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

Cosgrove Construction Inc		OR SUBCONTRACTOR	į.						20654 Amherst Ct. Joliet, IL 60433-9716								OMB No.: 1235-0008 Expires: 04/30/2021				
PAYROLL NO.		FOR WEEK EN			/2017				loliet 7	owns	OCATION hip Linte		60432				PRO.	JECT OR C	ONTRACT	NO.	
(1) NAME AND INDIVIDUAL	(2)	(3)	0	Mo	Tu	(4) [We	DAY AND		Sa	Su	(5)	(6)	(7)			DEDI	(8) ICTIONS			(9)	
IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF	#		Of	09/25			09/28				TOTAL	RATE	GROSS AMOUNT		WITH-					NET WAGE	
SOCIAL SECURITY NUMBER) OF WORKER	Ex	WORK CLASSIFICATION	S	00120			VORKE			10/01	HOURS	OF PAY	EARNED PROJECT / ALL	FICA	HOLDING TAX	STATE	LOCAL	OTHER	DED.	WEEK	
Kendall Interial 16140 S. Lawrence St. Plainfield, IL 60544	1	Painter PAIN0014- 001	0	0	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	
P:217-855-7587 \$:xxx-xx-5175		Ser M	s	0	8	0	0	0	0	0	8	22 78	728.96							# 65666	
Luigi Petrizzi 841 E. Francis Road New Lenox, IL DOH 02/18/10	1	Painter PAIN0014- 001	0	0	0	0	0	0	0	0	0	0.00	202.20	154.69	154 69	281.00	100 09	0.00	102.66	638.44	1383 56
P:708-259-7125 S:xxx-xx-998	L	Say M	s	0	0	0	4	0	0	0	4	50.55	2022.00							# 65683	
Philip A Stevens 25803 Redstone Dr. Manhattan, IL 60442	2	Painter PAIN0014- 001	0	0	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	
P:815-478-7679 S:xxx-xx-2854		Say M	s	0	8	8	0	8	0	0	24	45.55	1822.00							# 65690	
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			s																. 10	HIER	
			0												1-1						
			s											10		1 - 18	[mil		1111	16 12	
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rkki te, fili			s																		
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			s											1 194			1				

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 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 \$3502, 200 Constitution Avenue, N. W. Washington, D.C. 20210.

Date	10/24/2017	were the second							
Ι,	Sherri Funes		Office Manager						
	(Name of Signatory Part	y)	(Title)						
do hereby									
(1) Inat I		ent of the persons employed b	у						
		e Construction Inc.		on the					
	(Contrac	ctor or Subcontractor)							
Joliet Towns	ship Lintels Sills	; that during the	payroll period comn	nencing					
	(Building or Work)								
on the	25 day of September	2017 , and ending the	01 day of	October					
2017	The state of the s	aid project have been paid the							
that no reb	pates have been or will be m	ade either directly or indirectly	y to or on behalf of s	aid					
	Cosgrove C	Construction Inc.	from t	the					
	(Contractor	or Subcontractor)							
			1 71						
		on and that no deductions have							
directly or	indirectly from the full wage	s earned by any person, other	r than permissible						
deductions	as defined in Regulations,	Part 3 (29 C.F.R. Subtitle A),	issued by the Secre	tary					
of Labor u	nder the Coneland Act as a	mended (48 Stat. 948, 63 Sta	t 108 72 Stat 967						
			it. 100, 12 Otat. 001,						
16 Stat. 3:	57; 40 U.S.C. § 3145), and o	sescribed below:							
above peri contained determinat each labor (3) That a fide apprei	iod are correct and complete therein are not less than the tion Incorporated into the co er or mechanic conform wit		rers or mechanics ined in any wage set forth therein for						
such recog	nticeship program registered	the above period are duly req d with a State apprenticeship	agency recognized b	ру					
(4) That:	nticeship program registered u of Apprenticeship and Trai	d with a State apprenticeship ining, United States Departmentate, are registered with the Bu	agency recognized bent of Labor, or if no						
	nticeship program registered of Apprenticeship and Trai gnized agency exists in a St	d with a State apprenticeship ining, United States Departmentate, are registered with the Bu	agency recognized bent of Labor, or if no						
(a) WHER	nticeship program registered u of Apprenticeship and Trai gnized agency exists in a St ng, United States Departme	d with a State apprenticeship ining, United States Departmentate, are registered with the Bu	agency recognized be ent of Labor, or if no ureau of Apprentices	hip					

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	RENEFITS	ARF	PAID	IN	CASH

7	-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
EMARKS:	

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.

PAYROLL

Wage and Hour Division

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

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U.S. Wage and Hour Division
Rev. Dec 2008

OR SUBCONTRACTOR NAME OF CONTRACTOR OMB No.: 1235-0008 Cosgrove Construction Inc. 20654 Amherst Ct. Joliet, IL 60433-9716 Expires: 04/30/2021 PAYROLL NO. PROJECT AND LOCATION FOR WEEK ENDING PROJECT OR CONTRACT NO. 2 Final 10/08/2017 Joliet Township Lintels Sills 175 West Jefferson Joliet, IL 60432 (1) (2) (4) DAY AND DATE (7) (8) DEDUCTIONS (9) NAME AND INDIVIDUAL Mo Tu We Th Fr Sa Su **GROSS IDENTIFYING NUMBER** NET WAGES 10/03 10/04 10/05 10/06 10/07 10/08 **AMOUNT** (e.g., LAST FOUR DIGITS OF 10/02 TOTAL RATE PAID FOR WORK HOLDING STATE LOCAL TOTAL SOCIAL SECURITY NUMBER) Ex EARNED HOURS DED. WEEK CLASSIFICATION FICA TAX TAX TAX OTHER HOURS WORKED EACH DAY PROJECT / ALL OF WORKER PAY Painter PAIN0014-John D Novick 0 0 0 0 0 0 0 0 0.00 136.65 26230 W. Bayberry Ct. 001 76.66 168.00 49.60 0.00 48.15 342.41 659.69 Channahon, IL 60410 Sev M 3 0 0 3 0 0 0 0 45.55 1002.10 P:708-351-1149 S:xxx-xx-4568 # 65797 Philip A Stevens Painter PAIN0014-0 0 0 0 0 0 0 0.00 25803 Redstone Dr. 111.51 152.00 72.15 0.00 77.33 412.99 1044.61 Manhattan, IL 60442 ls 8 0 0 0 0 0 16 45 55 1457.60 P:815-478-7679 S:xxx-xx-2854 8 # 65808 0 lo 0 s lο lο

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	0/24/2017		(b) WHERE FRINGE BENEFITS ARE I	PAID IN CASH
	Sherri Funes	Office Manager	-Each laborer or mechanic listed in	the above referenced payroll has been paid,
	e of Signatory Party)	(Title)		unt not less than the sum of the applicable
do hereby state:	ervise the payment of the person	s employed by		ount of the required fringe benefits as listed
(1) Itlat I pay of sup	Cosgrove Construction		in the contract, except as noted in s	ection 4(c) below.
	(Contractor or Subcontract		(c) EXCEPTIONS	
Joliet Township Lintels S	ills : t	nat during the payroll period commencing		
(Build	ling or Work)		EXCEPTION (CRAFT)	EXPLANATION
on the 02 day of	October 2017 , and	ending the 08 day of October ,		
		been paid the full weekly wages earned, tly or indirectly to or on behalf of said		
	Cosgrove Construction Inc	from the		
	(Contractor or Subcontractor)			
full weekly wages ear	ned by any person and that no d	eductions have been made either		
	om the full wages earned by any			
		R. Subtitle A), issued by the Secretary		
		it. 948, 63 Stat. 108, 72 Stat. 967;		
76 Stat. 357; 40 U.S.	C. § 3145), and described below			
		179		
	The second control of			
			REMARKS:	
	otherwise under this contract re			
	ect and complete; that the wage			
	not less than the applicable was	e rates contained in any wage classifications set forth therein for		
	anic conform with the work he p			
	ices employed in the above period			
		prenticeship agency recognized by		
The same of the sa		tes Department of Labor, or if no		
	ncy exists in a State, are register States Department of Labor.	ed with the Bureau of Apprenticeship		Laguarias
and framing, office (states separation of caser.		NAME AND TITLE	SIGNATURE
(4) That:			Sherri Funes	Show his
(a) WHERE FRINGE	BENEFITS ARE PAID TO APP	ROVED PLANS, FUNDS, OR PROGRAMS	Office Manager	OTENS JOES
the above refere		o each laborer or mechanic listed in benefits as listed in the contract ms for the benefit of such	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUT OF TITLE 31 OF THE UNITED STATES CODE.	STATEMENTS MAY SUBJECT THE CONTRACTOR OR FILEN SEE SECTION 1001 OF TITLE 18 AND SECTION 231

(c) EXCEPTIONS EXCEPTION (CRAFT)	EXPLANATION
EXOLF HOW (OVAL 1)	EN DIVINOR
4 4 9 9 9	
EMARKS:	
LIPHINO.	

PAYROLL

Wage and Hour Division

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

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U.S, Wage and Hour Division
Rev. Dec 2008

NAME OF CONTRACTOR Cosgrove Construction Inc		OR SUBCONTRACTOR	į.						O654		rst Ct.	Joliet, IL 6	60433-9716							1235-0008 4/30/2021
PAYROLL NO.		FOR WEEK EN		G 10/01/	2017			1	loliet T	owns		v ergency Sta St. Joliet, I						JECT OR C	ONTRACT	NO.
(1) NAME AND INDIVIDUAL	(2)	(3)	O	Mo	Tu	(4) E	Th	DATE	Sa	Su	(5)	(6)	(7)			DEDL	(8) ICTIONS			(9)
IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER)	# Ex	WORK CLASSIFICATION	or S	09/25	09/26	09/27		09/29	09/30	10/01	TOTAL	RATE OF	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	STATE	LOCAL TAX	OTHER	TOTAL DED.	NET WAGES PAID FOR WEEK
OF WORKER Luigi Petrizzi 841 E. Francis Road New Lenox, IL DOH 02/18/10 P:708-259-7125 S:xxx-xx-9981		Painter PAIN0014- 001	0	0	0	0	ORKE	0	0	0	0	0.00	PROJECT / ALL 202.20	154.69	281.00	100.09	0.00	102.66	638,44	1383.56
	1	Sar M	s	0	4	0	0	0	0	0	4	50.55	2022.00	104.00	201.00	100.00	0.00	102,00		# 65683
Jaime Sanford 16628 W. Arbor Terrace Lockport, IL 60441	7	Painter PAIN0014- 001	0	0	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
P:708-821-8866 S:xxx-xx-765		Ser.	s	0	8	8	8	8	0	0	32	45.55	1822.00							# 65687
Philip A Stevens 25803 Redstone Dr. Manhattan, IL 60442	2	Painter PAIN0014- 001	0	0	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
P:815-478-7679 S:xxx-xx-2854		Ser M	s	0	0	0	8	0	0	0	8	45.55	1822.00							# 65690
			0																	75
			s																1303	
			0																- 144	
			s						13							11.	1731		1 1 1	11 11 11
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		THE PERSON	s																	
			0													3				HAVE
		186	S													17.57	17.3			-14

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 received legally required wages and firinge benefits.

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Date _	10/24/2017			
I,	Sherri Funes		Office Manager	r
	(Name of Signatory Party	1)	(Title)	
do hereby st				
(1) That I pa		ent of the persons employed I	ру	
	Cosgrov	e Construction Inc.		on the
	(Contrac	tor or Subcontractor)		
Joliet Townshi	p Emergency Stairs	; that during the	payroll period o	commencing
	(Building or Work)			
on the 25		2017 , and ending the	01 day of	October
		aid project have been paid th ade either directly or indirect		
	Cosgrove C	Construction Inc.	fr	rom the
		or Subcontractor)		
above period contained the determination	d are correct and complete erein are not less than the	this contract required to be set; that the wage rates for laborates applicable wage rates containtract; that the classifications in the work he performed.	rers or mechani ined in any wag	ics e
fide apprenti the Bureau o such recogn	ceship program registered of Apprenticeship and Train	the above period are duly re- l with a State apprenticeship ning, United States Departme ate, are registered with the Be nt of Labor.	agency recognia ent of Labor, or i	zed by if no
(4) That:				
	FRINGE BENEFITS ARE	PAID TO APPROVED PLA	NS, FUNDS. OF	R PROGRAM
In add the abo	lition to the basic hourly wove referenced payroll, pa	age rates paid to each labore yments of fringe benefits as laboropriate programs for the be	er or mechanic listed in the cont	sted in

(b) WHERE	FRINGE F	RENEFITS	ARE	PAID	INI	CASH

1	-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
REMARKS:	
NAME AND TITLE	SIGNATURE
Sherri Funes	8. ()
Office Manager	1) levelins

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.

PAYROLL

Wage and Hour Division

NAME OF CONTRACTOR

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

U.S. Wage and Hour Division

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Rev. Dec 2008

OR SUBCONTRACTOR

ADDRESS

20654 Amherst Ct. Joliet, IL 60433-9716

Expires: 04/30/2021

Cosgrove Construction Inc. PROJECT AND LOCATION PROJECT OR CONTRACT NO PAYROLL NO. FOR WEEK ENDING 10/08/2017 Joliet Township Emergency Stairs 175 West Jefferson St. Joliet, IL 60432 (4) DAY AND DATE (9) (1) (8) DEDUCTIONS (3) NAME AND INDIVIDUAL Mo Tu We Th Fr Sa Su GROSS **IDENTIFYING NUMBER NET WAGES** WITH-10/06 10/07 10/08 **AMOUNT** (e.g., LAST FOUR DIGITS OF 10/03 10/04 10/05 10/02 TOTAL RATE PAID FOR HOLDING STATE LOCAL TOTAL WORK EARNED SOCIAL SECURITY NUMBER) HOURS OF WEEK OTHER CLASSIFICATION FICA TAX TAX TAX HOURS WORKED EACH DAY OF WORKER PROJECT / ALL PAY Luigi Petrizzi Painter PAIN0014-0 0 0 0 0 0 0 0 0.00 202.20 841 E. Francis Road 001 1385.59 154.68 281.00 100.09 0.00 100.64 636.41 New Lenox, IL DOH 02/18/10 Ser M 0 P:708-259-7125 S:xxx-xx-9981 0 4 0 0 0 0 50.55 2022.00 # 65801 Jaime Sanford Painter PAIN0014-0 0 0 0 0 1548.70 0 0 0 0.00 16628 W. Arbor Terrace 001 118.47 108.00 68.38 0.00 82.16 377.01 1171.69 Lockport, IL 60441 Sav 8 8 2 8 8 0 0 34 45.55 1548.70 P:708-821-8868 S:xxx-xx-7653 # 65805 Philip A Stevens Painter PAIN0014-0 0 0 0 0 0 0 0 0.00 728.80 25803 Redstone Dr. 111.51 152.00 72.15 0.00 77.33 412.99 1044.61 Manhattan, IL 60442 Sev. M P:815-478-7679 S:xxx-xx-2854 0 0 2 8 6 0 0 16 45.55 1457.60 # 65808 0 0 0 0

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Date _	10/24/2017		(b) WHERE FRINGE BENE
1,	Sherri Funes	Office Manager	-Each laborer or mechan
-	(Name of Signatory Party)	(Title)	as indicated on the payre
do hereby sta			basic hourly wage rate p
(1) That I pa	ay or supervise the payment of the persons emp	loyed by	in the contract, except as
	Cosgrove Construction Inc.	on the	
Isliet Township	(Contractor or Subcontractor)		(c) EXCEPTIONS
Joilet Township	p Emergency Stairs ; that duri	ing the payroll period commencing	EXCEPTION (CRAFT)
on the 02	2 day of October 2017 , and ending	the 08 day of October .	
2017 . a	all persons employed on said project have been		
	tes have been or will be made either directly or in		
	Cosgrove Construction Inc.	from the	
	(Contractor or Subcontractor)		
full wookh w	rages earned by any person and that no deduction	one have been made either	
The state of the s	directly from the full wages earned by any person		
	is defined in Regulations, Part 3 (29 C.F.R. Subt		
	er the Copeland Act, as amended (48 Stat. 948,		
	; 40 U.S.C. § 3145), and described below:	03 Stat. 100, 72 Stat. 907,	
70 Stat. 557,	40 0.0.0. § 5145), and described below.		
			REMARKS:
	payrolls otherwise under this contract required		
The same of the sa	are correct and complete; that the wage rates f		1
	erein are not less than the applicable wage rates		
	n Incorporated into the contract; that the classific		
each laborer	or mechanic conform with the work he performe	ed.	
(3) That any	apprentices employed in the above period are of	duly registered in a bona	
	ceship program registered with a State apprentic		
	of Apprenticeship and Training, United States De		
	ized agency exists in a State, are registered with	· · · · · · · · · · · · · · · · · · ·	
and Training,	, United States Department of Labor.		NAME AND TITLE
(4) That:			Sherri Funes
	FRINGE BENEFITS ARE PAID TO APPROVE	D PLANS, FUNDS, OR PROGRAMS	Office Manager
	ition to the basic hourly wage rates paid to each		THE WILLFUL FALSIFICATION OF ANY O
	ove referenced payroll, payments of fringe benefit		SUBCONTRACTOR TO CIVIL OR CRIMINA OF TITLE 31 OF THE UNITED STATES CO
have he	een or will be made to appropriate programs for	the honofit of cuch	

(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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NAME AND TITLE	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.

Wage and Hour Division

PAYROLL

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

U.S Wage and Hour Division
Rev. Dec 2008

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NAME OF CONTRACTOR OR SUBCONTRACTOR Cosgrove Construction Inc.								ADDRESS 20654 Amherst Ct. Joliet, IL 60433-9716									OMB No.: 1235-0008 Expires: 04/30/2021 PROJECT OR CONTRACT NO.			
PAYROLL NO. FOR WEEK ENDING 10/15/2017						PROJECT AND LOCATION Joliet Township Emergency Stairs 175 West Jefferson St. Joliet, IL 60432							PRO							
(1) NAME AND INDIVIDUAL	(2)	(3)	0	Mo	Tu	(4) E	Th	DATE	Sa	Su	(5)	(6)	(7)	9) DEDUC			(8) ICTIONS		(9)	
IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF	#	WORK	or	10/09			10/12				TOTAL	RATE	GROSS AMOUNT	TAR	WITH- HOLDING	STATE	LOCAL		TOTAL	NET WAG
SOCIAL SECURITY NUMBER) OF WORKER	Ex	CLASSIFICATION	T		Н	OURS V	VORKE	EACH	DAY		HOURS	OF PAY	PROJECT / ALL	FICA	TAX	TAX	TAX	OTHER	DED.	WEEK
Kendali Interial 16140 S. Lawrence St. Plainfield, IL 60544	1	Painter PAIN0014- 001	0	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
P:217-855-7587 S:xxx-xx-5175		Sav. M	s	8	0	0	0	0	0	0	8	22.78	1321.24						-1	# 65858
Jaime Sanford 16628 W. Arbor Terrace Lockport, IL 60441	7	Painter PAIN0014- 001	0	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
P:708-821-8866 S:xxx-xx-7653		Ser.	s	8	0	0	0	0	0	0	8	45.55	1822.00	-11						# 65883
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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 contractors and subcontractors 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		
l,	Sherri Funes		Office Manager
do hereby st		rty) nent of the persons employe	(Title)
(1) 111011 P		ove Construction Inc.	on the
		actor or Subcontractor)	
Ioliat Townsh	ip Emergency Stairs		
DONGE TOWNSH	(Building or Work)	; that during t	the payroll period commencing
on the 0	9 day of October	2017 , and ending the	15 day of October
		1	the full weekly wages earned,
		made either directly or indire	
	Cocarova	Construction Inc.	from the
		or or Subcontractor)	non the
ill weekk s	vanes earned hu anu non	son and that no deductions I	have been made either
above period contained the determination	d are correct and completerein are not less than the on Incorporated into the control of the con	er this contract required to be the; that the wage rates for land the applicable wage rates contract; that the classification work he performed.	aborers or mechanics ntained in any wage
fide apprent the Bureau such recogn	iceship program registere of Apprenticeship and Tra	in the above period are duly ed with a State apprenticesh aining, United States Depart State, are registered with the ent of Labor.	ip agency recognized by ment of Labor, or if no
(A) That			
(4) That:	EDINGE DENCEITO AF	DE DAID TO ADDDOVED D	ANS ELINDS OF PROCESAGE
			LANS, FUNDS, OR PROGRAMS
-		wage rates paid to each labo ayments of fringe benefits a	

/b) WHERE EI	RINGE BENEFIT	SARFPA	AID IN CAS	H

-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

	i i
SIGNATURE	
	SIGNATURE

E WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR 3CONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.