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



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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

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Wage and Hour Division

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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)

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M8		rotection, LLC										3466 Hill	Icrest Lane, C	anastota	, NY 13032	!			OMB No Expires:	.: 1235-000 02/28/201			
PAYROLL NO.	FOR WEEK ENDI	03/01/2018										PROJECT AND LOCATION Syracuse Hancock Airport Phase III 7744											
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Wage and Hour Division

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Wage and Hour Division

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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									ADDRE	3466 Hil	Icrest Lane, C	anastota	, NY 13032				OMB No	c. 2008 .: 1235-000 02/28/2018
PAYROLL NO.)G 03	03/16/2018								CUSE Hanco	TION ck Airport Pha	ese III			PROJECT OR CONTRACT NO. 7744			s: 02/28/2018 		
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER	NO. OF WITH-HOLDING (2) EXEMPTIONS	(3)	OR ST.	-	(·	w W	T	_		S	(5)	(6)	(7)			DE	(8) EDUCTIONS			(9)
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Date03-20-2018	
John P. McDonough Owner	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
(Name of Signatory Party) (Title)	Each laborer or mechanic listed in the above referenced payroll has been page as indicated on the payroll.
(1) That I pay or supervise the payment of the persons employed by M&S Fire Protection, LLC	as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as list in the contract, except as noted in section 4(c) below. (c) EXCEPTIONS
Syracuse Hancock Airport that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLANATION
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to one habit.	
been or will be made either directly or indirectly to or on behalf of said M&S Fire Protection, LLC	
(Contractor or Subcontractor) from the fu	II .
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	в,
	REMARKS:
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classification set forth therein for each laborer or mechanic conform with the work he performed.	ons
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of from baseline at list mechanic listed in	John P. McDonough, Owner
have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	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 16 AND SECTION 231 OF THE UNITED STATES CODE.

Vage and Hour Division

PAYROLL



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93/16/2018										ECT AND LOC ICUSE Hand	ATION OCK Airpor	t Pha	PROJEC	PROJECT OR CONTRACT NO					
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AME AND INDIVIDUAL IDENTIFYING NUMBER g., LAST FOUR DIGITS OF SOCIAL SECURITY	NO, OF WITHHOLDING EXEMPTIONS	Work	JT. OR ST	M :	r W	T	F	SS	7		GRO:	ss		WITH-	D!	(8) EDUCTIONS			NET
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ompletion of Form WH-347 is optional, it is mandati			s								1/								

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J.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act
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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.N 16.00 0 0

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(40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction project.

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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.