



EMPLOYER AFFIDAVIT OF OWNERSHIP AND HOURS WORKED – WI

STATE OF WISCONSIN, COUNTY OF _____

I, _____, being duly sworn on oath, depose and state as follows:

1. I am the owner of the business known as _____

2. CHECK ONE:

I am the sole owner, 100% ownership

I am a co-owner, _____% of ownership

The other owners are: _____, _____% of ownership

_____, _____% of ownership

_____, _____% of ownership

3. The business listed in paragraph one is a (check one):

Sole proprietorship

Subchapter S corporation

Partnership

Subchapter C corporation

and has been in business since _____

4. Please indicate hours worked per week:

I, _____, work at least _____ hours per week, for the business listed in #1.

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I, _____, work at least _____ hours per week, for the business listed in #1.

UNDER PENALTY OF LAW, I SWEAR THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of owner

Date

Signature of owner

Date

Signature of owner

Date

Signature of owner

Date