

**How to correctly fill out the Davis-Bacon and Related Acts Weekly Certified Payroll WH-347 Form**  
 The completion of the WH-347 Davis Bacon and Related Acts Weekly Certified Payroll Form is optional;  
 The required weekly certified payroll information may be submitted using Optional Form WH-347 or in  
 any other format desired.

When contracted work is complete, check box for last WH-347 submission

Starting with #1, payrolls must be numbered sequentially and should be based on the weeks worked under the contract

Link to written instructions on how to complete the WH-347 form, [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm)

Enter the project number or the prime contract number associated with your contract

Identify whether the submission of the WH-347 form is from the prime or subcontractor, check one box

Enter the business' legal name

**U.S. Department of Labor**  
 Wage and Hour Division

**Davis-Bacon and Related Acts Weekly Certified Payroll Form**  
 (For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))  
 Unless otherwise noted, the information requested is specific to the named project below.  
 Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM ☐ PRIME CONTRACTOR ☐ SUBCONTRACTOR

Rev. January 2025  
 OMB No.: 1235-0008  
 Expires: 01/31/2028

PROJECT NAME PROJECT NO. or CONTRACT NO. CERTIFIED PAYROLL NO. PRIME CONTRACTOR'S or SUBCONTRACTOR'S BUSINESS NAME

PROJECT LOCATION WAGE DETERMINATION NO. WEEK ENDING DATE PRIME CONTRACTOR'S or SUBCONTRACTOR'S BUSINESS ADDRESS

Enter the name of the project on which you are reporting

Enter the wage determination number(s) and revision number(s) included in the covered contract (note: more than one may be required)

Enter the company's full business address

Enter the complete address of the project, or, if there is no specific address, a description of the project location, including, at a minimum, the county or counties and state in which the project is located

Enter the workweek ending date for this pay period

Beginning with the number "1", enter each worker's entry number.  
 Note: If a worker is listed multiple times due to performing work under different labor classifications, the same worker entry number must be used for that worker during same workweek

Enter each worker's unique identifying number

Enter "J" for Journeyworker or "RA" for Registered Apprentice

Enter the labor classification for the work actually performed by each worker

Enter sum of hours listed in column 4

Indicate the days and dates of the pay period

Enter straight time and overtime hours worked

Straight Time Hourly Rate

Overtime Hourly Rate

Enter the total contributions to or reasonably anticipated costs of bona fide fringe benefit plans, funds, or programs as listed on page 2

Self-Explanatory

(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)			
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST - STRAIGHT TIME OT - OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES	HOURS WORKED EACH DAY	TOTAL HOURS WORKED FOR ALL WORK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	TAX WITH- HOLDINGS	FICA	OTHER DEDUCTIONS (SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	NET PAY TO WORKER FOR ALL WORK
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