

Understanding the Revised WH-347 Form

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Abingdon Field Office



VIRGINIA DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT
Partners for Better Communities

Davis-Bacon and Related Acts (DBRA)

What is DBRA?

- Applies to contractors and sub-contractors in federally funded construction projects over \$2,000
- Requires payment of local prevailing wages

Contractor Responsibilities


- Must pay required prevailing wage based on Wage Determinations issued by DHCD
- Must maintain and submit weekly certified payrolls
(WH-347)



What's Changed on the WH-347?

Key Updates:

- Submission of Final DBRA Certified Payroll Form Checkbox
- Wage Determination Number

U.S. Department of Labor Wage and Hour Division	Davis-Bacon and Related Acts Weekly Certified Payroll Form (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) 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	

What's Changed? | Statement of Compliance

- Certifies that payroll data is accurate
- Confirms apprentices are registered in approved programs
- Acknowledges legal responsibility for reporting

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
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	

What's Changed? | Statement of Compliance

- Report on all contributions to benefit plans

<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.												
HOURLY CREDIT FOR FRINGE BENEFITS													
<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		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	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	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	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		
								(____) ____-____					
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.													

What a Reviewer Sees

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
Possumville Theatre Restoration Project	26-01-01	1	Highway Construction Company
PROJECT LOCATION	WAGE DETERMINATION NO.	WEEK ENDING DATE	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS
282 Marsupial Highway, Possumville, VA	VA20260009	03/27/2026	1004 Easy street, Lynchburg, VA

(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)				(9)						
							ST	HOURS WORKED EACH DAY												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			
								S	M	T	W	T	F														TAX WITH-HOLDINGS	FICA	OTHER (SPECIFIED BELOW)	TOTAL DEDUCTIONS
1	Ketchum	Jennifer		1980	J	Excavator	ST		8.00	8.00	8.00	8.00	8.00	43.00	\$14.50	\$0.00	\$0.00	\$645.25	\$645.25	\$66.00	\$48.99	\$0.00	\$114.99	\$530.26						
							OT		2.00				1.00		\$21.75															
2	Charapich	Kelly		1991	J	Carpenter	ST		8.00	8.00	8.00	8.00	40.00	\$17.26	\$0.00	\$0.00	\$690.40	\$690.40	\$66.00	\$53.00	\$0.00	\$119.00	\$571.40							
							OT																	\$25.89						
3	Flatley	William		1965	J	Truck Driver	ST		8.00	8.00	8.00	8.00	32.00	\$14.57	\$0.00	\$0.00	\$466.24	\$466.24	\$47.00	\$45.00	\$0.00	\$92.00	\$374.24							
							OT																	\$21.88						
							ST							\$																
							OT							\$																
							ST							\$																
							OT							\$																
							ST							\$																
							OT							\$																
							ST							\$																
							OT							\$																

Wage Determination #

Job Classification

Prevailing Wage

Total Hours Worked

Gross Pay

Net Pay

What a Reviewer Sees Continued

PROJECT NAME	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME
Possumville Theatre Restoration Project	26-01-01	1	Highway Construction Company
PROJECT LOCATION	WEEK ENDING DATE		CERTIFYING OFFICIAL'S NAME AND TITLE
282 Marsupial Highway, Possumville, VA	03/27/2026		Archibald Marsupial III, Owner and President

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:

- 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.
- 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.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- 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.
- 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.

All applicable certifications checked

HOURLY CREDIT FOR FRINGE BENEFITS

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.

NAME OF WORKER	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		
	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.		
	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input checked="" type="checkbox"/> Unfunded	
Jennifer Ketchum	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	\$0.00
Kelly Charapich	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	\$0.00
William Flatley	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	Hourly Credit: \$0.00	\$0.00
	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	\$
	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	\$
	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	\$
	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	\$
	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	Hourly Credit: \$	\$

Fringe Plan Details, if applicable

- 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

Original Signature

SIGNATURE OF CERTIFYING OFFICIAL	DATE	TELEPHONE NUMBER	EMAIL ADDRESS
	04/07/2026	(000) 867-5309	amarsupial@highwayco.net

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.

Common Mistakes

- **Incorrect Wage Determination #**
- **Incorrect Job Classification/Prevailing Wages**
- **Fringe Benefits**
- **Misreporting Hours Worked**
- **Missing Certifications**
- **Failure to Transition to New Form** – The old WH-347 expires on **September 30th, 2026**.



Questions?



**VIRGINIA DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT**
Partners for Better Communities

THANK YOU!

Have more questions? Contact me at:
e-mail: marcia.dempsey@dhcd.virginia.gov



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