

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
PO BOX 2076  
CONCORD, NH 03302-2076  
(603) 271-6294 or (603) 271-1492

**WAGE CLAIM**

Filed under RSA 275:51

**CLAIMANT**

Name \_\_\_\_\_ SSN (optional) \_\_\_\_\_

Mailing address \_\_\_\_\_  
(Street) (City/Town) (State) (Zip Code)

Home Tel.: \_\_\_\_\_ Work or Cell Tel.: \_\_\_\_\_ Ext: \_\_\_\_\_

**EMPLOYER**

Establishment name \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mailing address \_\_\_\_\_

Representative \_\_\_\_\_ Title \_\_\_\_\_

Type of business \_\_\_\_\_ Employer ID # \_\_\_\_\_

Did you complete a W-4 form?  Yes  No  Unsure Was your employer a sub contractor?  Yes  No

Prime contractor's name (if applicable) \_\_\_\_\_

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

Employee leasing co. (If applicable) \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**CLAIM**

Please describe your claim: (attach additional pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount \$ \_\_\_\_\_ 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 \_\_\_\_\_

**ASSIGNMENT**

I grant the Labor Commissioner authorization to settle and adjust my claim, for wages and/or any claim for liquidated damages in the event it is deemed such action to be necessary pursuant to RSA 275 as Amended Section 53, par II.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED