

Wage Bond Status Affidavit

West Virginia Division of Labor
Capitol Complex, Building 6, Room 749B
Charleston, WV 25305

Phone (304) 558 7890
Fax (304) 558 3797
<http://www.wvlabor.com>



(Enter Full Company Name (to include dba) as Registered with the WV State Tax Department)

Current Business Mailing Address

| | | | |
|------------------|--|---------|--|
| Project Location | | | |
| Email Address | | | |
| 8 Digit WV TAX # | | PHONE # | |

Type of business: Construction _____ Mining _____ Transportation of Minerals _____

One of the following two sections must be fully completed by the individual or company submitting the affidavit.

BOND EXEMPTIONS

_____ Work is limited to single family dwellings and/or family farming enterprises

_____ No Employees Working in WV *

*If the "NO EMPLOYEES" box was checked above, indicate which category (or type) of exemption that applies:

- _____ Subcontracts all Work
- _____ Mine Permit Holder Only
- _____ All Work Performed by Owners / Partners / Corp Officers Having 20% or more Ownership

If no boxes were checked above, you must complete the box to the right. →

Has your company been engaged in business in West Virginia with employees for a period of five (5) years?

___ YES: If you have not maintained an unemployment account with Workforce WV as verification, additional confirmation of employee activity may be requested. **If you checked yes and this is confirmed, NO BOND IS REQUIRED.**

___ NO: **If you answered no**, enter the amount of bond required, which is calculated at the minimum amount of 4 weeks payroll plus 15% @ FULL CAPACITY or PRODUCTION. \$ _____
Enter # of covered employees working in WV: _____

If you have not already started working but have an upcoming project, indicate your anticipated start date: _____
The estimated payroll for this project once it begins {based on (4) weeks payroll plus 15% at FULL CAPACITY or PRODUCTION} will be \$ _____ representing a total of _____ employees.

I _____ as _____
(print name of owner, partner, member or corp officer) (enter title)

of the above named entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that failure to maintain an adequate wage bond may result in administrative and/or criminal action.

(signature of authorized representative)

(date)

Taken, subscribed, and sworn to before me this _____ day of _____, 20____.

(Notary Public Signature)

My commission expires _____