

## How to Complete Payroll Forms (front section)

U.S. DEPARTMENT OF LABOR WAGE AND HOUR DIVISION <i>“Enter Tax Identification Number on First Payroll”</i>		PAYROLL (For Contractor’s Optional Use; See Instruction, Form WH-347)				Form Approved. Budget Bureau No. 44-R1093															
NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> <i>Enter Name of Company (Check correct box)</i>					ADDRESS <i>Enter Address of Company</i>																
PAYROLL NO.		FOR WEEK ENDING <i>Enter Date</i>		PROJECT AND LOCATION		PROJECT OR CONTRACT NO.															
Payroll must be numbered sequentially. Write the word “FINAL” after the number on your last payroll.																					
Enter days and week work was performed																					
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	<small>Indicate the type, size, horsepower of power equipment</small>	(2) WORK CLASSIFICATION	ST OR OT	W	T	F	S	S	M	T	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
				13	14	15	16	17	18	19				FICA	WITH- HOLDING TAX	STATE TAX	HEALTH	OTHER PENSION		TOTAL DEDUCTIONS	
Lee Buskey 715 Washington Place Baltimore, MD 238668864		Mason	O							8	8	15.00	520.00	42.00	36.24	4.50	2.62	1.31	85.67	434.33	
				S	8	8	8	8		8		40									10.00
														Straight Time ✓ Hours worked on this contract up to 40 per week ✓ Total straight time							

Address and social security number  
Are required...

- ✓ The first time the worker’s name appears on the payroll
- ✓ Whenever the employee moves to a new address

Fill the classification exactly as it appears on the determination.

If classification is for a power equipment operator, indicate type, size, horsepower.

Enter gross, each deduction; And net. Check you figures; subtract the total amount withheld from the total gross. The answer should equal the Total in Column 9

# PAYROLL

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

NAME OF CONTRACTOR		OR SUBCONTRACTOR		ADDRESS																
PAYROLL NO.		FOR WEEK ENDING					PROJECT AND LOCATION				PROJECT OR CONTRACT NO.									
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK		
														FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
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