U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/agencies/whd/forms/wh347)

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

☐ Submission of Final DBRA Certified Payroll Form ☒ Prime Contractor ☐ Subcontractor

Project Name	Project No. or Contract No.
DEMO - Riverside Bridge Rehabilitation	**DEMO-001**

Certified Payroll No.	Contractor / Subcontractor Business Name	Project Location	Wage Determination No.(s) and Revision(s)
1	**DEMO Construction LLC — Test Only**	**Austin, TX**	**DEMO-TX-2026-001 Mod 0**

Week Ending Date	Business Address
09/13/2026	**123 Example Street · Austin, TX 78701**

1A Worker Entry No.	1B Last Name	1C First Name	1D M.I.	1E Worker Identifying No.	2 J / RA (level)	3 Labor Classification	4 · Hours Worked Each Day							5 Total Hours	6A Actual ST/OT Rate	6B Total Fringe Benefit Credit	6C Payment in Lieu of Fringe	7A Gross Earned This Project	7B Gross Earned All Work	8 Deductions				9 Net Payment All Work
							M 09/07	T 09/08	W 09/09	Th 09/10	F 09/11	S 09/12	Su 09/13							Withholding Tax	FICA	Other	Total	
1	Demo	Alex		DEMO-W001	**J**	Carpenter	s 8	8	8	8	8			40	32.00			1,376.00	1,376.00	0.00	0.00	0.00	275.20	**1,100.80**
						DEMO-TX-2026-001 Mod 0	o				2			2	48.00									
2	Demo	Jordan		DEMO-W002	**J**	Laborer	s 8	8	8	8	8			40	24.00			960.00	960.00	0.00	0.00	0.00	192.00	**768.00**
						DEMO-TX-2026-001 Mod 0	o																	
3	Demo	Morgan		DEMO-W003	**J**	Equipment operator	s 8	8	8	8	8			40	36.00			1,548.00	1,548.00	0.00	0.00	0.00	309.60	**1,238.40**
						DEMO-TX-2026-001 Mod 0	o				2			2	54.00									

Column 8 “Other” totals of more than one deduction are itemised on the deductions addendum. Double-time rows, when present, are explained in Remarks.

STATEMENT OF COMPLIANCE

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

(1) Payroll information correct and complete; wage and fringe benefit rates not less than the wage determination. The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

(2) Regular payrolls and basic records complete, accurate and available on request. All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

(3) Classifications reported are the work actually performed. The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

☐ (4) **Apprentices registered with OA or an SAA (if applicable)**
Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

Apprenticeship Program	OA / SAA	Labor Classification	Progression Level

☐ (5) **Fringe benefits paid in cash and/or to bona fide plans; hourly credit claimed (if applicable)**
Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

Plan Name	Plan Type	Plan No.	Funded / Unfunded	Hourly Credit

(6) Full weekly wages paid; no rebates or impermissible deductions (29 CFR part 3). All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

ADDITIONAL REMARKS

None.

CERTIFYING OFFICIAL

Name	Title
Telephone Number	Email Address
Date	Signature