

PAYROLL

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

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR [] PEM CONSTRUCTION COMPANY	ADDRESS P.O. BOX 217 1234 MAIN STREET CLAYTON, NC 27528	OMB No.: 1215-0149
---	---	--------------------

PAYROLL NO. 2	FOR WEEK ENDING 2/12/2007	PROJECT AND LOCATION Sample Project ACME BUILDING CORPORATION 12345 MAIN STREET ANYWHERE, US 12345	PROJECT OR CONTRACT NO.
---------------	---------------------------	---	-------------------------

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) STATUS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS		(9) NET WAGES PAID FOR WEEK	
			TUE	WED	THU	FRI	SAT	SUN	MON							
			2/6	2/7	2/8	2/9	2/10	2/11	2/12							
BOB SMITH 1234 MAIN STREET ANYWHERE USA, CA 12345 987-55-1234 (555)555-1234	O S	CARPENTER	R	8.00	8.00	8.00	8.00	0.00	0.00	8.00	40.00	10.00	736.00	FICA	56.30	1,013.91 Ck#:987456
			O	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	8.00	15.00	1200.00	W/H TAX	
													OTHER	25.64		
													SDI	0.50		
													Total:	186.09		



We estimate that it will take an average of 56 minutes to complete this collection of information, including time 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 aspects of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Romm N3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

