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Department of Labor

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**Agricultural Employer Wage Statement**

**Employer Information**

Employer Name: \_\_\_\_\_ Pay Period Start Date: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Pay Period End Date: \_\_\_\_\_  
\_\_\_\_\_ Pay Date: \_\_\_\_\_  
Employer phone: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Employee Information**

Employee: \_\_\_\_\_

Hours worked: \_\_\_\_\_ x Rate: \_\_\_\_\_ = Amount: \_\_\_\_\_

OT Hours worked: \_\_\_\_\_ x OT Rate: \_\_\_\_\_ = Amount: \_\_\_\_\_

**Piece Rates:**

Hours worked: \_\_\_\_\_ x Piece rate: \_\_\_\_\_ = Amount: \_\_\_\_\_

Units produced: \_\_\_\_\_ x Piece rate: \_\_\_\_\_ = Amount: \_\_\_\_\_

**Total/Gross Wages:** \_\_\_\_\_ \*

**Deductions:**

Medicare: ..... - \_\_\_\_\_

New York PFL: ..... - \_\_\_\_\_

Disability: ..... - \_\_\_\_\_

NY WC: ..... - \_\_\_\_\_

**Allowances:**

Federal withholding: ..... - \_\_\_\_\_

Housing/Utilities: ..... - \_\_\_\_\_

Meals: ..... - \_\_\_\_\_

Payments in Kind (specify):  
\_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

Other withholdings (specify):  
\_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

Total deductions ..... - \_\_\_\_\_

Net Wages\*\* ..... =

\*Total/gross wages divided by hours worked must equal or exceed the current minimum wage.  
\*\* Net Wages = Total/gross wages – Total deductions