



Response to Wage Claim

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY - PLEASE DO NOT LEAVE ANY BLANK SPACES

WORKER'S NAME: _____

WHAT IS THE NAME AND ADDRESS OF BUSINESS:

Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____ Cell #: _____ Fax #: _____

Email Address: _____

How Would You Prefer to be Contacted: Email US Mail

Federal ID: _____ Contractor Registration No: _____

IS THE BUSINESS INCORPORATED? Yes No In What State? _____

If Yes, What is the Legal Corporate Name: _____

Registered Agent Name: _____

Registered Agent Address: _____

City, State, Zip: _____

Phone #: _____ Cell #: _____ Fax #: _____

IF BUSINESS IS NOT INCORPORATED, WHO IS THE OWNER:

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Cell #: _____ Fax #: _____

IF BUSINESS IS A PARTNERSHIP, PLEASE LIST THE PARTNERS AND ADDRESSES:

LIST OTHER BUSINESSES OPERATED BY CORPORATION OR OWNER:

TO DETERMINE JURISDICTION:

Did the Business' Gross Annual Sales for the Previous Year Exceed \$500,000? Yes No

- If No, Was it Less Than \$110,000? Yes No

Did the Worker Deal in Interstate Commerce? (Such as individuals involved in Interstate Trucking, Credit Card Transactions, Mail and/or Telephone Transaction with Other States) Yes No

Is the Business Still Operating? Yes No

Worker's Starting Date: _____

Employment Status: Quit Laid Off/Discharged Still Employed

Last Date of Employment: _____

Length of Pay Period (ex. weekly, bi-weekly, semi-monthly, etc.): _____

Day your work week begins (ex. Sunday, Monday, etc.): _____

What was the agreed upon rate of pay? Hourly: _____ Salary: _____

Other: _____

Was this agreement: Oral Written --- If written, submit a copy of the agreement.

Does the Worker owe for any goods or services purchased or cash advances against wages? Yes No

- If yes, how much: _____

Has the Worker been paid any of the wages in question? Yes No

- If yes, indicate gross amount paid: _____ Date Paid: _____

Cash? _____ Check No.? _____

Other (Explain) _____

What gross amount do you acknowledge is owed to the Worker? _____

STATE THE REASON, IN DETAIL, FOR NOT PAYING THE AMOUNT ALLEGED BY THE WORKER:

Also attach any additional Information you feel is necessary for us to resolve the claim.

SIGNATURE

Date: _____

Name & Title: _____