

STATE OF
NEW HAMPSHIRE
DEPARTMENT OF LABOR
PO BOX 2076
CONCORD, NH 03302-2076

WAGE CLAIM
Filed under RSA 275:51

Contact Information

Phone (603) 271-3176

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CLAIMANT

Name _____ SSN (optional) _____

Mailing Address _____
(Street) (City/Town) (State) (Zip)

E-Mail Address (optional) _____

Telephone-Home _____ Cell _____ Work _____

EMPLOYER

Establishment name _____ Telephone: _____

Mailing Address _____
(Street) (City/Town) (State) (Zip)

Representative _____ Title _____

Type of business _____ Employer ID # _____

Did you complete a W-4 form? Yes No Unsure

Was your employer a sub-contractor? No Yes If YES, complete section below

Name of Prime Contractor (if applicable) _____ Telephone _____

Address _____
(Street) (City/Town) (State) (Zip)

Employee Leasing Company (if applicable) _____ Telephone _____

Address _____
(Street) (City/Town) (State) (Zip)

CLAIM Describe your claim. Use additional pages if necessary.

TOTAL Amount (required) \$ _____ Type of work _____ Location of work _____

CERTIFICATION

I hereby certify that this is a true statement of the wages owed me by the above employer.

Date _____ Signed _____