

EMPLOYER'S WAGE CLAIM RESPONSE FORM

DIVISION OF LABOR
1000 EAST GRAND AVENUE
DES MOINES, IOWA 50319-0209
(515) 281-5337 or 1-800-562-4692
Fax - (515) 242-5076
www.iowaworkforce.org/labor/wage.htm



PLEASE PRINT
ALL INFORMATION

CLAIMANT)	
EMPLOYER)	WAGE CLAIM NO. _____

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**, in what state? _____

3. **If Yes**, 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.: (_____) _____

4. **If No**, who is the owner?
 Name: _____ Address: _____
 City, state and zip code: _____ Telephone No.: (_____) _____
 Cell Phone: (_____) _____ E-Mail Address: _____

5. Is the business still operating? Yes No In receivership? Yes No In bankruptcy? Yes No
If business is in bankruptcy, list Federal Bankruptcy District and date of filing:

Case No.: _____ Trustee's/Receiver's/Name: _____
 Trustee's/Receiver's complete address: _____
 Telephone No.: (_____) _____ E-Mail Address: _____

7. List other businesses operated by the corporation or owner:

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

EMPLOYMENT AGREEMENT:

9. Who hired the claimant? _____ Date of Hire _____

10. Claimant's starting date: _____ Last date of employment: _____

11. Rate of pay? \$ _____ Per Hour /Week/Biweekly/Monthly (Circle one) Payday _____
If other (Explain): _____

12. Was this agreement oral written? If written, please provide copy.

13. What is the method of payment? Check Cash Direct Deposit Other If other, attach explanation:

14. Did you deduct social security and withholding taxes? Yes No

15. Did the claimant sign any documents authorizing other deductions? Yes No If yes, attach copies and explanation.

16. Does the claimant have any of your property? Yes No If yes, attach explanation.

17. 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, explain the difference and attach copies of records to substantiate:

18. 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, explain the difference and attach copies of records to substantiate:

19. If the claim is for sick pay, vacation pay, bonuses or other amounts promised the claimant, do you have a policy or practice of making such payments? Yes No **ATTACH COPIES OF ANY WRITTEN POLICIES OR AGREEMENTS.**
Did the claimant meet the conditions of such policies or practices? Yes No (Explain):

20. Has the claimant been paid any of the wages in question? Yes No If yes, indicate gross amount paid: _____
Date paid: _____ Cash? _____ By Check No.? _____
Other (Explain) attach copies of pay stubs/calculations: _____

21. What gross amount do you acknowledge is owed the claimant? _____

22. State 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.

DATE _____ EMPLOYER'S SIGNATURE _____ TITLE _____

PRINT NAME