

West Virginia Division of Labor
Wage Bond Owner Exemption Affidavit

Wage & Hour Section
1900 Kanawha Boulevard East
State Capitol Complex, Building 3, Room 200
Charleston, WV 25305



Phone: 304 558 7890
Fax: 304 558 3797
Email: wageandhour@wv.gov
<http://www.labor.wv.gov>

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

Enter Above Current Business Mailing Address

Email Address			
9 Digit FEIN #		Phone #	

I hereby certify that I, _____, am a sole proprietor, partner, corporate officer, or limited liability member of the above named company of which I hold _____% ownership.

As an owner of this company holding at least 20% ownership in stock or shares, I hereby request that my wages not be considered when determining this company's wage bond amount. I understand that by claiming this exemption as an owner, or partial owner, I am forfeiting any all and rights to file a future wage claim against this company's wage bond.

Signature

Notary Public

State of: _____

County of: _____

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

Notary Public Signature

My commission expires _____

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please submit a written request to LaborAdministration@wv.gov.