

# Understanding the 2025 Revised WH-347 Form



A Comprehensive Guide for Payroll Managers  
and Accountants in Construction



## The 2025 WH-347 Form: What Construction Payroll Managers Need to Know

Navigating federal construction contracts can be challenging. Between the paperwork, compliance requirements, and numerous acronyms, it's easy to feel overwhelmed. At the heart of it all lies the [WH-347 form](#)—a certified payroll report required for federal projects exceeding \$2,000. This form is crucial for ensuring compliance, paying workers fairly, and keeping your projects on track.

The Department of Labor recently released a revised WH-347 form (effective January 2025), with updates designed to streamline processes and improve compliance tracking. Mandated for weekly submission on federal projects over \$2,000 under the [Davis-Bacon Act](#), the form ensures adherence to prevailing wage standards. Properly understanding and managing the WH-347 form is essential to avoid noncompliance and the hefty penalties that come with it.

Whether you're a seasoned prime contractor or a subcontractor navigating federally funded projects for the first time, understanding the changes and nuances of the updated WH-347 is non-negotiable. This guide will break down its purpose, requirements, and key details to help you master the 2025 revision, avoid compliance headaches, and stay focused on what matters—getting the job done right and staying profitable.

**Davis-Bacon and Related Acts Weekly Certified Payroll Form**

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

Unless otherwise noted, the information requested is specific to the named project below.

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



Rev. January 2025  
OMB No.: 1235-0008  
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME															
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS															
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)				(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)	
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYPERSON (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES				TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK			NET PAY TO WORKER FOR ALL WORK
								HOURS WORKED EACH DAY										TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	
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## What Changed in the New WH-347 Form (2025)

The 2025 revision introduces important modifications designed to streamline the procedure and enhance requirement clarity. Here's what's different:

- **Updated Data Entry Guidelines:** Adjustments to ensure specific fields are completed accurately.
- **Fringe Benefit Reporting:** Expanded information to increase transparency.
- **Apprenticeship Program Verification:** Added criteria to confirm participation.
- **Improved Instructions:** Reworded for greater ease of use.
- **Refreshed Design:** The form features a redesigned layout for better navigation.

### Expiration Notice

The updated (2025) WH-347 form will be valid through January 31, 2028. The older version, which expires on September 30, 2026, may still be used for now, but the DOL advises contractors to transition to the new form promptly.

## What is the Purpose of the WH-347 Form?

The WH-347 form is all about compliance. If you're involved in federally funded or assisted construction projects, this form serves as documentation that you're compensating workers correctly and adhering to legal requirements. Required under the Fair Labor Standards Act and prevailing wage laws, the WH-347 ensures every worker on your project receives the appropriate wages based on established determinations. The WH-347 promotes fairness across the industry while keeping your project on track.

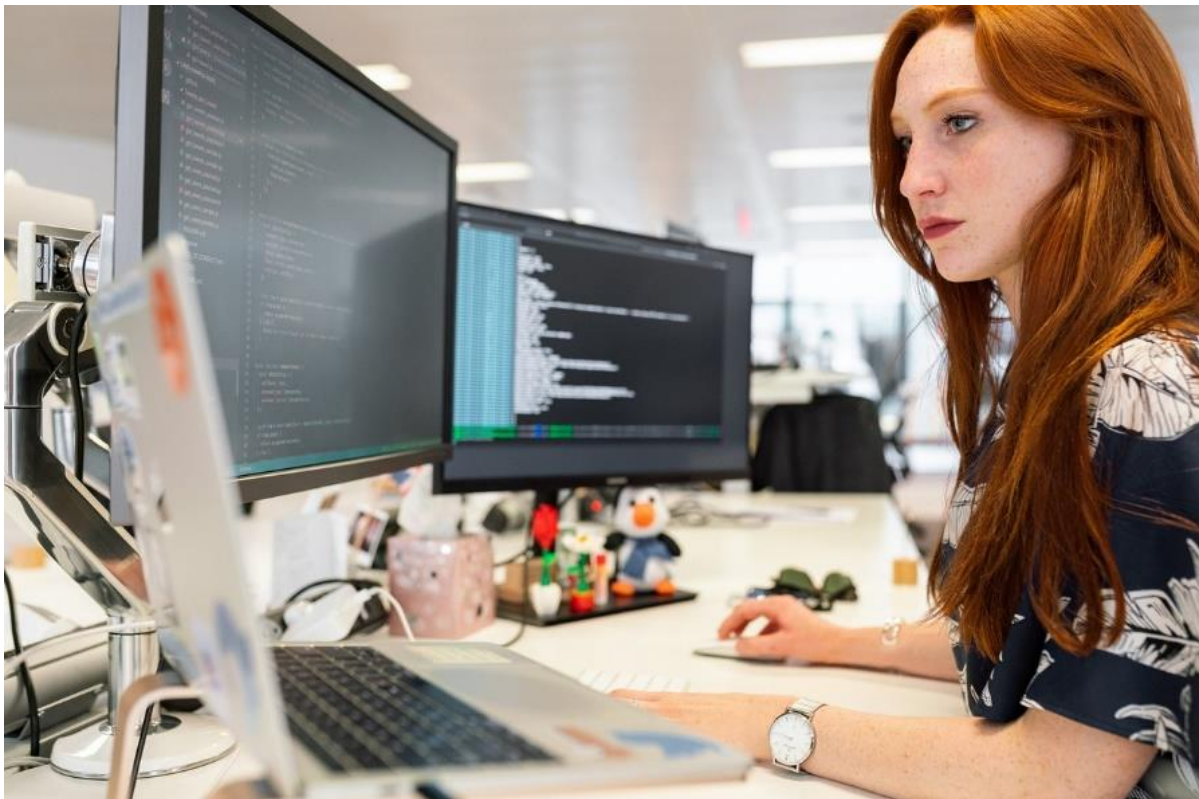
## When Should You Complete the WH-347?

Also known as the Certified Payroll Form, the WH-347 is mandatory for contractors working on federally funded construction projects. Whether you're making repairs to a government building or starting new construction, this form ensures compliance with federal wage regulations.

Here's when the WH-347 is required:

- **Davis-Bacon Act Compliance:** Under the Davis-Bacon Act, certified payroll reports are mandatory for federal construction contracts worth \$2,000 or more. This includes construction, renovation, or alterations of public buildings and infrastructure.
- **Federally Assisted Projects:** If your project receives funding through federal grants, loans, loan guarantees, or insurance, the same regulations apply. The Davis-Bacon Act's wage requirements cover all 50 states, Washington D.C., and U.S. territories.
- **Other Federal Regulations:** More than 60 federal statutes extend prevailing wage requirements to federally assisted projects. Agencies like HUD, DOT, and EPA mandate certified payroll reporting to ensure compliance. If federal funding is involved, chances are you need to file a WH-347.

In short, Form WH-347 is required for any federally funded or assisted construction contract valued at \$2,000 or more. This applies to both contractors and subcontractors working on such projects.




## What Information is Required on the WH-347 Form?

Filling out the WH-347 isn't just about completing a task—it's about ensuring accuracy. Every detail in this form confirms that workers are paid properly, and labor laws are being followed.

Here's what you'll need to report:

- **Worker Information:** Full names, identifying numbers, and job classifications.
- **Work Hours:** A breakdown of daily hours worked and total weekly hours, categorized as straight time (ST) and overtime (OT).
- **Wages and Benefits:** The hourly wage rates (both ST and OT) and any fringe benefits provided.
- **Total Earnings:** Gross wages earned before deductions.
- **Deductions:** A detailed list of withholdings, including federal and state taxes, insurance, union dues, and other applicable itemized deductions.
- **Net Pay:** The final take-home amount after deductions.

<b>U.S. Department of Labor</b> Wage and Hour Division		<b>Davis-Bacon and Related Acts Weekly Certified Payroll Form</b> (For Contractor's Optional Use; See Instructions at <a href="http://www.dol.gov/whd/forms/wh347instr.htm">www.dol.gov/whd/forms/wh347instr.htm</a> ) Unless otherwise noted, the information requested is specific to the named project below. <i>Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.</i>		 U.S. Wage and Hour Division Rev. January 2025 OMB No.: 1235-0008 Expires: 01/31/2028
<input type="checkbox"/> SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM		<input type="checkbox"/> PRIME CONTRACTOR		<input type="checkbox"/> SUBCONTRACTOR
PROJECT NAME	PROJECT NO. or CONTRACT NO.	CERTIFIED PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME	
PROJECT LOCATION	WAGE DETERMINATION NO.	WEEK ENDING DATE	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS	

## Why is Accuracy so Critical on This Form?

The WH-347 form is a report card for your payroll and accounting practices. Even a small mistake, such as an incorrect wage, misreported hours, or a classification error, can put your business at risk of non-compliance. Completing this form with precision isn't just about paperwork; it's about proving that you operate transparently, fairly, and in full accordance with the law. It can save you money by reducing fines and other legal issues for your company.

# How to Fill Out the WH-347 Form Properly

## Page 1: Weekly Payroll Data

This section collects the weekly payroll data that keeps your operation compliant with prevailing wage requirements. Here's how to complete the various sections:

### Essential Project and Contractor Information

- **Submission of Final DBRA Certified Payroll Form Checkbox:** Check this box only if this is the final payroll submission for the project.
- **Prime Contractor/Subcontractor Checkbox:** Indicate whether you are the Prime Contractor or a Subcontractor on the project.
- **Project Details:** Include the project name, project number, location, certified payroll number, wage determination number, and week ending date.
- **Prime Contractor/Subcontractor Information:** Provide the business name and address.

### Worker Information (1A-1E)

- **Worker Entry No.:** Assign a sequential number to each worker.
- **Worker's Full Name:** Record the last name, first name, and middle initial of each employee.
- **Worker Identifying Number:** Enter a unique identifier for each worker, such as the last four digits of their Social Security Number or an employee ID number.

(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)			
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(J) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK		
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### Classification and Hours Worked (2-5)

- **Journey worker or Registered Apprentice:** Identify whether each worker is a Journey worker (J) or a Registered Apprentice (RA).
- **Labor Classification:** Specify the worker's job role according to the wage determination document.
- **Hours Worked Each Day & Total for the Week:** Record daily hours worked, split into straight time (ST) and overtime (OT), and total hours for the week.

**Wage and Benefit Details (6A-6C)**

- **Hourly Wage Rate Paid for ST & OT:** Enter the actual hourly rates paid for straight time and overtime.
- **Total Fringe Benefit Credit:** Document the total gross fringe benefit credit amount. This should reflect the total dollar value of fringe benefits provided based on hours worked. [Example: If the hourly fringe credit is \$15 and the worker worked 8 hours, the total credit would be \$120.]
- **Payment in Lieu of Fringe Benefits:** Record the total cash amount paid directly to a worker instead of providing fringe benefits.

**Gross and Net Pay (7A-9)**

- **Gross Amount Earned:** Calculate the total earnings for hours worked on a federal or federally assisted project.
- **Gross Amount Earned for ALL WORK:** Include earnings from all projects worked on during the week.
- **Deductions for ALL WORK:** Provide a breakdown of all deductions, including federal and state taxes, FICA contributions, and other deductions.
- **Net Pay to Worker for ALL WORK:** Enter the final take-home pay after all deductions.

(6A)	(6B)	(6C)	(7A)	(7B)	(8)				(9)
HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR <b>ALL WORK</b>	DEDUCTIONS FOR <b>ALL WORK</b>				NET PAY TO WORKER FOR <b>ALL WORK</b>
					TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS	

**Page 2: Project Details and Compliance Certification**

**Project Information**

- **Project Name:** Enter the official name of the project.
- **Project No. or Contract No.:** Include the specific contract or project number.
- **Payroll No.:** Assign a sequential number for each weekly payroll submission.
- **Prime Contractor's/Subcontractor's Business Name:** Provide the full legal name of the submitting entity.
- **Project Location:** Specify the location of the project.
- **Week Ending Date:** Enter the final day of the payroll period being reported.
- **Certifying Official's Name and Title:** Print the name and official title of the person certifying the payroll.

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME						
PROJECT LOCATION	WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE						
<input type="checkbox"/> I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:									
<input type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.									
<input type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.									
<input type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.									
<input type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.									
APPRENTICESHIP PROGRAM NAME		REGISTERED		NAME OF LABOR CLASSIFICATION					
		<input type="checkbox"/> OA <input type="checkbox"/> SAA							
		<input type="checkbox"/> OA <input type="checkbox"/> SAA							
		<input type="checkbox"/> OA <input type="checkbox"/> SAA							
<input type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.									
<b>HOURLY CREDIT FOR FRINGE BENEFITS</b> <i>If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>									
NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	TOTAL HOURLY CREDIT
	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE		
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Hourly Credit	\$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
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Hourly Credit	\$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
<input type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.									
ADDITIONAL REMARKS									
SIGNATURE OF CERTIFYING OFFICIAL									
DATE		TELEPHONE NUMBER		EMAIL ADDRESS					
		(____) ____-____							
<small>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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.</small>									



## Statement of Compliance

<input type="checkbox"/> I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:														
<input type="checkbox"/>	The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.													
<input type="checkbox"/>	All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.													
<input type="checkbox"/>	The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.													
<input type="checkbox"/>	Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
	<table border="1"> <thead> <tr> <th>APPRENTICESHIP PROGRAM NAME</th> <th>REGISTERED</th> <th>NAME OF LABOR CLASSIFICATION</th> </tr> </thead> <tbody> <tr> <td></td> <td> <input type="checkbox"/> OA    <input type="checkbox"/> SAA               </td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> OA    <input type="checkbox"/> SAA               </td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> OA    <input type="checkbox"/> SAA               </td> <td></td> </tr> </tbody> </table>	APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION		<input type="checkbox"/> OA <input type="checkbox"/> SAA			<input type="checkbox"/> OA <input type="checkbox"/> SAA			<input type="checkbox"/> OA <input type="checkbox"/> SAA		
APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION												
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The contractor or subcontractor certifies the following:

- **Accuracy of Payroll Information:** The payroll information submitted is complete and accurate.
- **Record Maintenance:** All payroll records are accurate, organized, and ready for inspection.
- **Proper Classification of Work:** Workers have been classified correctly and paid for the work they performed.

## Apprenticeship Program Certification

<input type="checkbox"/>	Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.													
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APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION												
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If your project includes apprentices, ensure they are part of an approved program and are being treated fairly. Confirm the following:

- **Registered Apprenticeship Programs:** Apprentices must be registered in a legitimate apprenticeship program approved by the Department of Labor's Office of Apprenticeship (OA) or a State Apprenticeship Agency (SAA).
- **Program Details:** List specific details about the apprenticeship program, including the name of the program and the specific labor classification the apprentice was employed.

## Hourly Credit for Fringe Benefits Section

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**  
*If an amount is listed in (GB) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.*

NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	TOTAL HOURLY CREDIT	
	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE			
	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.				
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded		
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All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ 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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

This section ensures contractors report fringe benefits accurately when they are contributed to bona fide plans, funds, or programs. Cash payments made directly to workers should not be included in this section. Here’s how to complete it:

- **Fringe Benefits Overview:** Report all contributions made to approved fringe benefit plans, funds, or programs. Do not include cash payments made instead of benefits.
- **Columns:** Include the name of the worker, fringe benefit name, type, plan number, funded vs. unfunded status, hourly credit, and total hourly credit.
- **Certification Statement:** Certify that all reported fringe benefit contributions comply with labor laws and that workers have been paid their full weekly wages with no unauthorized deductions.

## Signing Off & Additional Remarks

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ 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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

- **Additional Remarks:** Use this space to explain any unusual circumstances or provide extra details about your payroll report.
- **Signature of Certifying Official:** The certifying official’s signature is a legal stamp of approval that confirms:
  - Workers were paid in line with prevailing wage requirements.
  - All information on the form is true and correct.
  - Your company is fully compliant with federal labor regulations.

## Include Contact Information

Ensure that the authorized certifier also includes:

- The certification date.
- A current phone number and email address for any follow-up or verification requests from the Department of Labor (DOL) or other relevant agencies.

## Falsification Warning

This isn't just a casual notice—it's a critical alert. The form makes it clear that deliberately providing false information can result in:

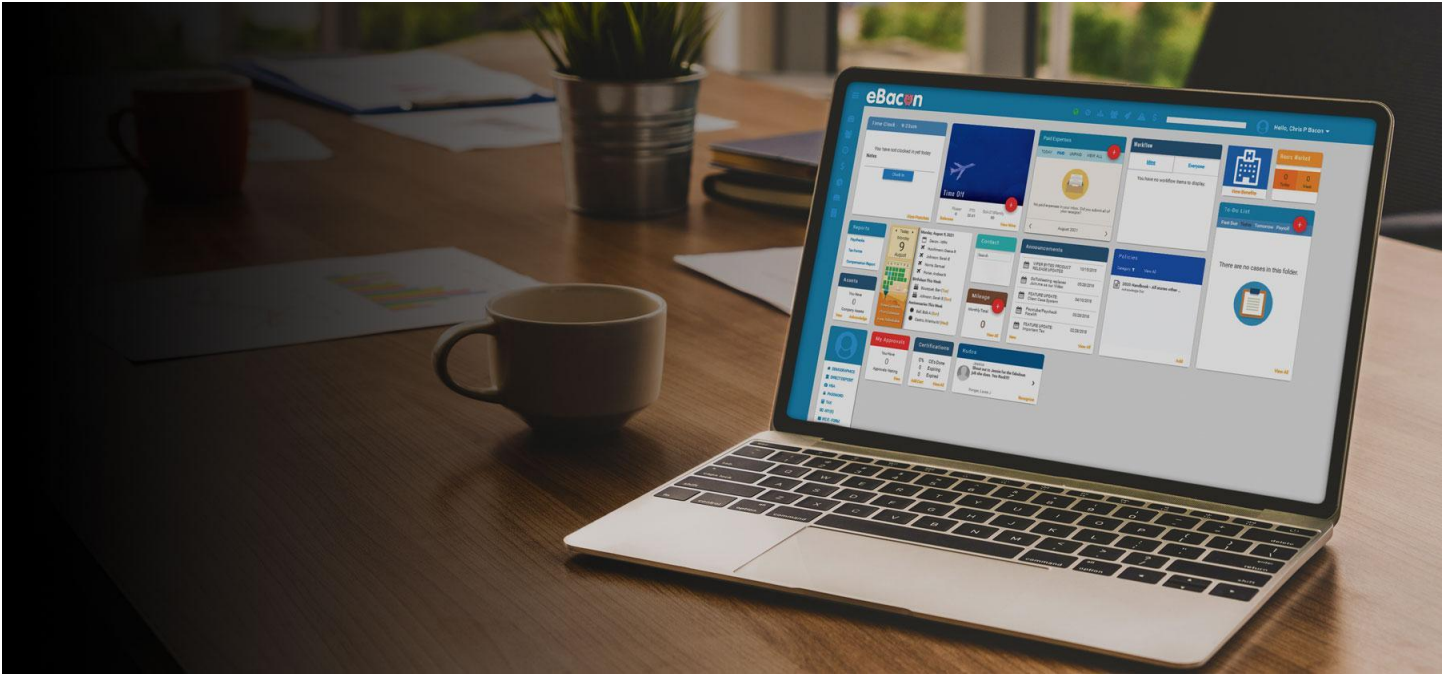
- Legal action, including civil or criminal charges under Title 18 and Title 31 of the U.S. Code.
- Disqualification from future federal or federally funded contracts.

Bottom line? Follow the rules. This warning highlights the serious responsibility of certification and the necessity of accuracy.



## The Importance of Properly Completing the WH-347 Form

1. **Regulatory Compliance:** The Davis-Bacon and Related Acts (DBRA) impose strict requirements on federally funded construction projects. Accurately completing the WH-347 form ensures adherence to federal wage laws, helps avoid substantial penalties, and prevents project delays. Noncompliance can have consequences beyond financial loss, it can damage your professional reputation.
2. **Accountability and Transparency:** This form serves as documented proof that your business upholds fair labor practices. By clearly reporting wages, hours, and benefits, you demonstrate that all workers are being compensated appropriately. Transparency is not just an ethical obligation—it strengthens trust and credibility in your business.
3. **Enhanced Business Opportunities:** A strong record of compliance with federal regulations can set you apart in a competitive market. Agencies and clients prefer contractors who are organized and capable of meeting government requirements. Properly managing the WH-347 form can be a key factor in securing future public contracts.



## Simplifying Certified Payroll Reporting with Technology

Certified payroll reporting doesn't have to be a challenge. The most effective approach? Leverage technology to streamline the process, allowing you to focus on construction rather than paperwork. Here's how to make payroll management more efficient:

1. **Automate Payroll Calculations:** Manual payroll processing is both time-consuming and prone to errors. Utilizing construction-specific payroll software, [such as eBacon](#), ensures precise calculations for regular wages, overtime, fringe benefits, and deductions. Automation minimizes errors and simplifies compliance.
2. **Efficiently Manage Fringe Benefits:** Whether providing funded benefits like pensions and health insurance or offering cash in lieu, maintaining accurate records is essential. Advanced payroll solutions, [like eBacon](#), facilitate seamless tracking and documentation, reducing administrative burden.
3. **Maintain Compliance Proactively:** Labor laws and wage determinations are constantly evolving. Staying informed about federal and state regulations is crucial to avoiding compliance issues. Regularly reviewing updates ensures your payroll practices remain accurate and legally compliant.

The WH-347 form is a critical reporting tool for ensuring compliance with federal wage laws on construction projects. By understanding the requirements and accurately completing the form, payroll managers and accountants can avoid compliance issues, ensure fair payment to workers, and maintain the integrity of their operations.

This comprehensive guide provides the information and tips needed to master the 2025 revised WH-347 form. By following best practices, using the right tools, and staying informed about regulatory changes, you can streamline your payroll processes and focus on what matters most—delivering successful construction projects.

The image shows the cover of the U.S. Department of Labor Davis-Bacon and Related Acts Weekly Certified Payroll Form (WH-347). The form includes fields for Project Name, Project No./Contract No., Certified Payroll No., and Business Name. It also features a grid for recording worker information, including hours worked, wages, and deductions. The form is dated January 2025 and includes the OMB No. 1235-0028.

eBacon is a software & service that manages your certified payroll in one easy system. We combine mobile time tracking, fringe benefit management, payroll, and reporting to keep you safe while saving a typical client 20 hours a week and \$67k a year.



Want even more information?

Visit [eBacon.com](http://eBacon.com)

**Contact Information:**

- Email: [infobits@ebacon.com](mailto:infobits@ebacon.com)
- Phone: 833-4-eBacon

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