U.S. Department of Labor Wage and Hour Division

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

TOP FLOOR DESIGNS CORPORATION 1	FOR WEEK ENDING 3/4/2018					001100									
NS CORPORATION TIPFING NUMBER SOCIAL SECURITY OFFERENCE SOCIAL SECURI	2018				_										Expires: 02/28/2018
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NTIFYING NUMBER SOCIAL SECURITY WO VORKER CLASSIF STATEMENTIONS SOCIAL SECURITY OF SECURITY SOCIAL SECURITY SO		DQ.			PRC BE	ACH CHA	PROJECT AND LOCATION BEACH CHANNEL DR	RIVE FAR RC	PROJECT AND LOCATION BEACH CHANNEL DRIVE FAR ROCKAWAY NY			PROJECT OF	PROJECT OR CONTRACT NO.	NO.	
NUTIFYING NUMBER SOCIAL SECULING NUMBER NO NORKER SECULING NUMBER NO	_	4)	(4) DAY AND DATE	DATE	-	(5)	(9)	6				1			3
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ν ν	40 TO	25 26 HOURS	26 27 28 HOURS WORKED E	1 2 EACH DAY	3 5 5	TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SOCIAL	MEDICARE	OTHER	TOTAL	WAGES PAID FOR WEEK
n	eR o					0	\$ 139.92	\$	\$1915	178.63		-		800	6
n	YER s	ω	ω	8	ω	37 \$	83.28	\$ 3,451.36				7			9
	eR o					0	\$ 139.92	\$	000	0000				4	•
	YER s	ω	8	8 5	ر د	40 \$	93.28	\$ 3,731.20		\$ 700.00	\$ 231.34	4 04.	\$ 	\$ 1,142.59	2,588.61
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White completion of Form WH-347 is optional, it is mandatory for covered contractors and subconfractors and subconfractors performing work on Federally financed or assisted constituction contracts to respond to the information contracts. The Copeland Act (40 U.S.C. § 3145) confractors and subconfractors performing work on Federally financed or assisted constituction contractors. Turnish weekly a copy of all payroles to the Wages paid each employee during the preceding week, U.S. Department of Labor (DOL) regulations at 25 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payroles to the Federal agency contracting for or floring the contracting for or mechanic breath 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 to determine that employees have received legally required wages and finge benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing tines 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. Washington, D.C. 20210

I, RENATO ALVES (Name of Signatory Party)	BUSINESS OWNER (Title)	 Each laborer or mechanic liste paid, as indicated on the payn anninable hasic hourly wang 	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 bourly wang rate plus the amount of the required fringe	
do hereby state. (1) That I pay or supervise the payment of the persons employed by		benefits as listed in the contract	benefits as listed in the contract, except as noted in Section 4(c) below.	
		(c) EXCEPTIONS		50
TOP FLOOR DESIGNS CORP (Contractor or Subcontractor)	on the	EXCEPTION (CRAFT)	EXPLANATION	
BEACH CHANNEL DRIVE : that during the payroll	that during the payroll period commencing on the			
(Buidling or Work)				
day of FEBRUARY 2018, and ending the 25 day of FEBRUARY, all persons employed on said project have been paid the full weekly wages earned, that no rebates have	25 day of FEBRUARY 2018 . 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	ither 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	ned in Regulations, Part 3 (29 is amended (48 Stat. 948, 63			
Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below: Other , Simple IRA				
		REMARKS:		
			2	
(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	for the above period are correct are not less than the applicable			

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

3/5/2018

Date

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. SIGNATUR MAIME AND TITLE

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

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(4) That:

employees, except as noted in Section 4(c) below.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

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.

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.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship



Welcome, Nancy Alves

Community

Help & Support

Logout

1. Enter Payroll

2. Preview Payroll

3. Payroll Summary

Weekly: Feb 26, 2018 to Mar 4, 2018

Check date: Mar 9, 2018

Alves, Yancy - Payment Details

Payment type: Regular

Check date: 03/09/2018

Description	Hours	Rate	Amount
Regular	40.00	\$49.8800	\$1,995.20
Fringe	40.00	\$43.4000	\$1,736.00
Total earnings		Parameter a manage de	\$3,731.20
Federal Income Tax		WHO OWN THE STATE OF THE STATE	\$538.53
Social Security		***************************************	\$231.34
Medicare		OCCUPATION AND ADDRESS OF THE PARTY OF THE P	\$54.11
New Jersey State Income Tax			\$180.37
New Jersey State Unemployment Insurance			\$15.86
New Jersey State Disability Insurance			\$7.09
New Jersey Family Leave Insurance		COMMUNICATION OF THE PROPERTY	\$3.36
Total taxes			\$1,030.66
ADP RS SIMPLE IRA %		*	\$111.93
Total employee deductions			\$111.93
ADP RS SIMPLE IRA employer match			\$111.93
Total employer deductions		West	\$111.93

Net Pay: \$2,588.61

Close



Welcome, Nancy Alves

Community

Help & Support

Logout

1. Enter Payroll

2. Preview Payroll

3. Payroll Summary

Weekly: Feb 26, 2018 to Mar 4, 2018

Check date: Mar 9, 2018

Alves, Renato - Payment Details

Payment type: Regular

Check date: 03/09/2018

Description		Hours	Rate	Amount
Regular		37.00	\$49.8800	\$1,845.5
Fringe	· · · · · · · · · · · · · · · · · · ·	37.00	\$43.4000	\$1,605.8
Total earnings				\$3,451.3
Federal Income Tax				\$519.1
Social Security				\$213.9
Medicare				\$50.0
New Jersey State Income Tax				\$154.2
New Jersey State Unemployment Insurance				\$14.6
New Jersey State Disability Insurance				\$6.5
New Jersey Family Leave Insurance				\$3.1
Total taxes				\$961.8
Total employee deductions				\$0.0
Total employer deductions			deconposition areas	\$0.0

Net Pay: \$2,489.56

Close