

Affidavit Regarding Wage Theft or Payroll Fraud (WE-30)

SECTION 1: Information for Firm Completing this Affidavit

- A. Business Name: _____
- B. Business Address: _____
- C. Business Tax ID No.: _____
- D. Principal/Primary Owner's Name: _____
- E. Principal's Contact: Phone: _____ Email: _____
- F. For the business identified in 1.A. above, list all parent or sibling companies, subsidiaries or other affiliated businesses that have some commonality of ownership, and indicate relationship. You must list "None" if there are no affiliates. (attach additional sheets if necessary):

SECTION 2: Project Information

- A. Contract Name: _____ Contract Number: _____
- B. Work to be Performed: _____
- C. Estimated Dates of Work: Beginning: _____ Ending: _____

SECTION 3: Prior Adverse Determinations of Wage Theft or Payroll Fraud (select one):

- A. In the immediately preceding 3 years there have been no Adverse Determinations of Wage Theft or Payroll Fraud (as each of those terms is defined by Chapter 326 of the Cincinnati Municipal Code) against the firm identified in 1.A. above or against any parent, sibling, subsidiary or affiliated company with any commonality of ownership of the firm identified in Section 1 above.

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B. In the immediately preceding 3 years there have been a total of _____ Adverse Determinations of Wage Theft or Payroll Fraud (as each of those terms is defined by Chapter 326 of the Cincinnati Municipal Code) against the firm identified in 1.A. above or against any parent, sibling, subsidiary or affiliated company with any commonality of ownership of the firm identified in Section 1 above. For each such Adverse Determination, provide the following information (use additional sheets as necessary):

Date of Adverse Determination	Agency Making Determination	Describe Specific Violation(s) as Determined by Agency	Violation Fully Resolved? Y/N	*

SECTION 4: Certification

I hereby certify under penalty of perjury that I have personal knowledge of the statements made herein on behalf of the firm identified in 1.A. above, and that the statements are true and accurate to the best of my knowledge and belief.

Signature: _____

Printed Name: _____ Title: _____

State of: _____ County of: _____

Sworn to before me and subscribed in my presence by _____ as his or her free and voluntary act this ____ day of _____, 20____.

Notary Public
My Commission Expires: _____