

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

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? _____

Other, please explain:

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: _____