

Appendix D

U.S. DEPARTMENT OF LABOR
WAGE AND HOUR DIVISION

PAYROLL
(For Contractor's Optional Use; See Instruction Form WH-347 Inst.)

GMB No: 1215-01-49
Expires: 08-31-94

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS																	
PAYROLL NO.		FOR WEEK ENDING		PROJECT AND LOCATION				PROJECT OR CONTRACT NO.											
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEES	(2) NUMBER OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATIONS	CITY OR STATE	(4) DAY & DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMT. EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WORK	
				MON	TUE	WED	THUR	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
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FORM WH-347 (9-91) - FOR EVERY SOL 184 - PURCHASE THIS FORM DIRECTLY FROM THE SUPPLY OF DOCUMENTS