

**MASSPORT WEEKLY FEDERAL CERTIFIED PAYROLL REPORT FORM (FORM MWH-347A)  
& WORKFORCE UTILIZATION REPORT**

Issued: 03/08/10  
Revised Date:  
05/11/11

NAME OF CONTRACTOR [ ] OR SUBCONTRACTOR [ ]				ADDRESS										<input type="checkbox"/> Check if No Work week							
MASSPORT CONTRACT NO.		FOR WEEK ENDING		MASSPORT CONTRACT NAME / CITY										<input type="checkbox"/> Check if Final Report		REPORT #					
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER & ZIP CODE (LAST LINE)	(2) GENDER CODE	(3) ETHNIC MINORITY CODE	(4) OSHA 10 CERT. ?	(5) WORK CLASSIFICATION (SHOW APPRENT. STEP, ATTACH APP. ID CARD)	(6) DAY AND DATE							(7) TOTAL HOURS	(8) HOURLY CASH (BASE) RATE OF PAY	HOURLY FRINGE BENEFIT RATE	(9) MASSPORT GROSS TOTAL PR GROSS (MINUS FRINGE)	(10) DEDUCTIONS				(11) NET WAGES PAID FOR WEEK	
					Su	Mo	Tu	We	Th	Fr	Sat					FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
					HOURS WORKED EACH DAY																
			Y/N		OT							0.00	\$0.000		\$0.00					\$0.00	\$0.00
			Y/N		ST							0.00	\$0.000							\$0.00	\$0.00
			Y/N		OT							0.00	\$0.000		\$0.00					\$0.00	\$0.00
			Y/N		ST							0.00	\$0.000							\$0.00	\$0.00
			Y/N		OT							0.00	\$0.000		\$0.00					\$0.00	\$0.00
			Y/N		ST							0.00	\$0.000							\$0.00	\$0.00
			Y/N		OT							0.00	\$0.000		\$0.00					\$0.00	\$0.00
			Y/N		ST							0.00	\$0.000							\$0.00	\$0.00
			Y/N		OT							0.00	\$0.000		\$0.00					\$0.00	\$0.00
			Y/N		ST							0.00	\$0.000							\$0.00	\$0.00

While completion of Form MWH-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) requires 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 CFR Part 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.

**WORKFORCE UTILIZATION REPORT (EEO GOALS)**

**ETHNIC CODES :**

- 1) CAUCASIAN
- 2) BLACK OR AFRICAN-AMERICAN
- 3) HISPANIC OR LATINO
- 4) ASIAN OR NATIVE HAWAIIAN
- 5) AMERICAN INDIAN
- 6) OTHER

**GENDER CODES:**

- 1) MALE
- 2) FEMALE

Worker Hours	Weekly Total Hrs	Weekly Ethnic (Minority) Hrs	Weekly Female Hrs	Previous Week Total Hrs	Previous Week Ethnic (Minority) Hrs	Previous Week Female Hrs	Total Hrs to Date	Total Ethnic (Minority) Hrs to Date	Total Female Hrs to Date
Worker	0.0	0.0	0.00	0.0	0.0	0.0	0.0	0.0	0.0
Percentage %	X	0.0%	0.0%	X	0.0%	0.0%	X	0.0%	0.0%
								10.0%	6.9%

**EEO GOALS: ETHNIC (MINORITY)=10%, FEMALE=6.9%**

SEND ONLY ONE COPY TO: Prevailing Wage Auditor, Legal Department, Massachusetts Port Authority, 1 Harborside Drive, Boston, MA 02128, and if requested, to the Massport Resident Engineer or Capital Programs Project Manager.

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_ on the \_\_\_\_\_  
(Contractor or Subcontractor)

\_\_\_\_\_ (Contract / Project Name)

(2) That during the payroll period commencing on the \_\_\_\_\_ and ending \_\_\_\_\_  
(Week Beginning Date) (Week Ending Date)

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 \_\_\_\_\_ from the full \_\_\_\_\_  
(Contractor or Subcontractor)

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 deduction as defined in Regulations, Part 3 (29C.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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) 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 classification set forth therein for each laborer or mechanic conform with the work he/she performed.

(4) 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.

(5) That:

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

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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

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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

EMAIL ADDRESS:  
\_\_\_\_\_

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.