

PAYROLL

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



OMB No.: 1235-0008
Expires: 02/28/2018

NAME OF CONTRACTOR TOP FLOOR DESIGNS CORPORATION	OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 225 CLEVELAND AVE LONG BRANCH NJ 07740	PROJECT OR CONTRACT NO. BCD2W
PAYROLL NO. 1		PROJECT AND LOCATION BEACH CHANNEL DRIVE FAR ROCKAWAY NY	
FOR WEEK ENDING 4/29/2018			

4/29/2018										BEACH CHANNEL DRIVE PARK ROYAL, VA 22091										2025																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EXEMPTIONS OR WITHHOLDING OF	(3) WORK CLASSIFICATION	(4) DAY AND DATE										(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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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 "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)(i) 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.

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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement

(over)

Date 4/30/2018

I, RENATO ALVES (Name of Signatory Party) Business Owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

TOP FLOOR DESIGNS CORP (Contractor or Subcontractor) on the

BEACH CHANNEL DRIVE (Building or Work) ; that during the payroll period commencing on the

30 day of APRIL, 2018, and ending the 25 day of FEBRUARY, 2018, 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 or on behalf of said

TOP FLOOR DESIGNS CORP (Contractor or Subcontractor) from the full

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, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Other, Simple IRA

(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 classifications set forth therein for each laborer or mechanic conform with the work he performed.

(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

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, 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 listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

SIGNATURE

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 231 OF TITLE 31 OF THE UNITED STATES CODE.



Welcome, Nancy Alves

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Weekly: Apr 23, 2018 to Apr 28, 2018

Check date: May 7, 2018

Alves, Renato - Payment Details

Payment type: **Regular** Check date: **05/07/2018**

Description	Hours	Rate	Amount
Regular	28.00	\$49.8800	\$1,396.64
Fringe	28.00	\$43.4000	\$1,215.20
Total earnings			\$2,611.84
Federal Income Tax			\$334.45
Social Security			\$161.94
Medicare			\$37.87
New Jersey State Income Tax			\$98.32
New Jersey State Unemployment Insurance			\$11.10
New Jersey State Disability Insurance			\$4.97
New Jersey Family Leave Insurance			\$2.36
Total taxes			\$651.01
Total employee deductions			\$0.00
Total employer deductions			\$0.00

Net Pay: \$1,960.83

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Alves, Yancy - Payment Details

Payment type: **Regular** Check date: **05/07/2018**

Description	Hours	Rate	Amount
Regular	28.00	\$49.8800	\$1,396.64
Fringe	28.00	\$43.4000	\$1,215.20
Total earnings			\$2,611.84
Federal Income Tax			\$299.66
Social Security			\$161.93
Medicare			\$37.87
New Jersey State Income Tax			\$101.93
New Jersey State Unemployment Insurance			\$11.10
New Jersey State Disability Insurance			\$4.97
New Jersey Family Leave Insurance			\$2.36
Total taxes			\$619.82
ADP RS SIMPLE IRA %			\$78.35
Total employee deductions			\$78.35
ADP RS SIMPLE IRA employer match			\$78.35
Total employer deductions			\$78.35

Net Pay: \$1,913.67

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