

**EMPLOYER AFFIDAVIT OF OWNERSHIP AND HOURS WORKED**State of  Iowa  Minnesota  North Dakota  South Dakota  Wisconsin,

County of \_\_\_\_\_, I \_\_\_\_\_, being duly sworn on oath, depose and state as follows:

1. I am an owner of the business know as _____
2. Check one: <input type="checkbox"/> I am the sole owner, 100% ownership <input type="checkbox"/> I am a co-owner, _____ % ownership The other owners are: _____, _____ % of ownership      _____, _____ % of ownership _____, _____ % of ownership      _____, _____ % of ownership
3. The business listed in question one is a (check one) <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Subchapter S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Subchapter C Corporation <input type="checkbox"/> LLC And has been in business since _____
4. Indicate the hours worked per week for each owner: I, _____, work at least _____ hours per week for the business listed in question one. I, _____, work at least _____ hours per week for the business listed in question one. I, _____, work at least _____ hours per week for the business listed in question one. I, _____, work at least _____ hours per week for the business listed in question one.

UNDER PENALTY OF LAW, I SWEAR THE ABOVE INFORMATION IS TRUE AND CORRECT

_____ Signature of owner	_____ Date
_____ Signature of owner	_____ Date
_____ Signature of owner	_____ Date
_____ Signature of owner	_____ Date