

# U.S. Department of Labor

Wage and Hour Division

## PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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



U.S. Wage and Hour Division

Rev. Dec 2008

NAME OF CONTRACTOR Fireline, Inc.		OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 3905 RC Lane Tupelo, MS 38801										OMB No.: 1235-0008 Expires: 07/31/2024			
PAYROLL NO. 3		FOR WEEK ENDING 05/28/2022		PROJECT AND LOCATION Pontotoc ESSR #2&3 2006 Aspen Cove Brandon/MS/39042										PROJECT OR CONTRACT NO. 222005			

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				Su	Mo	Tu	We	Th	Fr	Sa				FICA	WITH- HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	
				05/22	05/23	05/24	05/25	05/26	05/27	05/28				HOURS WORKED EACH DAY						
No Work Performed.			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	

While completion of Form WH- 347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C. F. R. §§ 3.3, 5.5( a). The Copeland Act (40 U. S. C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U. S. Department of Labor (DOL) regulations at 29 C. F. R. § 5.5( a)( 3)( ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

### Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, 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 aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W. Washington, D.C. 20210.

Date 05/31/2022

I, Rick Reddout President  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
Fireline, Inc. on the  
(Contractor or Subcontractor)

Pontotoc ESSR #2&3 ; that during the payroll period commencing  
(Building or Work)  
on the 22 day of May, 2022, and ending the 28 day of May,  
2022, all persons employed on said project have been paid the full weekly wages earned,  
that no rebates have been or will be made either directly or indirectly to or on behalf of said

Fireline, Inc. from the  
(Contractor or Subcontractor)

full weekly wages earned by any person and that no deductions have been made either  
directly or indirectly from the full wages earned by any person, other than permissible  
deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary  
of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967;  
76 Stat. 357; 40 U.S.C. § 3145), and described below:

Health Insurance Premium - 50% of Employees Individual Rate Paid to UHC

Life Insurance - \$.02/Hr Paid to Principal

(2) That any payrolls otherwise under this contract required to be submitted for the  
above period are correct and complete; that the wage rates for laborers or mechanics  
contained therein are not less than the applicable wage rates contained in any wage  
determination incorporated into the contract; that the classifications set forth therein for  
each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona  
fide apprenticeship program registered with a State apprenticeship agency recognized by  
the Bureau of Apprenticeship and Training, United States Department of Labor, or if no  
such recognized agency exists in a State, are registered with the Bureau of Apprenticeship  
and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ -In addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ -Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Health Insurance Benefit - 50% of Individual Health Insurance	Paid to United Health Care
Life Insurance - \$.02/Hr	Paid to Principal
John Henson - \$1.56/Hr	Paid in Cash
Walker Hale - \$1.08/Hr	Paid in Cash

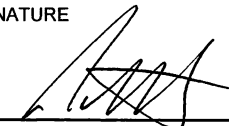
REMARKS:

Employer Pays 50% of Individual Health Insurance  
Premiums Contract  
Number:  
Fireline EIN: 64-0868706

NAME AND TITLE

Rick Reddout  
President

SIGNATURE



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 231  
OF TITLE 31 OF THE UNITED STATES CODE.