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 X OR SUBCONTRACTOR ADDRESS OMB No.: 1235-0008 Longhouse Construction LLC Expires: 02/28/2018 PROJECT AND LOCATION 4518112-a HCK INT AIRPRT PHIII-1713576 PAYROLL NO. FOR WEEK ENDING PROJECT OR CONTRACT NO. 03/03/2018 (4) DAY AND DATE (1) (2) (3) (5)(6) (7)(8)(9) Name and Individual Rate DEDUCTIONS Net Identifying number (e.g. last # of SUN MON TUE WED THU; FRI SAT of Pav Gross Wages State & Fed Union four digits of Social Security W/H Work Eam 02/25 02/26 02/27 02/28 03/01 03/02 03/03 Total Amount Paid W/H Local Deduc-Total number) of worker Exmp Classification Code Hours Non-Hourly* Earned **FICA** For Week HOURS WORKED EACH DAY Tax W/H Tax tions Other Deductions Foreman IW REG 8.00 8.00 32.00 256.00 19.58 32.26 13.14 15,36 80.34 175.66 1.184.00 Pulaski, NY 13142-4439 Gender: Male ***-**-3451 M3 Foreman IW +2 REG 8.00 8.00 16.00 34.00 544.00 41.62 40.20 27.60 32.64 1.84 143.90 400.10 1,360.00 Adams, NY 13605-2549 Gender: Male ***-**-5982 S0 2nd Year REG 8.00 8.00 17.00 136.00 10.40 11.67 3.77 8.16 34.00 102.00 Apprentice 357.00 Scipio Center, NY 13147 Gender: Male ***-**-2336 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

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 28 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 (DCL) 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 and complete and that each laborator or machanic 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 legality 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 thisse estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

SYRACUSE I.W. LOCAL 60 * IRONWORKERS Benefit Fund 14.50 Ed & Training .70 Pension 10.35

RECEIVED

MAR X 8 2018

LeChase Construction

Wage and Hour Division

PAYROLL



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

NAME OF CONTRACTOR IN	OD OU		Pers	ons are n	ot require	d to respon	nd to th	e collection of	informatio	n unless it displa	ays a currently	valid OMB	control nur	nber.		17.2	Wage and Hay Rev. Dec.			
		SCONTRACTOR						ADDRESS								_				
Longhouse Construction	LLC																OMB No.: Expires:			
PAYROLL NO. 2	; FOR WEEK ENDING 03/10/2018							PROJECT AND	NO.											
(1) Name and Individual	(2)	(3)	Į.	(4) DAY AND DA				-	(5)	(6) Rate	(7)				(9)					
Identifying number (e.g. last four digits of Social Security number) of worker	# of W/H Exmp		Earn	03/04 0	MON; TU 3/05/03/ MOURS V	06 03/07	03/08	FRI : SAT 03/09:03/10 H DAY	Total	of Pay	Gross Amount Earned	FICA	Fed W/H Tax	Slate & Local W/H Tax	Union Deductions	Other	Total Deductions	Net Wages Paid For Week		
	S1	Foreman IW	REG				8.00	8.00	16.00	32.00	512.00	39.17	68,12	26.80	30.72		164.81	-		
Pulaski, NY 13142-4439 ***-**-3451											1,280.00						164.81 347.19 Race: WH Gender: Male			
Syracuse, NY 13211	МЗ	Foreman IW	REG				8.00	8.00	16.00	32.00	512.00	39.17	35.04	26.70	30.72		131.63	200.07		
											1,216.00						131.63 380.3 Race; WH Gender: Mai			
	МЗ	Foreman IW +2	REG				8.00	8.00	16.00	34.00	544.00	41.62 40.20	27,60	32.64	1.84	440.00				
Adams, NY 13605-2549											1,420.00				52,04	1.64		400.10 ace: WHT nder: Male		
		2nd Year	REG			8.00	8.00	8.00	24.00	17.00	408.00	31.21	41.64	17.69	24.48	=	445.00	000		
Scipio Center, NY 13147				Apprentice									680.00			17.55	24.40			292.98 ace: WHT nder: Male

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 contrained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a scope 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 legally require on the 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 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 washington, D. C. 20210.

Washington, D. C. 20210.

SYRACUSE I.W. LOCAL 60 * IRONWORKERS Benefit Fund 14.50 Ed & Training .70 Pension 10.35

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 CONSTRUCTION LLC								ADDRESS OMB No.: 1235-0008 Expires: 02/28/2018													
PAYPOLL NO FOR WEEK ENDING 03/17/2018						8	PROJECT AND	LOCATION	4518112-a l	5 F	PROJECT OR CONTRACT NO										
(1) Name and Individual	(2)	(3)	(4) DAY AND DATE				Rate		(7)			DEDU		(9) Net							
Identifying number (e.g. last four digits of Social Security number) of worker			Earn Code	03/11 03	3/12 03	JE WEI /13 03/1 WORKE	4 03/1	FRI SAT 5 03/16 03/17 CH DAY	Total Hours	of Pay Non-Hourly*	Gross Amount Earned	FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other	Total Deductions	Wages Paid For Wee			
	S1	Foreman IVV	REG		8.00 8	.00 8.0	0 8.0	00.8	40.00	32.00	1,280.00	97.92	170.30	67.00	76.80	-	412.02	867.98			
Pulaski, NY 13142-4439											1,280.00							Race: WHO ender: Wate			
	МЗ	Foreman IW	REG		8.00			3.00	11.00	32.00	352.00	26.93	3.47	12.52	21.12		64,04	287.9			
Syracuse, NY 13211											512.00							Race: WH Inder: Mal			
	EM]	Foreman IW	REG		8.00				8.00	32.00	256.00	19.58	19.18	13.78	15.36		67.90	188.1			
Fullon, NY 13 069-2929											1,280,00							Race: WH Inder: Mal			
	S5	Journeyman IW	REG					8.00	8.00	29.00	232.00	17.75	15.82	10.87	13.92	6.90	65,26	166.7			
Syracuse, NY 13205											1,160.00							Race: BLI nder: Mal			
	МЗ	Foreman IW +2	REG	}	8.00 8	.00 8.0	0 8.00	00.8	40.00	34.00	1,360.00	104.04	100.49	68.99	81.60	4.61	359.73	1,000,2			
Adams, NY 13605-2549											1,360.00							Race: WH [*] nder : Male			
	SO	2nd Year	REG	{8}	8.00 8	.00 8.04	0	8.00	32.00	17.00	544.00	41.62	55.52	23.59	32.64		153,37	390.63			
2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Apprentice									680.00						1	lace: WHT			
Scipio Center, NY 13147																	Gei	nder: Male			

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) Act (40 U.S.C. § 3 149) contractors and a subcontractors penditirely work or representation of a second of the construction of 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, ESA, U. S. Department of Labor, Rom SSSC, 200 Const turbor Avenue, N. W. Washington, D. C. 20210.

MAR 2 1 2016

Monthly Employment Utilization Report

U.S. Department of Labor

Employment Standards Administration

Office of Federal Contract Compliance Programs

This report is required by Executive Order 11246, Sec. 203. Failure to report can result in contracts being cancelled, terminated or suspended in whole or in part and the contractor may be declared ineligible for futher Government contracts of federally assisted construction contracts.

Covered Area (SMSA or EA)
 a HCK INT AIRPRT PHIII-1713576

Employers I.D. No. OMB No. 26-4399855 Expires:

4518112 3 Current Goals 4 Reporting Period Name and Location of Contractor Longhouse Construction LLC Federal Minority From 03/04/2018 2101 Brewerton Road Funding Female 03/31/2018 Mattydale, NY 13211 Agency 5. 6. TOTAL FEDERAL & NON-FEDERAL CONSTRUCTION WORK HOURS 9. 10. 6b. 6c. 6d. 6e. 7. 8. Classifications Total All Black Asian or Total Number Total Number of American CONSTRUCTION Employees (Not of Hispanic Pacific of Employees **Minority Employees** Indian or TRADE by Trade Origin) Hispanic Islander Native American Minority Female Percentage Percentage F F М F F M F IRONWORKERS Journey Worker 304 48 15.8 6 Apprentice 104 Trainee Sub-Total 408 48 11.8 **Total Journey Worker** 304 48 15.8 **Total Apprentices** 104 **Total Trainees** 408 **Grand Total** 11.8 7 1 11. Company Official's Signature and Title 12. Telephone Number 13. Date Signed Page (Include area code) 1 of 1 Owner 4/2/2018 (315) 455-5616

Form CC-257 Rev. Jan. 1992

Wage and Hour Division

PAYROLL



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

NAME OF CONTRACTOR X Longhouse Construction		BCONTRACTOR					10	ADDRESS									OMB No.: 1 Expires: (
PAYROLL NO H		FOR WEE	K ENDING	03/24	/2018	F	PROJECT A	CONTRACT	NO									
(1) Name and Individual	(2)	(3)	1+1		(4) DA	YAND	DATE		(5)	(6) Rate	(7)				(8) CTIONS			(9) Net
Identifying number (e.g. last four digits of Social Security		Work		UN MON /18 03/19 HOU	03/20		03/22	03/23 03		of Pay Non-Hourly*	Gross Amount Earned	FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other	Total Deductions	Wages Paid For Wee
Pulaski, NY 13142-4439 **-**-3451	S1	Foreman IW	REG	8.00	8.00	8.00	8.00	8.00	40.00	32.00	1,280.00 1,280.00	97.92	170.30	67.00	76.80		1	867.9 ace: WH nder: Ma
ulton, NY 13069-4469	50	Foreman IW	REG				4.50		4.50	32.00	144.00 1,828.00	11.02	24.47	8.87	8.64		1	91.0 ace: Wh nder: Ma
yracuse, NY 13205	S5	Journeyman IW	REG	8.00	8.00	8.00	8.00	8.00	40.00	29.00	1,160.00 1,160.00	88.74	79.11	54.38	69.60	34.07	F	834.1 Race: BL nder: Ma
dams, NY 13605-2549 *-**-5982	МЗ	Foreman IW +2	REG	8.00	8.00	8.00	8.00	8.00	40.00) 34.00	1,360.00 1,360.00	104.04	100.49	68.99	81.60	4.61	R	1,000 2 ace: WH nder: Ma
Scipio Center, NY 13147	S0	2nd Year Apprentice	REG	8.00	8.00	8.00	8.00	8.00	40.00) 17.00	680.00 680.00	52.02	69.40	29.48	40.80			488.3 ace: WH nder: Mal

While completion of Form WH-347 is optional, it is mandatory for covered contractors 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 "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)(a) 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 taborer or mechanic has been paid not less than the proper Davis-Bacon preveiting 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 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, ESA, U. S. Department of Labor, Room \$3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

SYRACUSE I.W. LOCAL 60 * IRONWORKERS
Benefit Fund 14.50 Ed & Training .70
Pension 10.35

Wage and Hour Division

PAYROLL



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

			Pers	ions are not rec	quired to resp	ond to th	he collection of	informatio	n unless it displa	sys a currently	valid OMB	control nun	nber.			Rev. Dec	2008		
LZSI		SCONTRACTOR					ADDRESS									OMB No :			
Longhouse Construction	LLC															Expires: (02/28/2018		
PAYROLL NO 5			FOR V	WEEK ENDING	03/31/201	8	PROJECT AND	LOCATION	4518112-a F	ICK INT AIF	RPRT PHII	I-1713576	, ρ	ROJECT OR	CONTRACT	NO			
(1) Name and Individual	(2)	(3)			(4) DAY AN			(5)	(6) Rate	(7)				8) CTIONS			(9) Net		
Identifying number (e.g. last four digits of Social Security number) of worker		Work Classification	Earn Code	03/25 03/26	TUE WE 03/27 03/2 RS WORKE	8 03/29	J ₃ FRI SAT 9.03/30.03/3 CH DAY	Total	of Pay Non-Hourly*	Gross Amount Earned	FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other	Total Deductions	Wages Paid For Week		
	S1	Foreman IW	REG		8.00	1		8.00	32.00	256.00	19.58	35.12	13.54	15.36		83.60	172.40		
Pulaski, NY 13142-4439								*		1,344.00							ace: WHT		
	S 5	Journeyman IW	REG	8.00	3.00			11.00	29.00	319.00	24.40	20.89	14.66	19.14	9.86	88.95	230.05		
										1,102.00							Race: BLK		
Syracuse, NY 13205																			
	M3	Foreman IW +2	+2 REG	8.00	8.00 8.0	0		24.00	34.00	816.00	62.42	62.42 60.29	41.39	48.96	2.77	215.83	600.17		
Adams, NY 13605-2549										1,360.00						R	ace: WHT		
		2nd Year	REG	8.00	8.00			16.00	17.00	272.00	20.81	27.76	11.79	16.32		76.68	195,32		
Scipio Center, NY 13147				Apprentice								680.00						R	ace: WHT
White completion of Form WH-347 is Act (40 U.S.C. § 3145) contractors as regulations at 29 C.F.R. § 5.5(a)(3)(is complete and that each laborer or legally required wages and Iringe bes	nd subco) require echanic i	intractors performing v	weekly a	copy of all payro	or assisted co ilis to the Feder con prevailing	nstruction al agency wage rate	contracts to "turn contracting for o for the work perfe	ish weekly a financing t	a statement with n	espect to the wa	ages paid eac nied by a sion	h employee o	during the preci	eding week.* (J.S. Dopartme	int of Labor (DO	L)		
We estimate that it will take an avera	an of EE	minutes to complete it	nis collec	lion including tir			en Statement	thoo dals ex	nivees entheres	and maintain and	the data	dad and are	notating and so	dedday n		at common a			
any comments regarding these estim Washington, D. C. 20210	8165 Or 8	any other aspect of this	callectro	on, including sug	gestions for red	ucing this	burden, send the	m to the Ad	ministrator, Wage	and Hour Divisi	on, ESA, U. S	S. Departmen	t of Labor, Roo	m \$3502, 200	Constitution	Avenue, N. W.,	have		

SYRACUSE I.W. LOCAL 60 * IRONWORKERS
Benefit Fund 14.50 Ed & Training .70
Pension 10.35