 3.50 2.50

White completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contracts to respond to the information collection

Public Burden Statement

We estimate that is 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 washington, D.C. 20210

Wage and Hour Division

PAYROLL



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

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. NAME OF CONTRACTOR OR SUBCONTRACTOR Rev. Dec. 2008 ADDRESS 3466 Hillcrest Lane, Canastota, NY 13032 OMB No.: 1235-0008 M&S Fire Protection, LLC Expires: 02/28/2018 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. 02/25/2018 Syracuse Hancock Airport 7744 (3) (4) DAY AND DATE (5) (6) (9) (8) DEDUCTIONS M T w Т F S NAME AND INDIVIDUAL IDENTIFYING NUMBER NET (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY **GROSS** WITH-WORK WAGES RATE AMOUNT NUMBER) OF WORKER HOLDING CLASSIFICATION TOTAL PAID HOURS WORKED EACH DAY OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$1,460.40 Foreman 0 \$1,460.40 8.00 8.00 8.00 8.00 9,00 40.00 36.51 Owner 0 4.00 4.00 8.00 4,00 24,00

White completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the Information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is 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 Washington, D.C. 20210

U.S. Department of Labor Wage and Hour Division

NAME OF CONTRACTOR

PAYROLL



Rev. Dec. 2008

(For Contractor's Optional Use; See Instructions at www.doi.gov/whd/forms/wh347instr_htm)

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

NAME OF CONTRACTOR OR SUBCONTRACTOR									- 1	ADDRESS ADDRESS									Rev. Dec. 2008		
M8	M&S Fire Protection, LLC PAYROLL NO.											ADDRESS 3466 Hillcrest Lane, Canastota, NY 13032									
03/01					3/01/2018						PROJE Syra	CT AND LOCAT	OR CONTRAC	OMB No.: 1235-000 Explres: 02/28/201							
(1)	(2) SNIO	(3)	RST.	М	_	4) DA'	Y AND	F	_	S	(5)	(6)	(7)			DE	(8) DUCTIONS			(9)	
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO, OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT, OR		OUR:	s wo	RKEE	EAC	H DAY		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	WITH- HOLDING FICA TAX			OTHER		TOTAL DEDUCTIONS	NET WAGES PAID	
	0	Foreman	0		8.00	8,00	8.00	00.8			40.00	34.51	\$1,460.40					o III.LIV	DEDUCTIONS	\$1,460.40	
	0	Owner	0	-		0.00	0.00	1000			10,00	30.71									
			s	4,00	4.00	8.00	4,00	4,00			24.00		<u>/</u>								
			S							+			/								
			o																		
			0		1					1											
	\vdash		\$	-	4		-														
			s			-															
			0																		
			8	+	+	+	-	+	+	+											
While completion of Form WH-347 is optional, it is manda			s																		

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to respond to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at ors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act 29 C.F.R. § 5.5(a)(3)(li) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for raviewing 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

Wage and Hour Division

PAYROLL



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

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. NAME OF CONTRACTOR OR SUBCONTRACTOR 🔽 Rev. Dec. 2008 ADDRESS 3466 Hillcrest Lane, Canastota, NY 13032 OMB No.: 1235-0008 M&S Fire Protection, LLC Expires: 02/28/2018 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. 03/09/2018 Syracuse Hancock Airport Phase III 7744 (3) (4) DAY AND DATE (6) (7) (9) NO, OF WITHHOLDING EXEMPTIONS M Т W T F S DEDUCTIONS S NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NET GROSS WORK TOTAL WAGES RATE NUMBER) OF WORKER AMOUNT HOLDING CLASSIFICATION HOURS WORKED EACH DAY HOURS TOTAL PAID OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$1,460.40 Foreman 0 \$1,460.40 8.00 8.00 8.00 8.00 40.00 36.51 Owner 0 4,00 8.00 0.00 8.00 26.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL.) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is 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 washington, D.C. 20210

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr_htm)

NAME OF CONTRACTOR OR SUBCONTI		Persons are no	requ	iired l	o res	pond	to th	ie co	llecti	on of i	ntomat	ian unless it di	ísplays a curren	tiv valid O	MB control ni	ımher		U.	Sill have and El			
Ма		Protection, LLC									ADDRESS 3466 Hillcrest Lane, Canastota, NY 13032									Rev. Dec. 2008 OMB No.: 1235-0008 Expires: 02/28/2018		
PAYROLL NO. FOR WEEK ENDING 03/16/2018							PROJECT AND LOCATION Syracuse Hancock Airport Phase III 7744															
NAME AND INDIVIDUAL (DENTIFYING NUMBED	IAME AND INDIVIDUAL IDENTIFYING NUMBER I.G., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER (2) 9 9000 0000 0000 0000 0000 0000 0000		OR ST.	-			T	_		S	(5)	(6)	(7)			DE	(8) EDUCTIONS			(9)		
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. O WITH	WORK CLASSIFICATION Foreman	0.170		IOUR	s wc	RKE	DEA	CH D	AY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED \$1,460.40	FICA	WITH- HOLDING TAX			OTHER	TOTAL	NET WAGES PAID FOR WEEK		
	0	7 3.3.11211	s		6.00	8.00	8.00	8.00			40.00	36.51								\$1,460.40		
	0	Owner	o s	4.00	8.00	4,00	8.00	4.00			28.00		/									
			G S																			
			Ω S																			
30			o s																7			
			O S																			
			o s																			
			o s															7				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages pald each employee during the preceding week." U.S. Department of Labor (DCL) regulations at or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is 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.

Date 03-	-20-2018		/h\WHEDE CRINCE BENEFITE ARE DATE	A INCARD
	John P. McDonough	Owner	(b) WHERE FRINGE BENEFITS ARE PAID	
1	Name of Signatory Party)	(Title)	Each laborer or mechanic	listed in the above referenced payroll has been paid.
do hereby state:	:	,	basic hourly wage rate plu	II, an amount not less than the sum of the applicable us the amount of the required fringe benefits as listed
(1) That i c	pay or supervise the payment of the persons	s employed by	in the contract, except as	noted in section 4(c) below.
. ,	M&S Fire Protection.	N.C.	(c) EXCEPTIONS	
	(Contractor or Subcontrac	on the	EXCEPTION (CRAFT)	EXPLANATION
	racuse Hancock Airport ; t	hat during the payroll period commencing on the	Exect Here(electry)	EXPONATION
		the 19 day of Much 2218		
all persons emp		weekly wages earned, that no rebates have		
	M&S Fire Protection, L	LC from the full		
	(Contractor or Subcontra	ictor)		
from the full was 3 (29 C.F.R. Sui	ges earned by any person, other than permit btitle A), issued by the Secretary of Labor up	s have been made either directly or indirectly ssible deductions as defined in Regulations, Part inder the Copeland Act, as amended (48 Stat. 948,		
63 Stat. 108, 72	Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145),	and described below:		
			REMARKS:	
correct and com applicable wage	nplete; that the wage rates for laborers or me	uired to be submitted for the above period are echanics contained therein are not less than the incorporated into the contract; that the classifications the work he performed.		
program register Training, United	red with a State apprenticeship agency reco	ecognized agency exists in a State, are registered		
(4) That:				
(a) W	HERE FRINGE BENEFITS ARE PAID TO A	PPROVED PLANS, FUNDS, OR PROGRAMS	John P. McDonough, Owner	SIGNATURE
	- in addition to the basic hourly wage	rates paid to each laborer or mechanic listed in	Contra : NeoDonough, Owner	
	the above referenced payroll, payme	ents of fringe benefits as listed in the contract iate programs for the benefit of such employees,	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION 31 OF THE UNITED STATES CODE.	STATEMENTS MAY SUBJECT THE CONTRACTOR OR N. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
	Property of the Control of the Contr			

.

Vage and Hour Division

PAYROLL



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

		Persons are not i	required to re	spond to	the collection	n of informati	on unless It di	splays a currentl	y valid OM	B control number	r.		Rev. Dec	. 2008
AME OF CONTRACTOR OR SUBCONTR M&	otection, LLC		ADDRE	3466 Hil		OMB No.: 1235-000 Expires: 02/28/201								
97 YROLL NO. FOR WEEK ENDING 03/16/2018							CT AND LOCAT	OR CONTRAC	RACT NO					
(1)	(2) SNO	(3)	M T	1 7	ND DATE	(5) S	(6)	(7)			(8) DEDUCTIONS			(9) MET
NAME AND INDIVIDUAL IDENTIFYING NUMBER e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO, OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	HON O. TO	RS WORK	ED EACH DA	TOTAL Y HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS	WAGES
	0	Foreman	S 8.00 84	.ε 00.3 υ	00 8.00	40.00	35.51	\$1.460.40						\$1,460.40
	0	Owner	O S 400 84	00 4.00 s	00 400	28.00								
			8											
			o s	H				-/						
			C S					/						
			o s	H				-/						
			o s					-//						
		West of the second second	0					1/						

e completion of Form Whi-347 is optioned, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to respect to the wages paid sate mentions performing work on Federally financed or assistance contractors at the federal agency of the Federal agency contractors to submit weekly a statement with respect to the wages paid sate mentions for completing to the Federal agency contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete agency contracting agencies receiving this information review the information to determine that employees have received legality required wages and frings benefits.

Public Burden Statement

stimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching add as sources, galhering and maintaining the data needed, and controlleting and reviewing the collection of information. If you have omments regarding those 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 Lator. Room \$3502, 200 Constitution Avenue, N.W. inglon, D.C. 20210

Wage and Hour Division

PAYROLL



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

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

Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 3466 Hillcrest Lane, Canastota, NY 13032 OMB No.: 1235-0008 M&S Fire Protection, LLC Expires: 02/28/2018 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. Syracuse Hancock International Airport Phase III 03/24/2018 7744 (1) (3) (4) DAY AND DATE (9) (8) DEDUCTIONS Т W M Т F S NAME AND INDIVIDUAL IDENTIFYING NUMBER NET GROSS (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WAGES WORK TOTAL RATE AMOUNT HOLDING PAID NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$1,460.40 40.00 Foreman \$36.51 0 \$1,460.40 \$1,460,40 Owner 4.00 2.00 NO.4 16.00 0 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractor performing work on Federally financed or assisted construction contracts to respond to the information collection contractor performing work on Federally financed or assisted construction contracts to respond to the information collection contractor performing work on Federally financed or assisted construction contracts to respond to the information contractor performing work on Federally financed or assisted construction contracts to respond to the information contractor in the information to determine that the payoff in the payoff in the performance of the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is 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.

Wage and Hour Division

PAYROLL



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

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. ADDRESS 3466 Hillcrest Lane, Canastota, NY 13032 OMB No.: 1235-0008 OR SUBCONTRACTOR . NAME OF CONTRACTOR Expires: 02/28/2018 M&S Fire Protection, LLC PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING PAYROLL NO. Syracuse Hancock International Airport Phase III 7744 03/31/2018 (9) (4) DAY AND DATE (7) (6) (3) (2) (1) (8) DEDUCTIONS THINOLDING EMPTIONS W Τ F S S NET WAGES GROSS NAME AND INDIVIDUAL IDENTIFYING NUMBER HOLDING PAID AMOUNT (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY RATE WORK OTHER DEDUCTIONS FOR WEEK SEA EARNED FICA TAX HOURS WORKED EACH DAY HOURS OF PAY CLASSIFICATION NUMBER) OF WORKER \$1,460.40 40.00 \$36.51 00.8 6.00 8.50 9.00 8,00 Foreman \$1,460.40 0 \$1,460,40 14.00 K-00 Owner 3.00 0 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each amployee during the preceding week." U.S. Department of Lebor (DOL) regulations at (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction project. accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that seach laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and tringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other espect of this collection, including suggestions for reducing this burden, send them to the Administrator. Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Wage and Hour Division

PAYROLL



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

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

Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR . ADDRESS 3466 Hillcrest Lane, Canastota, NY 13032 OMB No.: 1235-0008 M&S Fire Protection, LLC Expires: 02/28/2018 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. 04/07/2018 Syracuse Hancock International Airport Phase III 7744 (1) (3) (4) DAY AND DATE (5) (8) (9) (8) DEDUCTIONS . OF THHOLDING EMPTIONS M Т W T F S S NAME AND INDIVIDUAL IDENTIFYING NUMBER NET GROSS (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WITH WAGES WORK TOTAL RATE AMOUNT EX NO HOLDING NUMBER) OF WORKER CLASSIFICATION TOTAL PAID HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$1,460.40 Foreman 8.00 8,00 8.00 HEEC 40.00 \$36.51 0 \$1,460.40 \$1,460,40 Owner 5 00 8.00 28.00 0 0

White completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copitinin Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legelly required wages and fringe benefits.

Public Burden Stalement

We estimate that is 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 espect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room, \$3502, 200 Constitution Avenue, N.W.

Wage and Hour Division

PAYROLL



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

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. NAME OF CONTRACTOR Rev. Dec. 2008 OR SUBCONTRACTOR ADDRESS 3466 Hillcrest Lane, Canastota, NY 13032 OMB No.: 1235-0008 M&S Fire Protection, LLC Expires: 02/28/2018 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO Syracuse Hancock International Airport Phase III 04/14/2018 7744 (1) (3) (4) DAY AND DATE M T W F DEDUCTIONS S NAME AND INDIVIDUAL IDENTIFYING NUMBER NET GROSS (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK WAGES TOTAL SEX RATE **AMOUNT** HOLDING NUMBER) OF WORKER TOTAL CLASSIFICATION HOURS WORKED EACH DAY PAID HOURS OF PAY EARNED TAX OTHER DEDUCTIONS FOR WEEK \$1,460.40 Foreman 6.00 40.00 \$36.51 0 \$1,460.40 \$1,460,40 Owner 4.60 3.00 8,00 17.00 0 \$401.61 Journeyman 3.00 11.00 \$36.51 \$401.61 \$401.61

White completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weakly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" Indicating that the payrolls are correct and complete and that each laborar or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is 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 \$3502, 200 Constitution Avenue, N.W.