



**Small Employer Group Affidavit of Ownership and Hours Worked – WI**

STATE OF WISCONSIN )  
 )  
COUNTY OF \_\_\_\_\_ ) SS

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

1. I am the owner of the business known as \_\_\_\_\_.

2. CHECK ONE:

\_\_\_ a. I am the sole owner, 100% ownership

\_\_\_ b. I am a co-owner, \_\_\_\_\_% of ownership

The other owners are: \_\_\_\_\_, \_\_\_\_\_% of ownership

\_\_\_\_\_, \_\_\_\_\_% of ownership

\_\_\_\_\_, \_\_\_\_\_% of ownership

3. The business listed in paragraph one is a (CHECK ONE):

\_\_\_ a. Sole Proprietorship

\_\_\_ c. Subchapter C Corporation

\_\_\_ b. Partnership

\_\_\_ d. Subchapter S Corporation

4. Please indicate hours worked per week:

I, \_\_\_\_\_ work at least \_\_\_\_\_ hours per week, for the business listed in #1.

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

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Signature of Owner)

Date: \_\_\_\_\_