



**Instructions for Completing the
Report of Construction
Contractor's Wage Rates**

Form WD-10

**Form WD-10
Davis-Bacon Wage Survey
Report of Construction
Contractor's Wage Rates**

OMB No. 1215-0048 Expires 09/01/2002 Rev. Dec 2000

**U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division**



1. Please indicate the full name, address and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

NAME OF CONTRACTOR/SUBCONTRACTOR

ADDRESS

CITY **STATE** **ZIP**

PHONE **EXTENSION** **FAX**

2. Submitter information

LAST NAME AND FIRST NAME

TITLE

ORGANIZATION

PHONE **EXTENSION** **FAX**

EMAIL ADDRESS

3. Please supply the complete name of the project, project description (area within a building, highway section, specific room number, etc.), address, and name of General/Prime Contractor if different from Item 1.

FULL NAME OF PROJECT

PROJECT DESCRIPTION

ADDRESS

CITY

STATE **COUNTY**

NAME OF GENERAL / PRIME CONTRACTOR

INSTRUCTIONS - Please enter the information in the white boxes and fill in the circles as appropriate. You can either hand print the information in blue or black ink, or use a typewriter or printer. Detailed instructions for completing this form (or obtaining additional copies), as well as definitions for many of the terms used on this form are found on a separate instruction page.

We estimate that it will take an average of 20 minutes to complete this collection of information, including the 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send

them to: U.S. Department of Labor, Wage and Hour Division, Administrator, Room S-3502, 200 Constitution Avenue NW, Washington, DC 20210.

NOTE: This form is used by the U.S. Department of Labor to determine the locally prevailing wage rates under the Davis-Bacon and related Acts. The submission of wage data is encouraged but is voluntary. This is an optional form provided to ensure consistency in submission of wage data. Respondents may use an alternate form if all the information requested is included. The identity of the Respondent will be kept confidential to the maximum extent possible under existing law. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

4. Indicate if project is subject to a Federal (Davis-Bacon) or state wage determination.

FEDERAL **STATE** **NEITHER**

5. Please select one choice at right.

I AM THE **GENERAL/PRIME CONTRACTOR** **SUBCONTRACTOR**

A. Please provide a list, on the enclosed form, of any subcontractors you used on this project, including addresses and phone numbers.

- THE LIST IS BEING RETURNED WITH THIS FORM**
- THE LIST WAS PROVIDED EARLIER**
- THERE ARE NO SUBCONTRACTORS**

B. For the project being reported on this form state the date the work

BEGAN
MM / DD / YYYY

ENDED
MM / DD / YYYY

ESTIMATED **ACTUAL**

PROJECT VALUE
\$

C. If you are a Subcontractor for the project being reported indicate the date your work

BEGAN
MM / DD / YYYY

ENDED
MM / DD / YYYY

ESTIMATED **ACTUAL**

SUBCONTRACT VALUE
\$

6. Please fill in the circle indicating the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please mark the additional type.

- APARTMENT BUILDING***
- BICYCLE PATH**
- BRIDGE OVER NAVIGABLE WATER**
- BRIDGE (ANY OTHER TYPE)**
- DORMITORY**
- HOSPITAL**
- OTHER**
- MOTEL/HOTEL**
- NURSING/ASSISTED LIVING FACILITY***
- OFFICE/COMMERCIAL BUILDING**
- PAVING**
- PARKING LOT**
- PLAYGROUND**
- RESIDENTIAL***
- ROAD/STREET/HIGHWAY/DRIVE**
- SCHOOL**
- SITE PREPARATION**
- TREATMENT PLANT**
- WATER/SEWER**

* If you selected APARTMENT, NURSING FACILITY, or RESIDENTIAL:

- NUMBER OF STORIES**
- KITCHEN IN EACH UNIT?** (if yes, fill in circle.)
- BATH IN EACH UNIT?** (if yes, fill in circle.)

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7. Classifications and Fringe Benefit Information. In the questions below, CBA stands for Collective Bargaining Agreement. In the five benefit-related columns, please describe the benefits (if any) for each classification, and also tell us how they are paid. If the benefit is paid out periodically, tell us how much you pay and how frequently you pay it, using a single letter abbreviation. Use 'H' for hourly, 'D' for daily, 'W' for weekly, 'M' for monthly, and 'Y' for

yearly. If the benefit is paid as a percentage of the hourly rate, check the appropriate box, then tell us the percentage using the boxes below the checkbox. Regarding the Vacation & Holiday and additional benefit columns, if appropriate, tell us how many days are paid annually.

If you only supplied building materials, and no employees worked on the project, then fill in the circle below. You may skip the rest of this question, and sign and date the form.

ONLY SUPPLIED MATERIALS

CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	HEALTH & WELFARE	PENSION (401K, ETC)	APPRENTICE TRAINING	VACATION & HOLIDAY	ADDITIONAL FRINGE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>
			<input type="radio"/> % OF HOURLY RATE <input type="text"/>	<input type="radio"/> % OF HOURLY RATE <input type="text"/>	<input type="radio"/> % OF HOURLY RATE <input type="text"/>	<input type="radio"/> % OF HOURLY RATE <input type="text"/>	<input type="radio"/> % OF HOURLY RATE <input type="text"/>
			<input type="radio"/> # DAYS PER YEAR <input type="text"/>	<input type="radio"/> # DAYS PER YEAR <input type="text"/>	<input type="radio"/> # DAYS PER YEAR <input type="text"/>	<input type="radio"/> # DAYS PER YEAR <input type="text"/>	<input type="radio"/> # DAYS PER YEAR <input type="text"/>

8. COMMENTS OR REMARKS

DESCRIPTION OF ANY ADDITIONAL FRINGE (SEE LAST COLUMN OF ITEM 7)

YOUR SIGNATURE

Note: The willful falsification of any submitted information may result in civil or criminal prosecution. See 18 U.S.C.1001.
 DATE




Section II

Instructions for Completing the Report of Construction Contractor's Wage Rates

Davis-Bacon Wage Survey

The Report of Construction Contractor's Wage Rates form is used by the U.S. Department of Labor (DOL) to determine the locally prevailing wage rates under the Davis-Bacon and Related Acts. The Department estimates that it will take approximately 20 minutes to complete this form. This form is machine readable, therefore it should not be photo copied. Hand-printed letters/numbers are to be placed in the white boxes, and circles are to be filled in, where appropriate. If a typewriter or printer is used to complete this form, you do not have to worry about inserting the letter/number exactly in the white box. If DOL has the name and address of contractors, then that information will appear above the white boxes. The following sample shows a blank Item 1 from the WD-10.

In this section, the contractor/subcontractor would fill in the data for each field.



1. Please indicate the full name, address and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

NAME OF CONTRACTOR/SUBCONTRACTOR																							
ADDRESS																							
CITY												STATE						ZIP					
PHONE				EXTENSION				FAX															

ITEM 3

In **Item 3**, provide the name of the **project and description**, and complete project **address**. Include the name of the **General/Prime Contractor** if different from Item 1.



3. Please supply the complete name of the project, project description (area within a building, highway section, specific room number, etc.), address, and name of General/Prime Contractor if different from Item 1.

FULL NAME OF PROJECT	
G a i t h e r s b u r g	T o w e r A p t
PROJECT DESCRIPTION	
A P A R T M E N T B U I L D I N G	
ADDRESS	
2 6 5 3	C o u r t h o u s e R o a d
CITY	
G a i t h e r s b u r g	
STATE	COUNTY
M D	M o n t g o m e r y
NAME OF GENERAL / PRIME CONTRACTOR	
A b l e	C o n s t r u c t i o n C o m p a n y

ITEM 4

In **Item 4**, indicate whether the project was subject to a **Federal (Davis Bacon)** or **State Wage Determination**. More than one source can be indicated.



4. Indicate if project is subject to a Federal (Davis-Bacon) or state wage determination.

- FEDERAL STATE NEITHER

ITEM 5

In **Item 5A**, if the contractor has subcontractors engaged on this project, complete the Addendum to Form WD-10 and provide the name, address, and telephone number of each subcontractor engaged on this project. Each of these subcontractors will then be sent a Form WD-10. Do not include those firms that supply materials only.

Indicate if the list of subcontractors is being **returned with this form** or if it was **provided earlier**.

In **Item 5**, indicate whether the contractor is a **General** or **Prime Contractor**, or a **subcontractor**.

If you are a General or Prime Contractor, complete 5A and 5B and complete the Addendum to Form WD-10 (provided at the end of Section II after the sample WD-10). On Addendum to Form WD-10 provide the name, address, and phone number for your subcontractors involved on each project for which you are submitting a WD-10.

If you are a subcontractor, complete 5C and enter the name and address of the General or Prime Contractor, as well as any lower tier subcontractor, on the Addendum to Form WD-10.

5. Please select one choice at right.

I AM THE GENERAL/PRIME CONTRACTOR SUBCONTRACTOR

A. Please provide a list, on the enclosed form, of any subcontractors you used on this project, including addresses and phone numbers.

THE LIST IS BEING RETURNED WITH THIS FORM

THE LIST WAS PROVIDED EARLIER

THERE ARE NO SUBCONTRACTORS

B. For the project being reported on this form state the date the work

BEGAN
 0 2 1 5 1 9
 9 9 / D D / Y Y Y Y

ENDED
 0 2 2 0 2 0
 0 0 / D D / Y Y Y Y

ESTIMATED ACTUAL

PROJECT VALUE
 \$ 3 , 0 0 0 , 0 0 0

C. If you are a Subcontractor for the project being reported indicate the date your work

BEGAN
 M M / D D / Y Y Y Y

ENDED
 M M / D D / Y Y Y Y

ESTIMATED ACTUAL

SUBCONTRACT VALUE
 \$

In **Item 5B**, if you are a General or Prime Contractor, record the **date** that any work **started** on this project, the **completion date** of the project and indicate if it is the **actual** (already completed) or an **estimated** date, and the approximate dollar **value** of the entire project.

In **Item 5C**, if you are a subcontractor, record the **date** that you **started** work on this project, the **completion date** of the project and indicate if it is the **actual** (already completed) or **estimated** date, and the approximate dollar **value** of your subcontract.

ITEM 6

In **Item 6**, indicate the type of construction being reported. If none of the Construction types matches project, fill in the circle next to **OTHER**, and indicate the type of construction. If you selected **APARTMENT BUILDING, NURSING/ASSISTED LIVING FACILITIES**, or **RESIDENTIAL**, provide the number of stories, and fill in the circle(s) if there was a kitchen and/or bath in each unit.



6. Please fill in the circle indicating the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please mark the additional type.

<input type="radio"/> APARTMENT BUILDING *	<input type="radio"/> MOTEL/HOTEL	<input type="radio"/> RESIDENTIAL *
<input type="radio"/> BICYCLE PATH	<input type="radio"/> NURSING/ASSISTED LIVING FACILITY *	<input type="radio"/> ROAD/STREET/HIGHWAY/DRIVE
<input type="radio"/> BRIDGE OVER NAVIGABLE WATER	<input type="radio"/> OFFICE/COMMERCIAL BUILDING	<input type="radio"/> SCHOOL
<input type="radio"/> BRIDGE (ANY OTHER TYPE)	<input type="radio"/> PAVING	<input type="radio"/> SITE PREPARATION
<input type="radio"/> DORMITORY	<input type="radio"/> PARKING LOT	<input type="radio"/> TREATMENT PLANT
<input type="radio"/> HOSPITAL	<input type="radio"/> PLAYGROUND	<input type="radio"/> WATER/SEWER
<input type="radio"/> OTHER	<input type="text"/>	

*** If you selected APARTMENT, NURSING FACILITY, or RESIDENTIAL:**

<input type="text"/> <input type="text"/> NUMBER OF STORIES	<input type="radio"/> KITCHEN IN EACH UNIT? (If yes, fill in circle.)	<input type="radio"/> BATH IN EACH UNIT? (If yes, fill in circle.)
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ITEM 7

In **Item 7**, indicate the job titles of all **workers/persons** employed on the project (e.g., Carpenters, Electricians) and the **type of work performed** (e.g., power equipment operated, type of laborer). Exclude apprentices in approved programs, and trainees in formal programs.

For each classification, indicate whether the contractor is signatory to a collective bargaining agreement (CBA) by filling in the circle **Y** or **N** next to Paid Under A CBA.

Furnish the **basic hourly rate** of pay for each worker or classification.

CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE
C a r p e n t e r	M M / D D / Y Y Y Y	\$
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA?
F r a m i n g		<input type="radio"/> Y <input type="radio"/> N

For each classification, provide the **number of workers** employed during the peak week.

Enter the ending **date**, in MMDDYYYY format, of the work week in which the largest number of that classification worked on the project (peak week).

If more than one wage rate was paid to these workers, a second classification should be entered and different rates should be entered for each job title classification.

DAVIS-BACON WAGE SURVEY - SUBCONTRACTOR LIST

U.S. DEPARTMENT OF LABOR

Addendum to Form WD-10, OMB No. 1215-0046

Side 1

1. Please identify by name, address, phone number, your **subcontractors** that performed work on each **project** for which a **WD-10** is being submitted.
2. Please **PRINT** each character into the *white* box with **blackblue** pen or **TYPE** information into the *white* boxes.

PROJECT NAME ON WD-10	SUBCONTRACTOR
NAME	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK
NAME Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK
NAME Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK
NAME Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK

