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# Wage Theft Prevention Act

Notice and Acknowledgment of Pay Rate and Payday Under § 195.1 of the New York State Labor Law For Hourly Rate Domestic Service Employees

The employee must receive a signed copy of this form. The employer must keep the original for 6 years. Clients may fax the completed form to 703.404.8155 for inclusion in your payroll tax file.

## Employer Information

Name

Address

City

State

NY

Zip code

Telephone

FEIN (optional)

## Employee Wage Information

Employee's Rate of Pay

\$  per hour

Employee's Overtime Rate <sup>1</sup>

\$  per hour

Regular Pay Day

Pay Frequency

**WEEKLY**

(NYS Domestic Workers' Bill of Rights MANDATES Weekly payroll.)

## Employee Acknowledgment

I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Notice Given

- At Hiring.  Annual Notice on/before February 1.  Before change in pay rate(s), allowances claimed or payday.

Check One

- I received the pay notice in English, my primary language.  My primary language is Spanish and I received the pay notice in English and in Spanish.

Employee Name (Print)

Employee Signature

Prepared By (Print Employer Name)

Date

Household Employer

1. Must be at least 1 ½ times the worker's regular rate of pay. Live in domestics receive the overtime rate for hours worked in excess of 44 in the 7 day work week. Live out domestics receive the overtime rate for hours worked in excess of 40 in the 7 day work week.)

Give HWS a call at 800.626.4829 to discuss your needs or visit HomeWorkSolutions.com to learn about our flexible service options. Go ahead... Simplify!



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