

EMPLOYER'S ANSWER TO CLAIM FOR WAGES

K-ESLR 104 (Rev. 9-20)

CLAIM NUMBER: _____

MAIL: Employment Standards
401 SW Topeka Blvd.
Topeka, KS 66603-3182

FAX: (785) 368-6462

EMAIL: KDOL.EmploymentStandards@ks.gov

Submit

PLEASE PRINT OR TYPE – COMPLETE ALL THREE PAGES

1. Legal name of business: _____

2. Legal address of business: _____ city: _____ state: _____ ZIP: _____

3. Phone: _____ Fax: _____ Email: _____

Employer's Tax ID Number: _____ KS Unemployment Insurance Tax Number: _____

4. Employer Contact: *name* _____ *Phone:* _____

Address: _____ city: _____ state: _____ ZIP: _____

5. Type of business: _____

COMPLETE THE FOLLOWING THAT APPLIES TO YOUR BUSINESS:

6. Employer is: Corporation Partnership Individual Proprietorship LLC Other Association (*explain under item 32*)

7. **CORPORATION or LLC:** Listed with Kansas Secretary of State? YES NO

8. a. In good standing: YES NO b, Forfeited? YES NO Date: _____

9. Date of incorporation: _____ State of incorporation besides Kansas: _____

10. Names, addresses and titles of corporate officers and/or Managing Members (if different than #2):

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. **PARTNERSHIP:** FULL LIMITED

10. Names of ALL partners: _____ Address: _____

12. **INDIVIDUAL PROPRIETORSHIP:** Residence: (*street, city, state, ZIP*)
Owner: _____

Employer's Answer to Claim for Wages

K-ESLR 104 (Rev. 9-20)

13. Did the claimant work under a WRITTEN CONTRACT? YES NO If YES, attach a copy.

14. Claimant's job title: _____ 15. Type of work: _____

16. First day (mm/dd/yyyy): _____ 17. Last day (mm/dd/yyyy): _____

18. How did you compute the claimant's pay? Mark one or more.
by the: HOUR WEEK TWO WEEK MONTH PIECE WORK COMMISSION MILEAGE OTHER

19. Claimant's RATE OF PAY: Explain the details if the wages were computed on commission, piece work or any basis other than time:
\$ _____ per _____ Explanation: _____

20. Number of days in claimant's PAY PERIOD: _____ 21. Last day of claimant's PAY PERIOD (day of the week): _____

22. Number of days from last day of PAY PERIOD to PAY DAY: _____ 23. Claimant's regular PAY DAY: _____

24. Is the claimant now working for you? YES NO If NO, was the separation related to the wages claimed? YES NO
If YES, explain: _____

WAGES CLAIMED

25. Are some of the wages claimed DUE and UNPAID? YES NO 25. If YES, how much? \$ _____

26. Why did those in authority decide not to pay? Be specific:

Please refer to the CLAIM FOR WAGES document to answer the following questions:

27. What **facts** alleged to be true by the claimant do you say are not true? Refer to each of claimant's answers by the NUMBER OF THE QUESTION. Please be very specific. ANY FACT YOU DO NOT DISPUTE MAY BE TAKEN AS TRUE. If necessary, use space under item 32 and additional pages. ATTACH ANY SUPPORTING DOCUMENTATION.

Employer's Answer to Claim for Wages

K-ESLR 104 (Rev. 9-20)

ANSWER ONLY IF RELEVANT TO THE CLAIM:

28. **OFFSET:** Do you claim to have the legal right to withhold the wages claimed? YES NO

If YES, explain the factual details and your legal authority. Answer under item 32.

Did the claimant consent in writing? YES NO If YES, attach a copy.

29. **CASH SHORTAGE:** Did you fail to pay wages due solely because the funds were not available on pay day? YES NO

If YES, on what date did you discover the shortfall? _____

Explain the events that led to the non-payment. Be specific. Answer under item 32.

30. **VACATION PAY:** Is your vacation policy in writing? YES NO If YES, attach a copy.

What does the employer's policy provide about taking pay instead of time off? Answer under item 32.

Does your policy allow cash payment to any employees? YES NO If YES, explain details under item 32.

31. Is the business or any of its owners, officers and/or members in ACTIVE bankruptcy? YES NO

If YES, please provide the following information:

Person or entity that filed bankruptcy _____

Date of bankruptcy filing _____ Bankruptcy Case # _____

Court in which bankruptcy was filed _____

32. **MORE SPACE FOR ANSWERS:** Begin your responses with the number of the question. Attach additional pages if necessary.

TRUTHFULNESS AND ACCURACY: I do hereby swear or affirm that the information herein is the truth, the whole truth and nothing but the truth, to the best of my knowledge and belief.

Employer signature and title Phone Date

Name of other responsible person providing information Phone Date

EMPLOYMENT STANDARDS