

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)

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

OMB No.: 1235-0008

Expires: 04/30/2021

| | | | | | |
|--|-----------------|--|--|-------------------------|--|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | | ADDRESS | | OMB No.: 1235-0008 | |
| Cosgrove Construction Inc. | | 20654 Amherst Ct. Joliet, IL 60433-9716 | | Expires: 04/30/2021 | |
| PAYROLL NO. | FOR WEEK ENDING | PROJECT AND LOCATION | | PROJECT OR CONTRACT NO. | |
| 1 | 10/01/2017 | Joliet Township Lintels Sills 175 West Jefferson Joliet, IL 60432 | | | |

| (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 |
|--|----------------|-----------------------------------|------------------------|-----------------------|-------|-------|-------|-------|-------|-------|---------------------------|------------------------------|---|-------------------|-------------------------|--------------|--------------|--------|--------------------|--|
| | | | | Mo | Tu | We | Th | Fr | Sa | Su | | | | FICA | WITH- HOLDING TAX | STATE TAX | LOCAL TAX | OTHER | TOTAL DED | |
| | | | | 09/25 | 09/26 | 09/27 | 09/28 | 09/29 | 09/30 | 10/01 | | | | | | | | | | |
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| Kendall Interl 16140 S. Lawrence St. Plainfield, IL 60544 P:217-855-7587 S:xxx-xx-5175 | 1 | Painter PAIN0014-001 See M | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 182.24 | 55.77 | 55.00 | 36.08 | 0.00 | 55.47 | 202.32 | 526.64 # 65666 | |
| | | | S | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 8 | 22.78 | | | | | | | | 728.96 |
| Luigi Petrizzi 841 E. Francis Road New Lenox, IL DOH 02/18/10 P:708-259-7125 S:xxx-xx-9981 | 1 | Painter PAIN0014-001 See M | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 202.20 | 154.69 | 281.00 | 100.09 | 0.00 | 102.66 | 638.44 | 1383.56 # 65683 | |
| | | | S | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 4 | 50.55 | | | | | | | | 2022.00 |
| Philip A Stevens 25803 Redstone Dr. Manhattan, IL 60442 P:815-478-7679 S:xxx-xx-2854 | 2 | Painter PAIN0014-001 See M | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 1093.20 | 139.38 | 211.00 | 90.19 | 0.00 | 96.66 | 537.23 | 1284.77 # 65690 | |
| | | | S | 0 | 8 | 8 | 0 | 8 | 0 | 0 | 24 | 45.55 | | | | | | | | 1822.00 |
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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 10/24/2017

I, Sherri Funes Office Manager
(Name of Signatory Party) (Title)

do hereby state:

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

Joliet Township Lintels Sills ; that during the payroll period commencing
(Building or Work)
on the 25 day of September, 2017, and ending the 01 day of October,
2017, 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

Cosgrove Construction 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:

(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:

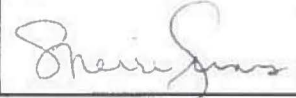
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ -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 |
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| REMARKS: | |
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| NAME AND TITLE Sherri Funes Office Manager | 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 | |

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Wage and Hour Division

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|--|-------------------------------|--|-------------------------|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | | ADDRESS | |
| Cosgrove Construction Inc. | | 20654 Amherst Ct. Joliet, IL 60433-9716 | |
| PAYROLL NO. 2 Final | FOR WEEK ENDING 10/08/2017 | PROJECT AND LOCATION Joliet Township Lintels Sills 175 West Jefferson Joliet, IL 60432 | PROJECT OR CONTRACT NO. |

| (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 |
|--|----------------|-----------------------------------|------------------------|------------------|-------|-------|-------|-------|-------|-------|---------------------------|------------------------------|---|-------------------|-------------------------|--------------|--------------|-------|---------------|--|
| | | | | Mo | Tu | We | Th | Fr | Sa | Su | | | | FICA | WITH- HOLDING TAX | STATE TAX | LOCAL TAX | OTHER | TOTAL DED. | |
| | | | | 10/02 | 10/03 | 10/04 | 10/05 | 10/06 | 10/07 | 10/08 | | | | | | | | | | |
| John D Novick 26230 W. Bayberry Ct. Channahon, IL 60410 P:708-351-1149 S:xxx-xx-4568 | 2 | Painter PAIN0014-001 | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 136.65 | 76.66 | 168.00 | 49.60 | 0.00 | 48.15 | 342.41 | 659.69 # 65797 |
| | | See M | S | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 | 45.55 | 1002.10 | | | | | | | |
| Philip A Stevens 25803 Redstone Dr. Manhattan, IL 60442 P:815-478-7679 S:xxx-xx-2854 | 2 | Painter PAIN0014-001 | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 728.80 | 111.51 | 152.00 | 72.15 | 0.00 | 77.33 | 412.99 | 1044.61 # 65808 |
| | | See M | S | 8 | 8 | 0 | 0 | 0 | 0 | 0 | 16 | 45.55 | 1457.60 | | | | | | | |
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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

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Date 10/24/2017

I, Sherri Funes Office Manager
(Name of Signatory Party) (Title)

do hereby state:

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

Joliet Township Lintels Sills ; that during the payroll period commencing
(Building or Work)
on the 02 day of October, 2017, and ending the 08 day of October,
2017, 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

Cosgrove Construction 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:

(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

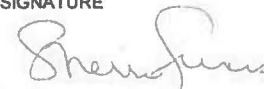
| EXCEPTION (CRAFT) | EXPLANATION |
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REMARKS:

NAME AND TITLE

Sherri Funes
Office Manager

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.

U.S. Department of Labor

Wage and Hour Division

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OMB No.: 1235-0008

Expires: 04/30/2021

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|--|-----------------|---|--|-------------------------|--|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | | ADDRESS | | PROJECT OR CONTRACT NO. | |
| Cosgrove Construction Inc. | | 20654 Amherst Ct. Joliet, IL 60433-9716 | | | |
| PAYROLL NO. | FOR WEEK ENDING | PROJECT AND LOCATION | | | |
| 1 | 10/01/2017 | Joliet Township Emergency Stairs 175 West Jefferson St. Joliet, IL 60432 | | | |

| (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 |
|--|----------------|--------------------------------------|------------------------|------------------|-------|-------|-------|-------|-------|-------|-----------------------|--------------------------|---|-------------------|-------------------------|--------------|--------------|--------|--------------------|--------------------------------------|
| | | | | Mo | Tu | We | Th | Fr | Sa | Su | | | | FICA | WITH- HOLDING TAX | STATE TAX | LOCAL TAX | OTHER | TOTAL DED. | |
| | | | | 09/25 | 09/26 | 09/27 | 09/28 | 09/29 | 09/30 | 10/01 | | | | | | | | | | |
| Luigi Petrizzi 841 E. Francis Road New Lenox, IL 60451 P:708-259-7125 S:xxx-xx-9981 | 1 | Painter PAIN0014-001 <i>See M</i> | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 202.20 | 154.69 | 281.00 | 100.09 | 0.00 | 102.66 | 638.44 | 1383.56 # 65683 |
| | | | S | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 4 | 50.55 | 2022.00 | | | | | | | |
| Jaime Sanford 16628 W. Arbor Terrace Lockport, IL 60441 P:708-821-8866 S:xxx-xx-7653 | 7 | Painter PAIN0014-001 <i>See</i> | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 1457.60 | 139.38 | 149.00 | 81.91 | 0.00 | 96.66 | 466.95 | 1355.05 # 65687 | |
| | | | S | 0 | 8 | 8 | 8 | 8 | 0 | 0 | 32 | 45.55 | | | | | | | | 1822.00 |
| Philip A Stevens 25803 Redstone Dr. Manhattan, IL 60442 P:815-478-7679 S:xxx-xx-2854 | 2 | Painter PAIN0014-001 <i>See M</i> | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 364.40 | 139.38 | 211.00 | 90.19 | 0.00 | 96.66 | 537.23 | 1284.77 # 65690 | |
| | | | S | 0 | 0 | 0 | 8 | 0 | 0 | 0 | 8 | 45.55 | | | | | | | | 1822.00 |
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Date 10/24/2017

I, Sherri Funes Office Manager
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Cosgrove Construction Inc. on the
(Contractor or Subcontractor)

Joliet Township Emergency Stairs ; that during the payroll period commencing
(Building or Work)

on the 25 day of September, 2017, and ending the 01 day of October,
2017, 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

Cosgrove Construction 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:

(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
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each laborer or mechanic conform with the work he performed.

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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
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(c) EXCEPTIONS

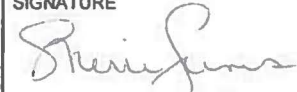
| EXCEPTION (CRAFT) | EXPLANATION |
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REMARKS:

NAME AND TITLE

Sherri Funes
Office Manager

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.

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|--|-------------------------------|---|--|-------------------------|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | | ADDRESS | | OMB No.: 1235-0008 |
| Cosgrove Construction Inc. | | 20654 Amherst Ct. Joliet, IL 60433-9716 | | Expires: 04/30/2021 |
| PAYROLL NO. 2 | FOR WEEK ENDING 10/08/2017 | PROJECT AND LOCATION Joliet Township Emergency Stairs 175 West Jefferson St. Joliet, IL 60432 | | PROJECT OR CONTRACT NO. |

| (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 |
|--|----------------|------------------------------------|------------------------|-----------------------|-------|-------|-------|-------|-------|-------|---------------------------|------------------------------|---|-------------------|-------------------------|--------------|--------------|--------|--------------|--|
| | | | | Mo | Tu | We | Th | Fr | Sa | Su | | | | FICA | WITH- HOLDING TAX | STATE TAX | LOCAL TAX | OTHER | TOTAL DED | |
| | | | | 10/02 | 10/03 | 10/04 | 10/05 | 10/06 | 10/07 | 10/08 | | | | | | | | | | |
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| Luigi Petrizzi 841 E. Francis Road New Lenox, IL DOH 02/18/10 P:708-259-7125 S:xxx-xx-9981 | 1 | Painter PAIN0014-001 Ser: M | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 202.20 | 154.68 | 281.00 | 100.09 | 0.00 | 100.64 | 636.41 | 1385.59 | |
| | | | S | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 50.55 | 2022.00 | | | | | | | # 65801 | |
| Jaime Sanford 16628 W. Arbor Terrace Lockport, IL 60441 P:708-821-8868 S:xxx-xx-7653 | 7 | Painter PAIN0014-001 Ser: | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 1548.70 | 118.47 | 108.00 | 68.38 | 0.00 | 82.16 | 377.01 | 1171.69 | |
| | | | S | 8 | 8 | 2 | 8 | 8 | 0 | 0 | 34 | 1548.70 | | | | | | | # 65805 | |
| Philip A Stevens 25803 Redstone Dr. Manhattan, IL 60442 P:815-478-7679 S:xxx-xx-2854 | 2 | Painter PAIN0014-001 Ser: M | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 728.80 | 111.51 | 152.00 | 72.15 | 0.00 | 77.33 | 412.99 | 1044.61 | |
| | | | S | 0 | 0 | 2 | 8 | 6 | 0 | 0 | 16 | 1457.60 | | | | | | | # 65808 | |
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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)(i) 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 10/24/2017

I, Sherri Funes Office Manager
(Name of Signatory Party) (Title)

do hereby state:

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

Joliet Township Emergency Stairs ; that during the payroll period commencing
(Building or Work)
on the 02 day of October, 2017, and ending the 08 day of October,
2017, 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

Cosgrove Construction 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:

(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 |
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REMARKS:

NAME AND TITLE

Sherri Funes
Office Manager

SIGNATURE

Sherri Funes

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

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)

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



Rev. Dec 2008

OMB No.: 1235-0008

Expires: 04/30/2021

| | | | | | |
|--|--|---|--|---|--|
| NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> | | ADDRESS | | PROJECT OR CONTRACT NO. | |
| Cosgrove Construction Inc. | | 20654 Amherst Ct. Joliet, IL 60433-9716 | | | |
| PAYROLL NO. 3 Final | | FOR WEEK ENDING 10/15/2017 | | PROJECT AND LOCATION Joliet Township Emergency Stairs 175 West Jefferson St. Joliet, IL 60432 | |

| (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 |
|--|----------------|------------------------------------|------------------------|-----------------------|-------|-------|-------|-------|-------|-------|---------------------------|------------------------------|---|----------------|-------------------------|--------------|--------------|-------|---------------|--|
| | | | | Mo | Tu | We | Th | Fr | Sa | Su | | | | FICA | WITH- HOLDING TAX | STATE TAX | LOCAL TAX | OTHER | TOTAL DED. | |
| | | | | 10/09 | 10/10 | 10/11 | 10/12 | 10/13 | 10/14 | 10/15 | | | | | | | | | | |
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| Kendall Interl 16140 S. Lawrence St. Plainfield, IL 60544 P:217-855-7587 S:xxx-xx-5175 | 1 | Painter PAIN0014-001 Ser: M | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 182.24 | 101.08 | 144.00 | 65.40 | 0.00 | 75.36 | 385.84 | 935.40 # 65858 |
| | | | S | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 22.78 | 1321.24 | | | | | | | |
| Jaime Sanford 16628 W. Arbor Terrace Lockport, IL 60441 P:708-821-8866 S:xxx-xx-7853 | 7 | Painter PAIN0014-001 Ser: | O | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 364.40 | 139.38 | 149.00 | 81.91 | 0.00 | 96.66 | 466.95 | 1355.05 # 65883 |
| | | | S | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 45.55 | 1822.00 | | | | | | | |
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Date 10/24/2017

I, Sherri Funes Office Manager
(Name of Signatory Party) (Title)

do hereby state:

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

Joliet Township Emergency Stairs ; that during the payroll period commencing
(Building or Work)
on the 09 day of October, 2017, and ending the 15 day of October,
2017, 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

Cosgrove Construction 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:

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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
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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.

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

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in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
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REMARKS:

NAME AND TITLE

Sherri Funes
Office Manager

SIGNATURE



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OF TITLE 31 OF THE UNITED STATES CODE.