

EMPLOYER'S WAGE CLAIM RESPONSE FORM



PLEASE PRINT ALL INFORMATION

Division of Labor
1000 East Grand Avenue
Des Moines, Iowa 50319-0209
Phone: 800-562-4692
Fax: 515-281-7995

www.iowaworkforce.org/labor/wage.htm



Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.
309-6059 (10-11)

CLAIMANT

WAGE CLAIM NO. _____

EMPLOYER

GENERAL INFORMATION:

1. What is the name and address of the business?

Name: _____ Address: _____
City, state and zip code: _____ Telephone No.: (_____) _____
Fax No.: (_____) _____ E-mail Address: _____

2. Is the business incorporated? Yes No

If Yes, fill out the following information

In what state? _____

Who is the president?

Name: _____ Address: _____
City, state and zip code: _____ Telephone No.: (_____) _____
Cell Phone: (_____) _____ E-mail Address: _____

Who is the registered agent?

Name: _____ Address: _____
City, state and zip code: _____ Telephone No.: (_____) _____

If No, fill out the following information

Who is the owner? _____

Name: _____ Address: _____
City, state and zip code: _____ Telephone No.: (_____) _____
Cell Phone: (_____) _____ E-mail Address: _____

3. Is the business still operating? Yes No

4. Is the business in receivership? Yes No

5. Is the business in bankruptcy? Yes No

If Yes, fill out the following information

Federal Bankruptcy District _____ Filing date _____

Case No.: _____ Trustee's/Receiver's/Name: _____

Trustee's/Receiver's complete address: _____

Telephone No.: (_____) _____ E-mail Address: _____

6. List other businesses operated by the corporation or owner: _____

7. List all banks or bank accounts used by the corporation or owner: _____

EMPLOYER'S WAGE CLAIM RESPONSE FORM (continued)

PLEASE PRINT ALL INFORMATION

EMPLOYMENT AGREEMENT:

8. Who hired the claimant? _____ Claimant hire date: _____
Claimant's starting date: _____ Last date of employment: _____

9. Rate of pay? \$ _____ Check one: Hourly Monthly Biweekly Weekly Payday: _____
If other explain: _____

10. This agreement was: Oral Written (If **Written**, provide a copy of the agreement)

11. The method of payment was: Check Cash Direct Deposit Other (If **Other**, attach an explanation)

12. Were social security and withholding taxes deducted? Yes No

13. Did the claimant sign any documents authorizing other deductions? Yes No (If **Yes**, provide a copy and an explanation)

14. Does the claimant have any property belonging to the employer? Yes No (If **Yes**, attach an explanation)

15. If the claim is for hourly wages or salary, did the claimant work the weeks, days, and/or hours as claimed? Yes No
(If **No**, provide a copy of records and an explanation of the difference)

16. If the claim is for wages determined by task, piece, commission or other method of calculation, is the claim a correct statement of services performed? Yes No (If **No**, provide a copy of records and an explanation of the difference)

17. If the claim is for sick pay, vacation pay, bonuses or other amounts promised to the claimant, do you have a policy or practice of making such payments? Yes No (Attach copies of any written policies or agreements)
If **Yes**, did the claimant meet the conditions of such policies or practices? Yes No (Attach an explanation)

18. Has the claimant been paid any of the wages in question? Yes No

If **Yes**, fill out the following information

Gross amount paid: _____ Date Paid: _____ Cash Check Other

(If **Check**, provide check No.) _____ (If **Other**, explain and provide pay stubs and/or calculations)

19. In the space provided below or as an attachment, provide the gross amount of wages you acknowledge to be owed the claimant.

20. In the space provided below or as an attachment, explain your reasons for not paying the amount alleged by the claimant.

I HEREBY STATE THAT THIS IS A COMPLETE, TRUE AND ACCURATE STATEMENT OF THE FACTS RELATING TO THE CLAIM TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Employer's Name: _____

PRINT

Employer's Signature: _____

SIGN

Title: _____

Date: _____