



Suspected Employer Fraud Including Worker Misclassification Tip-Sheet

Employer fraud includes:

- Misclassification of workers as independent contractors when they are really employees
- Paying workers “off the books” or “under the table”
- Violations of New York State Labor laws related to the employment of workers

If you have any questions about employer fraud, please visit our website at www.labor.ny.gov or call 518-485-2144 weekdays, between 8 am and 4 pm.

You do not need to identify yourself. We keep all information confidential to the extent allowed by law. New York State Labor Law imposes significant penalties on employers for discharging, penalizing or in any other manner retaliating against an employee for providing information to the Department of Labor.

To report suspected employer fraud or misclassification of workers:

- Use this tip sheet. Please give as much information and detail as possible. If you do not know the information, please skip it and go on to the next item. Submit this form by either:
 - Fax to 518-457-0024
 - Mail to the address above
 - Email dol.misclassified@labor.ny.gov
- Call our 24-hour toll-free fraud hotline at 866-435-1499

Owner Information:

Name: _____
Street Address: _____
City: _____ State: _____ Zip code: _____
Phone(s) Home: _____ Cell: _____ Other: _____

Company Information:

Name: _____
Street Address: _____
City: _____ State: _____ Zip code: _____
Federal Employer ID Number (FEIN): _____
Employer Registration Number (ER): _____
Phone: _____ ext.: _____
Date business began operating: _____
Type of business: _____
Number of employees: _____
If business is construction:
What is the expected project completion date? _____
Are workers still at the site? Yes No. If Yes, how many workers are there? _____
What languages, other than English, are spoken at the worksite? _____
Worksite location (if different from above):
Name: _____
Street Address: _____
City: _____ State: _____ Zip code: _____

Supervisor/Foreman Information:

Name: _____
Phone(s) Home: _____ Cell: _____ Other: _____

Suspected Fraud Information:

Describe the employer’s suspected fraudulent activity. Please give as much detail as possible. Include names, dates, documents and witnesses. Attach additional information as needed.

The date the fraudulent activity began: ____ / ____ / ____

Please check all that apply. The employer:

- Pays “off the books” or “under the table” wages
 - Does not have Workers’ Compensation coverage
 - Does not pay the correct rate for overtime work (work hours over 40 hours a week)
 - Does not pay employees for all hours worked
 - Does not pay minimum wage
 - Is not withholding taxes
 - Does not keep proper time records or records of wages/hours worked
 - Receives wage kickbacks
 - Requires employees to underreport the hours they actually worked
 - Other, please explain: _____
- Claims payments of wages not made to employees
 - Misclassifies workers as independent contractors:
 - How many workers are involved? _____
 - What are the occupations involved? _____
 - Underreports, conceals or hides payroll
 - How is the payroll concealed? _____

Your Information, This is Optional:

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone(s) Home: _____ Cell: _____ Other: _____

Email: _____

Are you an employee of the business you suspect of fraud? Yes No. If Yes:

Date you started working there: _____

Your occupation with the business: _____

How many hours a week do you work? _____

Comments: _____

If you represent an organization, please give the organization’s:

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone(s) Home: _____ Cell: _____ Other: _____

Website: _____