

Utah State Labor Commission  
 Wage Claim Unit  
 160 East 300 South, Third Floor  
 P.O. Box 146630  
 Salt Lake City, Utah 84114-6630  
 Telephone No. 801-530-6801  
 Fax No. 801-530-6282  
 Hours: Monday-Friday 8:00 am to 5:00 pm  
 Web site: [www.laborcommission.utah.gov](http://www.laborcommission.utah.gov)

PLEASE PRINT IN INK  
 ALL INFORMATION

**WAGE CLAIM INVESTIGATION  
 PLEASE COMPLETE AND  
 RETURN TO LABOR COMMISSION**

Claimant	)	
	)	Employer's Response
	)	<b>Wage Claim No.</b>
	)	
Employer	)	

**GENERAL INFORMATION**

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

Name: \_\_\_\_\_ Tax ID No: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

2. Is the business incorporated? Yes \_\_\_\_\_ No \_\_\_\_\_

3. If yes, Who is the president or Owner?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

4. Who is the Registered Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

5. Is the business still operating? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has any action been filed in the bankruptcy court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give place and date of filing: \_\_\_\_\_

Case No.: \_\_\_\_\_ Trustee's Name: \_\_\_\_\_

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

**EMPLOYMENT AGREEMENT:**

1. Who hired the Claimant? \_\_\_\_\_ Date: \_\_\_\_\_

2. Claimant's starting date: \_\_\_\_\_

3. Last date of employment: \_\_\_\_\_

4. What was the agreed-upon rate of pay? Hourly \_\_\_\_\_ Weekly \_\_\_\_\_

Other (Explain) \_\_\_\_\_

5. Was this agreement: Oral \_\_\_\_\_ Written \_\_\_\_\_

6. What were the dates/days of your scheduled paydays? \_\_\_\_\_

7. Are employees paid by: Check \_\_\_\_\_ Cash \_\_\_\_\_ Other (Explain) \_\_\_\_\_

8. Did you deduct social security and withholding taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Did the claimant sign any documents authorizing other deductions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

10. Does the claimant have any of your property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, (explain) \_\_\_\_\_

11. 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 time cards and other records to substantiate: \_\_\_\_\_

12. 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: \_\_\_\_\_

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

14. Has the claimant been paid any of the wages in question? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate gross amount paid: \_\_\_\_\_ Date paid: \_\_\_\_\_

Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Other (Explain) \_\_\_\_\_

15. What gross amount do you acknowledge is owed the claimant? \_\_\_\_\_

16. State your reasons for not paying the amount alleged by the claimant: \_\_\_\_\_

I UNDERSTAND THAT MY RESPONSE TO THE ABOVE QUESTIONS TOGETHER WITH COPIES OF RECORDS AND DOCUMENTS ATTACHED WILL BE MADE PART OF THE RECORD AND A COPY WILL BE MAILED TO THE CLAIMANT.

I HEREBY CERTIFY 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title