



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
www.mass.gov/ago

August 19, 2019

VIA E-MAIL ONLY

Ava Sasani
Through MuckRock
76077-87491204@requests.muckrock.com

Re: Your Public Records Request

Dear Ms. Sasani:

I write in further response to your public records request made pursuant to the Massachusetts public records law, G.L. c. 66, § 10, which was originally received by the Office of the Attorney General (AGO) on June 27, 2019. On July 12 we provided you with a good faith cost estimate to process your request as written.¹ In a July 18 e-mail, which was received on July 19,² you “temporarily amend[ed]” your original request to only seek “documents related to the investigation into Winchester’s Green Life Janitorial ... [to] include all files between March 2019 related to Green Life Janitorial’s Fair Labor Division files.” You further elaborate that you think such files “should include” the following:

1) How much did Green Life pay after their first two citations in 2019? On 3/20/2019, Green Life was cited for Non-Payment of Wages Failure to Furnish True and Accurate Records to the AGO (assessed at \$5,400.00 and \$7,500.00, respectively). The citation number for these two 2019 complaints are 18-02-48590-003 and 18-02-48590-004. According to the AGO’s publicly available data set (linked below) neither of these citations were paid in full. <https://www.mass.gov/service-details/fair-labor-division-data> The documents I am requesting should include the AGO’s record of how much Green Life paid for either of those citations.

2) All communications, email or otherwise, between the Attorney General’s Office and Green Life Janitorial (or the Silvas themselves or their attorneys) between 3/20/2019 and 7/15/2019.

¹ Your original request was submitted via e-mail to the AGO Records Access Officer mailbox in a series of three (3) consecutive requests between 4:09 and 4:12 p.m. on June 26, all of which were related to AGO Fair Labor Division/Wage Theft matters. In our July 12 response, we fully responded to two of the three requests and provided the above-referenced cost estimate in conjunction with your (third) request for four (4) Wage Theft cases, one of which was the Green Life case.

² See Supervisor of Records Regulations at 950 CMR 32.03(3). See also 950 CMR 32.02 and 950 CMR 32.06(2)(e).



Ava Sasani
August 19, 2019
page 2

3) All intake data and records relating to the receipt of the above 2019 complaints against Green Life Janitorial. If the employees filing the complaint used the online FLD form, I would like that. If the employees called the Fair Labor Hotline to report their complaints, I would like the FLD intake coordinator's documentation of that phone call.

On August 2 we let you know that the actual time to process your modified request amounted to five and one half (5.5) hours. Taking into account the free four (4.0) hours of labor required by the public records law, we asked that you pay \$37.50 to account for the one and a half (1.5) hours beyond the 4.0 hours. We received your payment on August 12.

We enclose one hundred sixty-four (164) pages of records that may be responsive to your request and are subject to disclosure under the public records law, G.L. c. 66, § 10 and G.L. c. 4, § 7, cl. 26. As noted in our August 2 letter, some of these records have been redacted in accordance with G.L. c. 4, § 7, cl. 26, insofar as they contain: (c) information relating to specifically named individuals, including the names and identifying information of complaints, names of certain third parties, and financial information, the disclosure of which may constitute an unwarranted invasion of personal privacy.³ Further, G.L. c. 4, § 7, cl. 26(f) also applies to withhold the names and identifying information of the complainants, as such disclosure would cause a "chilling effect" on such complainants to speak candidly with law enforcement.

You have the right to appeal this response to the Supervisor of Records pursuant to G.L. c. 66, § 10A(a), and to seek judicial review of an unfavorable decision by commencing a civil action in the superior court under G.L. c. 66, § 10A(c).

Very truly yours,



Lorraine A.G. Tarrow
Assistant Attorney General & Records Access Officer
General Counsel's Office

enclosures

³ See also G.L. c. 66A, § 2(c); 940 CMR 11.04(1).



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MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

5/01/2019



Re: Aviso de derecho privado a demandar – Green Life

Gracias por comunicarse con la División de Trabajo Justo de la Oficina del Procurador General.

Los trabajadores en Massachusetts tienen el derecho de demandar a sus empleadores por violaciones de las leyes de salarios y horas. Esto se llama el "derecho privado de acción" del trabajador. Los trabajadores que ganan sus casos tienen derecho a triplicar los daños, los honorarios de abogados y los costos judiciales.

La División de Trabajo Justo recibe y revisa miles de quejas cada año y debe tomar decisiones difíciles sobre qué casos perseguirá en nombre del trabajador.

Hemos revisado su queja y decidimos no investigarla. Esto no es una determinación de los méritos de su caso. Significa, sin embargo, que esta oficina no tomará ninguna otra acción sobre su queja.

Usted puede seguir este asunto con una demanda privada, ya sea por su cuenta o con la ayuda de un abogado privado. Hay plazos estrictos para iniciar una demanda. La fecha límite (estatuto de limitaciones) para la mayoría de las violaciones de sueldos y horas es de 3 años. Los trabajadores que excedan el plazo no podrán demandar.

Si necesita ayuda para tomar acción, puede solicitar asistencia legal gratis en la siguiente Clínica de Robo de salarios (folleto incluido).

Para obtener más información sobre las leyes de Salarios y Horas de Massachusetts, y para cómo ejercer su "derecho privado de acción", incluyendo una lista de servicios de referencia de abogados, visite el sitio web del Procurador General: www.mass.gov/ago/pr.

Sinceramente,
La División de Trabajo Justo
617-727-3465

¿QUÉ SIGNIFICA RECIBIR UN "DERECHO PRIVADO DE ACCIÓN"?

Los trabajadores tienen derecho a demandar a sus empleadores por violaciones del salario y horas, y por las leyes salariales vigentes. Los trabajadores pueden demandar por su cuenta o en grupo con otros trabajadores, si tienen quejas similares. Esto se llama el "derecho privado de acción" del trabajador.

Los trabajadores que ganan su caso tienen derecho a:

- daños triples (tres veces lo que se le debe),
- honorarios de abogados y
- costos judiciales.

Dependiendo de la cantidad de daños (salarios adeudados), los trabajadores se deben presentar en la Corte de Reclamos Menores, la Corte de Distrito o la Corte Superior.

- ❖ **Corte de Reclamos Menores:** El tribunal de reclamos menores está diseñado para proveer un procedimiento simple, informal y económico para resolver casos en los que el demandante (la persona que presenta el caso) está buscando \$ 7,000 o menos. Usted puede traer una reclamación pequeña solamente en el tribunal para el área donde usted o su empleador vive o tiene un lugar de negocio o empleo. Para más información: (617) 788-8810 o <http://www.mass.gov/courts/selfhelp/small-claims/>
- ❖ **Tribunal de Distrito:** El Tribunal de Distrito decide los casos en que el demandante está buscando menos de \$ 25.000 en daños monetarios. Para más información: (617) 788-8810 o <http://www.mass.gov/courts/court-info/trial-court/dc/>
- ❖ **Tribunal Superior:** El Tribunal Superior decide los casos en que el demandante solicita más de \$ 25,000 en daños monetarios o casos que involucran conflictos laborales donde el demandante solicita una medida cautelar (una orden del tribunal que requiere que su empleador cambie sus prácticas). Para más información: (617) 788-8130 o <http://www.mass.gov/courts/court-info/trial-court/sc/>

Ir a los tribunales es complicado. Es posible que desee que un abogado le ayude con todo o con parte de su caso. Si necesita ayuda para encontrar un abogado, puede comunicarse con:

- ❖ **Servicios de Referencia de Abogados Privados-** Servicio de Referencia de Abogados de la Asociación de Abogados de Massachusetts (617) 654-0400, (866) 627-7577, www.massbar.org/lawhelp or Boston Bar Referral Service (617) 742-0625, www.bostonbarlawyer.org
- ❖ **Representación Legal Gratuita para Individuos de Bajos Ingresos-** Buscador de Recursos Legales <http://www.masslegalservices.org/findlegalaid>, o Ingreso Legal en la Región Oriental (ERLI), (617) 603-1700, 1 (800) 342-5297

Hay plazos estrictos para iniciar una demanda. El plazo (estatuto de limitaciones) para la mayoría de las violaciones de salario y horas es de 3 años después de la violación. Los trabajadores que excedan el plazo no podrán demandar.

Más información y recursos adicionales están disponibles en el sitio web de la División de Trabajo Justo: www.mass.gov/ago/fairlabor y www.mass.gov/ago/pra.



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REMOVE BOTTOM VOUCHER BEFORE CASHING

NO. 420005918

02-11-19 14:05:08



GREEN LIFE JANITORIAL CO

5814

Treasurers Checks

CHECK NUMBER: 420005918

CHECK AMOUNT:

600.00



You cannot stop payment on this check. You should consider purchasing a money order if you have reason to believe that you may have to stop payment.

Digital Federal Credit Union

3488

5391827113

CHECK # 003488

GREEN LIFE JANITORIAL CO
PAYROLL ACCOUNT

01/18/2019

PAY TO THE
ORDER OF

Eight hundred and 00/100

\$ **800.00

DOLLARS

MEMO

Newton/Waltham 1st payment of 3



AUTHORIZED SIGNATURE

⑆003488⑆

Photo Safe Deposit
Deposits on Back

Seq: 59
Batch: [REDACTED]
Date: 01/18/19

CHECK HERE IF MOBILE DEPOSIT
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

- Security Features exceed industry standards
- Image quality - Best in class and most secure
 - Ink-on-back - Mobile deposit checks are checked via digital device
 - Fine Security Lines - positioned on back of check
 - Microprint - fine lines printed on front and back
 - The security - Best in class, Best in the industry
 - Photo Safe Deposit - Best in class and most secure

- Do not write if:
- Any of the features listed above are missing or appear altered
 - Too little ink on back makes check or look suggested
 - Brown stains or red spots appear on both front and back

CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS



**The Commonwealth of Massachusetts
Office of the Attorney General
Fair Labor Division
One Ashburton Place, Rm. 1813
Boston, MA 02108**

Antonio Silva, Individually and
Rosilene Silva, Individually and
Green Life Janitorial Corp.
28 Church Street, STE 9
Winchester, MA 01890

████████████████████
████████████████████

| | | | |
|---|------------------|---|------------------|
| <input checked="" type="checkbox"/> Restitution | _____ \$4,200.00 | <input checked="" type="checkbox"/> Paid Direct | _____ \$1,400.00 |
| <input checked="" type="checkbox"/> Civil Penalty | _____ \$1,200.00 | # of Employees | _____ 3 |
| Total Citation | _____ \$5,400.00 | Balance Due | _____ \$4,000.00 |

**You are hereby ordered to rectify all infractions immediately and to comply with all provisions of
Massachusetts General Laws, Chapters 149 and 151.**

Second or subsequent offense

After an investigation by the Fair Labor Division, you are hereby cited for the following violation(s) of the Massachusetts General Laws:

M.G.L. c. 149, §148: Failure to make timely payment of wages due and owing from 2/1/2018 to 7/30/2018.

- | | |
|-------------------------|--------------------------------|
| 1. Employee: ██████████ | Restitution: <u>\$960.00</u> |
| 2. Employee: ██████████ | Restitution: <u>\$600.00</u> |
| 3. Employee: ██████████ | Restitution: <u>\$2,640.00</u> |
| 4. Employee: _____ | Restitution: _____ |
| 5. Employee: _____ | Restitution: _____ |

With specific intent Without specific intent See attachment

Pursuant to M.G.L. c. 149, section 27C(b)(2), in determining the amount of the civil penalty (if any), the following factors have been taken into consideration where the information was available and where applicable: previous violations (if any), the employer's intent, the number of employees affected, the monetary extent of the violation(s), and the total monetary amount of the public contract or payroll involved.



**Fair Labor Division
One Ashburton Place, Rm. 1813
Boston, MA 02108**

Antonio Ramos Silva, Individually, and
Rosilene Silva, Individually and
Green Life Janitorial Corp
28 Church Street, STE 9
Winchester, MA 01890



| | | | |
|---|------------|--------------------------------------|------------|
| <input type="checkbox"/> Restitution | _____ | <input type="checkbox"/> Paid Direct | _____ |
| <input checked="" type="checkbox"/> Civil Penalty | \$7,500.00 | # of Employees | _____ |
| Total Citation | \$7,500.00 | Balance Due | \$7,500.00 |

**You are hereby ordered to rectify all infractions immediately and to comply with all provisions of
Massachusetts General Laws, Chapters 149 and 151.**

Second or subsequent offense

After an investigation by the Fair Labor Division, you are hereby cited for the following violation(s) of the Massachusetts General Laws:

M.G.L. c. 151, §§15, 19(3): Failure to keep true and accurate payroll records from _____ to _____.

With specific intent Without specific intent Penalty: _____

M.G.L. c. 151, §§15, 19(3): Failure to furnish true and accurate payroll records to the AGO on 9/6/2018.

With specific intent Without specific intent Penalty: \$7,500.00

Pursuant to M.G.L. c. 149, section 27C(b)(2), in determining the amount of the civil penalty (if any), the following factors have been taken into consideration where the information was available and where applicable: previous violations (if any), the employer's intent, the number of employees affected, the monetary extent of the violation(s), and the total monetary amount of the public contract or payroll involved.

Citation # 18-02-48590-004

Investigator Yolanda O'Shea

Date Issued 3/20/2019

(See Reverse for Payment Instructions and Right of Appeal)

From: O'Shea, Yolanda (AGO)
Sent: Wednesday, March 20, 2019 1:08 PM
To: 'Jack Merrill'
Subject: RE: Green Life Janitorial - citations

Thank you for the information. I will make a note in the file that you no longer represent them.

Yolanda O'Shea
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Wednesday, March 20, 2019 1:05 PM
To: O'Shea, Yolanda (AGO) <Yolanda.OShea@mass.gov>
Subject: RE: Green Life Janitorial - citations

I will pass these along. For future reference please communicate directly with Green Life as I am no longer its counsel.

Regards.

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
KSR Law
160 Gould Street, Suite 102
Needham, MA 02494
Tel: 781-418-5116
Fax: 781-444-1066
www.ksrlawfirm.com
www.framinghamlegal.com

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From: OShea, Yolanda (AGO) [<mailto:yolanda.oshea@state.ma.us>]
Sent: Wednesday, March 20, 2019 12:58 PM

To: Jack Merrill <jmerrill@ksrlawfirm.com>

Subject: Green Life Janitorial - citations

Attorney Merrill,

Attached are two citations issued to your client today.

Sincerely,

Yolanda O'Shea

Investigator II

Fair Labor Division

Office of the Attorney General Maura Healey

One Ashburton Place, Room 1813 (Mail)

100 Cambridge Street, 12th Floor (Location)

Boston, MA 02108

Direct: 617-963-2326

Yolanda.OShea@mass.gov

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: O'Shea, Yolanda (AGO)
Sent: Wednesday, March 20, 2019 12:58 PM
To: Jack Merrill
Subject: Green Life Janitorial - citations
Attachments: 18-02-48590-003.pdf; 18-02-48590-004.pdf

Attorney Merrill,

Attached are two citations issued to your client today.

Sincerely,

Yolanda O'Shea
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326
Yolanda.OShea@mass.gov

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS



The Commonwealth of Massachusetts
Office of the Attorney General
Fair Labor Division
One Ashburton Place, Rm. 1813
Boston, MA 02108

Antonio Silva, Individually and
Rosilene Silva, Individually and
Green Life Janitorial Corp.
28 Church Street, STE 9
Winchester, MA 01890



Table with 2 columns: Category and Amount. Rows include Restitution (\$4,200.00), Civil Penalty (\$1,200.00), Total Citation (\$5,400.00), Paid Direct (\$1,400.00), # of Employees (3), and Balance Due (\$4,000.00).

You are hereby ordered to rectify all infractions immediately and to comply with all provisions of Massachusetts General Laws, Chapters 149 and 151.

Second or subsequent offense

After an investigation by the Fair Labor Division, you are hereby cited for the following violation(s) of the Massachusetts General Laws:

M.G.L. c. 149, §148: Failure to make timely payment of wages due and owing from 2/1/2018 to 7/30/2018.

- List of 5 employees with their names redacted and corresponding restitution amounts: \$960.00, \$600.00, \$2,640.00, and two blank entries.

With specific intent, Without specific intent, See attachment

Pursuant to M.G.L. c. 149, section 27C(b)(2), in determining the amount of the civil penalty (if any), the following factors have been taken into consideration where the information was available and where applicable: previous violations (if any), the employer's intent, the number of employees affected, the monetary extent of the violation(s), and the total monetary amount of the public contract or payroll involved.

Citation # 18-02-48590-003

Investigator Yolanda O'Shea

Date Issued 3/20/2019

CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS

Payment Instructions for Civil Citation

Payments for orders of restitution and civil penalties must be made payable to the Commonwealth of Massachusetts and sent to:

**Office of the Attorney General
Fair Labor Division
Civil Citation Unit
P.O. Box 6303
Boston, MA 02114**

Only money orders, cashier's checks or certified checks will be accepted. Please include a copy of the citation and write the citation number (located at the bottom center of the reverse side) on your check.

Failure to Comply With Civil Citation

In accordance with Massachusetts General Law chapter 149, sections 27C(b) (6), and (7), failure to pay the Balance Due within 21 days of receipt of this citation will result in a lien for the amount of such Balance Due, plus 18% interest per year, upon the real estate and personal property of the person who has failed to pay and may result in a criminal prosecution and unless a notice of appeal has been filed with the Attorney General and the Division of Administrative Law Appeals within 10 days of receipt of this citation.

Right to Appeal This Citation

You have the right to appeal the issuance of this citation to the Division of Administrative Law Appeals ("DALA"). A notice of this appeal must be filed with both the Attorney General and DALA within **10 days** from receipt of the citation.

An employer appealing a citation will be granted a hearing before DALA in accordance with the provisions of General Laws chapter 30A. After the hearing, DALA may affirm, vacate or modify the citation. G.L. c. 149, § 27C(b)(4).

Anyone aggrieved by DALA's decision may appeal to the Superior Court "within thirty days after receipt of notice of the final decision . . . or if a petition for rehearing has been timely filed . . ., within thirty days after receipt of notice of . . . denial of such petition for rehearing." G.L. c. 30A, § 14(1).

To appeal this citation you must file a notice of appeal within ten days to **both** of the following agencies and please enclose a copy of the civil citation you are appealing:

**Office of the Attorney General
Fair Labor Division
Civil Citation Unit
One Ashburton Place, Rm. 1813
Boston, MA 02108**

&

**Division of Administrative Law Appeals
14 Summer Street
4th Floor
Malden, MA 02148**

Order to Comply With the Law

This citation contains an order for you to rectify all infractions immediately and to comply with all provisions of Massachusetts General Laws Chapters 149 and 151. In order to fully comply with this order you must familiarize yourself with your legal obligations as an employer in Massachusetts. A subsequent violation of Massachusetts wage and hour law may result in your being charged as an intentional or willful subsequent offender.

CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS



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Antonio Ramos Silva, Individually, and
Rosilene Silva, Individually and
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Restitution _____
 Civil Penalty _____ \$7,500.00
Total Citation _____ \$7,500.00

Paid Direct _____
of Employees _____
Balance Due _____ \$7,500.00

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With specific intent Without specific intent Penalty: _____

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Pursuant to M.G.L. c. 149, section 27C(b)(2), in determining the amount of the civil penalty (if any), the following factors have been taken into consideration where the information was available and where applicable: previous violations (if any), the employer's intent, the number of employees affected, the monetary extent of the violation(s), and the total monetary amount of the public contract or payroll involved.

Citation # 18-02-48590-004

Investigator Yolanda O'Shea

Date Issued 3/20/2019

CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS

Payment Instructions for Civil Citation

Payments for orders of restitution and civil penalties must be made payable to the Commonwealth of Massachusetts and sent to:

**Office of the Attorney General
Fair Labor Division
Civil Citation Unit
P.O. Box 6303
Boston, MA 02114**

Only money orders, cashier's checks or certified checks will be accepted. Please include a copy of the citation and write the citation number (located at the bottom center of the reverse side) on your check.

Failure to Comply With Civil Citation

In accordance with Massachusetts General Law chapter 149, sections 27C(b) (6), and (7), failure to pay the Balance Due within 21 days of receipt of this citation will result in a lien for the amount of such Balance Due, plus 18% interest per year, upon the real estate and personal property of the person who has failed to pay and may result in a criminal prosecution and unless a notice of appeal has been filed with the Attorney General and the Division of Administrative Law Appeals within 10 days of receipt of this citation.

Right to Appeal This Citation

You have the right to appeal the issuance of this citation to the Division of Administrative Law Appeals ("DALA"). A notice of this appeal must be filed with both the Attorney General and DALA within **10 days** from receipt of the citation.

An employer appealing a citation will be granted a hearing before DALA in accordance with the provisions of General Laws chapter 30A. After the hearing, DALA may affirm, vacate or modify the citation. G.L. c. 149, § 27C(b)(4).

Anyone aggrieved by DALA's decision may appeal to the Superior Court "within thirty days after receipt of notice of the final decision . . . or if a petition for rehearing has been timely filed . . ., within thirty days after receipt of notice of . . . denial of such petition for rehearing." G.L. c. 30A, § 14(1).

To appeal this citation you must file a notice of appeal within ten days to **both** of the following agencies and please enclose a copy of the civil citation you are appealing:

**Office of the Attorney General
Fair Labor Division
Civil Citation Unit
One Ashburton Place, Rm. 1813
Boston, MA 02108**

&

**Division of Administrative Law Appeals
14 Summer Street
4th Floor
Malden, MA 02148**

Order to Comply With the Law

This citation contains an order for you to rectify all infractions immediately and to comply with all provisions of Massachusetts General Laws Chapters 149 and 151. In order to fully comply with this order you must familiarize yourself with your legal obligations as an employer in Massachusetts. A subsequent violation of Massachusetts wage and hour law may result in your being charged as an intentional or willful subsequent offender.

From: O'Shea, Yolanda (AGO)
Sent: Thursday, November 29, 2018 9:28 AM
To: Jack Merrill
Cc: Hiraes, Lillian (AGO)
Subject: RE: Green Life Janitorial

Thank you, [REDACTED]

If your client doesn't have good addresses it would be best for the checks to be mailed to our office since we can't provide their contact information.

Yolanda O'Shea
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Wednesday, November 28, 2018 10:22 AM
To: O'Shea, Yolanda (AGO) <Yolanda.OShea@mass.gov>
Cc: Hiraes, Lillian (AGO) <lillian.hiraes@mass.gov>
Subject: RE: Green Life Janitorial

They will pay the workers directly. They are no sure whether current information for all 3 but I'll be in touch as needed for address updates.

Thanks for your help and [REDACTED]

Regards.

Jack

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
KSR Law
160 Gould Street, #102
Needham, MA 02494
Phone: 781-418-5116
Fax: 781-444-1066

From: OShea, Yolanda (AGO) <yolanda.oshea@state.ma.us>
Sent: Tuesday, November 27, 2018 3:08 PM
To: Jack Merrill <jmerrill@ksrlawfirm.com>

Cc: Hiraes, Lillian (AGO) <lillian.hiraes@state.ma.us>

Subject: RE: Green Life Janitorial

Attorney Merrill,

We will allow the payment plan. Does your client intend to pay the workers directly or send payments to this office?

Please note that my last name and email address have been changed. My new email is Yolanda.OShea@state.ma.us. My old email is no longer valid as of yesterday.

Yolanda O'Shea

Investigator II

Fair Labor Division

Office of the Attorney General Maura Healey

One Ashburton Place, Room 1813 (Mail)

100 Cambridge Street, 12th Floor (Location)

Boston, MA 02108

Direct: 617-963-2326

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From: Jack Merrill <jmerrill@ksrlawfirm.com>

Sent: Tuesday, November 20, 2018 4:26 PM

To: Kruczkowski, Yolanda (AGO) <Yolanda.Kruczkowski@MassMail.State.MA.US>

Subject: RE: Green Life Janitorial

Confirmed.

Jack K. Merrill, Esq.

Employment Law and Civil Litigation

KSR Law

160 Gould Street, Suite 102

Needham, MA 02494

Tel: 781-418-5116

Fax: 781-444-1066

www.ksrlawfirm.com

www.framinghamlegal.com

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From: Kruczkowski, Yolanda (AGO) [<mailto:yolanda.kruczkowski@state.ma.us>]

Sent: Tuesday, November 20, 2018 4:15 PM

To: Jack Merrill <jmerrill@ksrlawfirm.com>

Subject: RE: Green Life Janitorial

Yes, can you please confirm? Lillian is out this week for the Thanksgiving holiday, so I will need to check with her when she gets back next week.

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Tuesday, November 20, 2018 3:37 PM
To: Kruczkowski, Yolanda (AGO) <Yolanda.Kruczkowski@MassMail.State.MA.US>
Subject: RE: Green Life Janitorial

Did not discuss the penalties with her but as long as she is given time to pay I think it will be fine. It looks like 800 so if you let her pay that at the end I think it will work. I can confirm with her as desired.

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
KSR Law
160 Gould Street, Suite 102
Needham, MA 02494
Tel: 781-418-5116
Fax: 781-444-1066
www.ksrlawfirm.com
www.framinghamlegal.com

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From: Kruczkowski, Yolanda (AGO) [<mailto:yolanda.kruczkowski@state.ma.us>]
Sent: Tuesday, November 20, 2018 3:25 PM
To: Jack Merrill <jmerrill@ksrlawfirm.com>
Subject: RE: Green Life Janitorial

Just to confirm, is your client willing to pay the full restitution to the employees addressed in the letter as well as the corresponding penalties?

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108

Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Tuesday, November 20, 2018 2:48 PM
To: Kruczkowski, Yolanda (AGO) <Yolanda.Kruczkowski@MassMail.State.MA.US>
Subject: Green Life Janitorial

Yolanda,

I finally have information from Green Life re: your Oct. 18 letter. It does not want to dispute the figures. It is making the final payment to the AG for the prior case this month. It is asking if it's okay to pay the first two men on your list in Dec., on or before 12/20. For [REDACTED], it needs more time and is asking to break the payments out into 3 starting in January.

This is all caused by cash flow problems.

Please advise.

Thank you.

Jack

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
KSR Law
160 Gould Street, Suite 102
Needham, MA 02494
Tel: 781-418-5116
Fax: 781-444-1066
www.ksrlawfirm.com
www.framinghamlegal.com

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From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Tuesday, November 6, 2018 12:42 PM
To: Kruczkowski, Yolanda (AGO)
Subject: RE: Green Life Janitorial

Thanks. I am trying. I am reaching out again now.

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
KSR Law
160 Gould Street, Suite 102
Needham, MA 02494
Tel: 781-418-5116
Fax: 781-444-1066
www.ksrlawfirm.com
www.framinghamlegal.com

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From: Kruczkowski, Yolanda (AGO) [mailto:yolanda.kruczkowski@state.ma.us]
Sent: Tuesday, November 06, 2018 12:38 PM
To: Jack Merrill <jmerrill@ksrlawfirm.com>
Subject: Green Life Janitorial

Attorney Merrill,

Our office has not received October's citation payment. We also did not receive payment or written documentation in response to my October 16, 2018 letter. A response was due by November 1, 2018.

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

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From: Kruczkowski, Yolanda (AGO)
Sent: Thursday, October 18, 2018 9:25 AM
To: Jack Merrill
Subject: Green Life Janitorial
Attachments: Green Life - letter 10-18-18.pdf

Attorney Merrill,
Attached is a letter addressed to your client, Green Life Janitorial, requesting payment or a response due by November 1, 2018. Please contact me if you have any questions.

Thank you,

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

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THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

October 18, 2018

Via Email (jmerrill@ksrlawfirm.com)

Antonio Ramos Silva, President
Green Life Janitorial Corp.
28 Church Street, STE 9
Winchester, MA 01890

Dear Mr. Silva:

Several complaints for non-payment of wages has been filed with the Office of the Attorney General, Fair Labor Division. The complaints alleges that you have violated a provision of the Massachusetts wage and hour laws. No final determination has been made yet concerning the allegations in the complaints, but after an initial investigation, it appears that there may be a violation. Please be advised that if we conclude that you have violated the law, you may be subject to criminal prosecution, which could result in fines of up to \$25,000 and imprisonment for up to one year or a civil citation ordering you to pay full restitution along with a civil penalty of up to \$15,000 for each instance within every pay period you have violated the law. Alternatively, this Office may refer the complainant to our wage theft legal clinic where s/he will be connected with private attorneys at no cost. If a worker prevails against an employer in court, state law mandates triple damages, attorney fees and court costs to be paid by the employer.

SUMMARY OF COMPLAINTS

Type of work performed by complainants: Cleaning work

Alleged violations: Non-payment of wages

Summary of the complaints:

- (1) [REDACTED] alleges he received an insufficient check on July 9, 2018 for work performed during June 16, 2018-July 30, 2018 and is due \$960.00.
- (2) [REDACTED] alleges he was employed in June 2018 and he received an insufficient check for his last week of employment on July 20, 2018 and is due \$600.00.
- (3) [REDACTED] alleges that he received insufficient checks for work he performed in February 2018 and the first week of March 2018 and is due \$2,640.00.

YOU HAVE TWO OPTIONS:

A) You may resolve this matter immediately.

If you do not wish to dispute the complaints and prefer to resolve this matter, please send payment via BANK CHECK or MONEY ORDER in the following amounts:

- (1) **\$960.00** in restitution for the Complainant payable to "The Office of the Attorney General of Massachusetts on behalf of [REDACTED] and **\$200.00** in penalties payable to "The Commonwealth of Massachusetts."
- (2) **\$600.00** in restitution for the Complainant payable to "The Office of the Attorney General of Massachusetts on behalf of [REDACTED]," and **\$100.00** in penalties payable to "The Commonwealth of Massachusetts."
- (3) **\$2,640.00** in restitution for the Complainant payable to "The Office of the Attorney General of Massachusetts on behalf of [REDACTED]," and **\$500.00** in penalties payable to "The Commonwealth of Massachusetts."

Please send payment to: Office of the Attorney General, Fair Labor Division, P.O. Box 6303, Boston, MA 02114 and reference "**Case No. 18-02-48590**" on each check or money order. **Only bank checks or money orders will be accepted.**

If we receive payment on or before **November 1, 2018**, you will not need to send in a written response, the requested documents, or the enclosed declaration.

Please Note: Massachusetts General Laws c. 149, §§ 148A, 148C(h) and 148C(i) make it unlawful for an employer to attempt to interfere with an employee's rights under the Massachusetts Wage and Hour and Earned Sick Time Laws. Should an employer take **any** adverse action, including disciplinary action or termination, against an employee for exercising his or her rights under these laws, the employer may also be subject to additional sanctions from our office.

B) You may respond to the complaint by producing written documentation.

If you want to dispute the allegations in the complaints summarized above, please send a written response on or before **November 1, 2018**, along with copies of the documents listed below to: Investigator Yolanda Kruczkowski, Office of the Attorney General, Fair Labor Division, One Ashburton Place, Room 1813, Boston, MA, 02108 or by email. Your response should be as specific as possible and must be accompanied by the enclosed declaration demonstrating that it is made under the penalties of perjury.

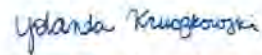
Under Massachusetts General Law Chapter 151, §§3 and 15, you are required to provide true and accurate copies of the following relating to work performed by (1) [REDACTED] from June 2017 to July 2017; (2) [REDACTED] from June 2017 to July 2017; and (3) [REDACTED] from December 2017 to March 2018.

- Payroll records, including pay stubs, daily and weekly time-keeping records; and
- All employment records which reflect the Complainant's identity, occupation, rate of pay, wages paid, and deductions taken each pay period

Massachusetts law provides that employers shall furnish a copy of wage and hour records **immediately** to the Attorney General upon request. However, you may have until **November 1, 2018** to deliver your response and documentation. You are also required to affirm under penalties of perjury on the enclosed declaration that you are providing all requested records. Failure to produce requested documents each day after **November 1, 2018** shall constitute a separate offense and may result in daily civil citations up to \$15,000 for each violation.

Thank you for your attention to this matter.

Sincerely,



Yolanda Kruczkowski, Investigator
Office of the Attorney General
Fair Labor Division
Yolanda.Kruczkowski@state.ma.us
(617) 963-2326

DECLARATION TO BE SUBMITTED WITH RESPONSE TO
COMPLAINT AND RECORDS PROVIDED TO FAIR LABOR DIVISION OF THE OFFICE OF THE
ATTORNEY GENERAL

(Date)

I, _____,

(Print Name)

do hereby state, under the pains and penalties of perjury, that I have provided a full and correct written response to the complaint along with all true and accurate records requested by the Fair Labor Division of the Office of the Attorney General, as required by Massachusetts General Laws c. 151, §§3 and 15.

Signature _____

Title _____

Company Name _____

Address _____

Telephone # _____

Email _____

Please send this declaration along with your written response to the complaint and the requested documents to:

Yolanda Kruczkowski, Investigator II
Office of the Attorney General
Fair Labor Division
One Ashburton Place, Room 1813
Boston, MA 02108
Yolanda.Kruczkowski@state.ma.us

From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Friday, September 14, 2018 2:03 PM
To: Kruczkowski, Yolanda (AGO)
Subject: [REDACTED] Case

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
KSR Law
160 Gould Street, #102
Needham, MA 02494
Phone: 781-418-5116
Fax: 781-444-1066
Yolanda,

Here is the record of payment for [REDACTED]

Regards.

Jack

12:13

< Recent Transactions Transa

SHARE DRAFT - Check #30€

Date

Amount

Other

Check Images

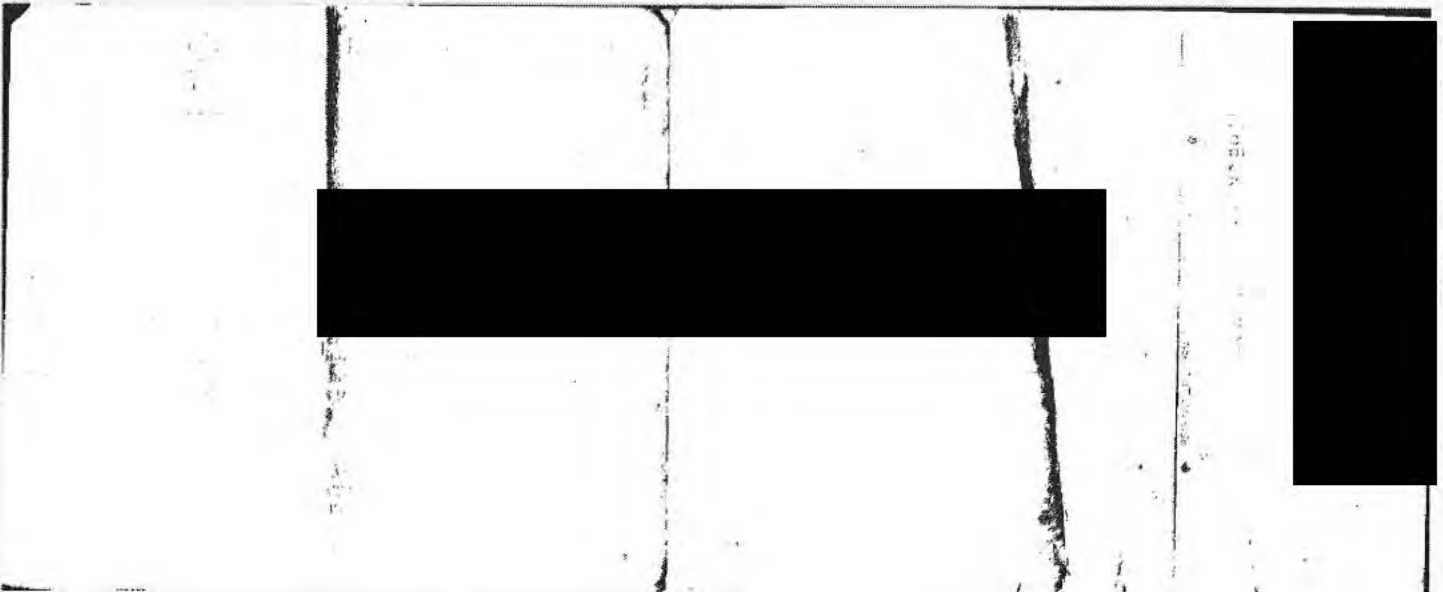
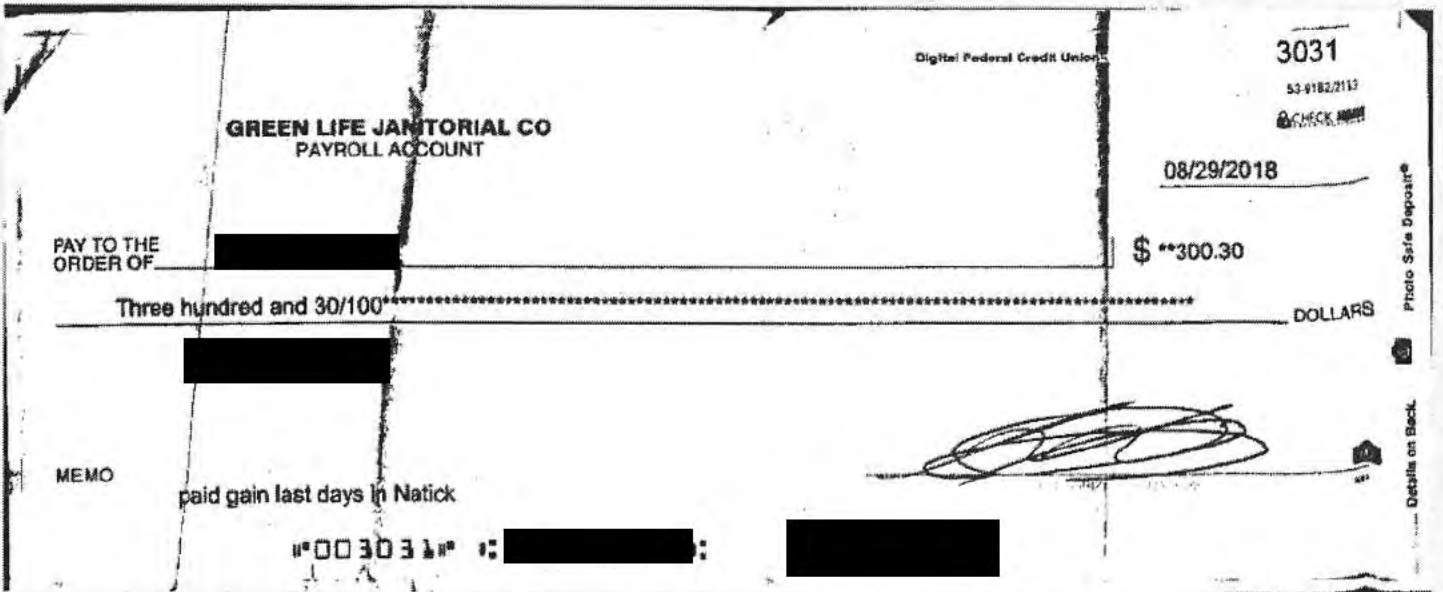
Amount

-\$300.30

Other

SHARE DRAFT

Check Images



GREEN LIFE JANITORIAL CO

06/05/2018



PAYROLL ACCOUNT

2662

payment

300.30

Checking

Natick 05/21 to 05/25 20.30 hrs

300.30

05/21/2018



PAYROLL ACCOUNT

2586

payment

300.30

Checking

Natick 04/07- 04/11 27.30 hrs

300.30

GREEN LIFE JANITORIAL CO

05/30/2018



PAYROLL ACCOUNT

2624

payment

300.30

Checking

Natick 05/14 to 05/19

300.30

From: Kruczkowski, Yolanda (AGO)
Sent: Wednesday, September 12, 2018 2:04 PM
To: 'Jack Merrill'
Subject: RE: Green Life Janitorial - complaint
Attachments: Green Life Janitorial - payroll demand 9-12-18.pdf

Attorney Merrill,
Due to the increase of new complaints, attached is a payroll demand requesting documents from your client during January 1, 2018 to present.

Please let me know if you have questions.

Sincerely,

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

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From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Tuesday, September 11, 2018 1:09 PM
To: Kruczkowski, Yolanda (AGO) <Yolanda.Kruczkowski@MassMail.State.MA.US>
Subject: RE: Green Life Janitorial - complaint

Yolanda,

I reached Green Life today and the payment will be made by Friday. Apparently there's [REDACTED] for Antonio that has caused a problem.

Lillian told me yesterday there were 3 new complaints but one person was paid? Can you let me know what you have and the necessary details and I'll talk to Green Life about getting them paid as appropriate.

Thanks,.

Jack

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
KSR Law
160 Gould Street, Suite 102
Needham, MA 02494

Tel: 781-418-5116
Fax: 781-444-1066
www.ksrlawfirm.com
www.framinghamlegal.com

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From: Kruczkowski, Yolanda (AGO) [<mailto:yolanda.kruczkowski@state.ma.us>]
Sent: Tuesday, August 21, 2018 11:25 AM
To: Jack Merrill <jmerrill@ksrlawfirm.com>
Subject: RE: Green Life Janitorial - complaint

Attorney Merrill,
Did your client issue the payment to [REDACTED] on August 15th? If so, please provide proof the payment was made.

Thank you,

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

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From: Kruczkowski, Yolanda (AGO)
Sent: Monday, August 6, 2018 3:51 PM
To: 'Jack Merrill' <jmerrill@ksrlawfirm.com>
Subject: RE: Green Life Janitorial - complaint

Yes, we will accept the payment in the form of direct deposit to [REDACTED] on 8/15. Please provide a copy of the payment as proof of payment when the direct deposit is made.

Thank you,

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

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From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Monday, August 6, 2018 1:33 PM
To: Kruczkowski, Yolanda (AGO) <Yolanda.Kruczkowski@MassMail.State.MA.US>
Subject: RE: Green Life Janitorial - complaint

Yolanda,

Green Life does not agree with [REDACTED], who did not appear for work as scheduled and/or came late, but prefers to just resolve this as the number is low and not worthy of further exchanges. Can the company simply put a deposit into [REDACTED] account for \$300 on 8/15 rather than writing a check? This will be easier for them.

Thanks.

Jack

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
KSR Law
160 Gould Street, Suite 102
Needham, MA 02494
Tel: 781-418-5116
Fax: 781-444-1066
www.ksrlawfirm.com
www.framinghamlegal.com

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From: Kruczkowski, Yolanda (AGO) [<mailto:yolanda.kruczkowski@state.ma.us>]
Sent: Monday, July 30, 2018 1:33 PM
To: Jack Merrill <jmerrill@ksrlawfirm.com>
Subject: Green Life Janitorial - complaint

Attorney Merrill,

Per your telephone call today with AAG Hiraes, we would like to resolve a complaint made by a former employee of Green Life. [REDACTED] reports he was not paid \$300 for cleaning work performed at the Natick Library on 6/5/18, 6/7/18 and 6/8/18.

If your client does not wish to dispute this complainant and prefers to resolve this matter, please send either a bank check or money order for \$300 in restitution for the complainant payable to "The Office of the Attorney General of Massachusetts on behalf of [REDACTED]" and send the payment to: Office of the Attorney General, Fair Labor Division, P.O. Box #6303, Boston, MA 02114 and reference Case No. 18-02-48590 on the payment.

Please let me know if you have any questions.

Sincerely,

Yolanda Kruczkowski

Investigator II

Fair Labor Division

Office of the Attorney General Maura Healey

One Ashburton Place, Room 1813 (Mail)

100 Cambridge Street, 12th Floor (Location)

Boston, MA 02108

Direct: 617-963-2326

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THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

September 12, 2018

Via Email (jmerrill@ksrlawfirm.com)

Antonio Ramos Silva, President
Green Life Janitorial Corp.
28 Church Street, STE 9
Winchester, MA 01890

Dear Mr. Silva:

This letter serves as a formal request to Green Life Janitorial Corp., under G.L. c. 151, §§ 3 and 15, for true and accurate copies of the following documents relating to work performed by all individuals engaged to provide services in Massachusetts during January 1, 2018 to present:

- Payroll ledgers and paystub records which reflect the individual's identity, address, occupation, number of hours of work, wages paid, and deductions taken each pay period;
- Time-keeping records which reflect the number of hours of work performed each day and each week;
- Copies of any and all proof of the wage payments, including, but not limited to, negotiated checks and bank statements;
- A list containing the names and addresses of all clients of Green Life Janitorial Corp.; and
- Information relating to any and all policies for earned sick time leave and/or allowable substitute leave, including:
 - (a) the contents of any such policies, including any revisions, and effective date(s);
 - (b) all records showing when and how any such policy or revisions were communicated to individuals providing services in Massachusetts; and
 - (c) any and all records indicating leave accrual, usage, and balances for each individual.

Massachusetts law provides that employers shall furnish a copy of wage and hour records **immediately** to the attorney general upon request. However, to provide you with some time to gather the records, you may have until **September 26, 2018** to deliver the documents to me, Investigator Yolanda Kruczkowski, Office of the Attorney General, Fair Labor Division, One Ashburton Place, Room 1813, Boston, MA, 02108 or Yolanda.Kruczkowski@state.ma.us. Your failure to provide the requested documents by **September 26, 2018** may result in a civil citation.

Massachusetts General Laws c. 149, §§ 148A, 148C(h) and 148C(i) make it unlawful for an employer to attempt to interfere with an employee's rights under the Massachusetts Wage and Hour and Earned Sick Time Laws. Should an employer take **any** adverse action, including disciplinary action or termination, against an employee for exercising his or her rights under these laws, the employer may also be subject to additional sanctions from our office.

Thank you for your attention to this matter.

Sincerely,

Yolanda Kruczkowski

Yolanda Kruczkowski, Investigator
Office of the Attorney General
Fair Labor Division
Email: Yolanda.Kruczkowski@state.ma.us
Phone: (617) 963-2326

Enclosures: Declaration

DECLARATION TO BE SUBMITTED WITH
RECORDS PROVIDED TO FAIR LABOR DIVISION OF THE OFFICE OF THE ATTORNEY
GENERAL

_____, _____
(Date)

I, _____,
(Print Name)

do hereby state, under the pains and penalties of perjury, that I have provided all true and accurate records requested by the Fair Labor Division of the Office of the Attorney General, as required by Massachusetts General Laws c. 151, §§ 3 and 15.

Signature _____

Title _____

Company Name _____

Address _____

Telephone # _____

Email _____

Please send this declaration along with your written response and the requested documents to:

Yolanda Kruczkowski, Investigator II
Office of the Attorney General
Fair Labor Division
One Ashburton Place, Room 1813
Boston, MA 02108
Email: Yolanda.Kruczkowski@state.ma.us

From: Hiraes, Lillian (AGO)
Sent: Thursday, June 21, 2018 5:05 PM
To: jmerrill@ksrlawfirm.com
Cc: Kruczkowski, Yolanda (AGO)
Subject: FW: Green Life Janitorial

Follow Up Flag: Follow up
Flag Status: Flagged

Attorney Merrill,

This confirms that the Office of the Attorney General accepts your clients' proposed payment plan to resolve the citations issued against them. Payments should be made in the form of a certified bank check or money order and be payable to the "Office of the Attorney General" and mailed to the following address:

Fair Labor Division
Office of the Attorney General
P.O. Box 6303
Boston, MA 02114

Please let me know by what day of the month we can expect to receive each monthly payment. If your clients, however, are late with a payment, please let them know that we will move forward with a tax lien for the remaining balance. We look forward to hearing from you. Thank you.

Lillian

Lillian Hiraes
Assistant Attorney General
Fair Labor Division
Office of the Attorney General
One Ashburton Place
Boston, MA 02108
(617) 963-2169 -- direct line
(617) 722-3066 -- fax
lillian.hiraes@state.ma.us
www.mass.gov/ago

From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Thursday, June 14, 2018 3:33 PM
To: Kruczkowski, Yolanda (AGO) <Yolanda.Kruczkowski@MassMail.State.MA.US>
Subject: Green Life Janitorial

Yolanda,

Green Life can pay \$500 in June and \$1,000 in the months July to November to satisfy the citations.

Please advise if this is agreeable.

Regards.

Jack

Jack K. Merrill, Esq.

Employment Law and Civil Litigation

KSR Law

160 Gould Street, Suite 102

Needham, MA 02494

Tel: 781-418-5116

Fax: 781-444-1066

www.ksrlawfirm.com

www.framinghamlegal.com

This e-mail may contain confidential and/or privileged information. If you are not the intended recipient or have received this e-mail in error please notify the sender immediately and destroy this e-mail and all attachments. Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden. Any tax advice (either directly on this email or in any attached files) was not intended or written to be used, and cannot be used, by the recipient for the purpose of avoiding any penalty that may be imposed under the Internal Revenue Code or any other state or local tax provision. KSR Law is a trade name of Kushner Sanders Ravinal LLP.

CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS



The Commonwealth of Massachusetts
Office of the Attorney General
Fair Labor Division
One Ashburton Place, Rm. 1813
Boston, MA 02108

Antonio Ramos Silva, Individually, and
Rosilene Silva, Individually, and
Green Life Janitorial Corp.
28 Church Street, STE 9
Winchester, MA 01890



Restitution, Civil Penalty, Paid Direct, # of Employees, Total Citation, Balance Due

You are hereby ordered to rectify all infractions immediately and to comply with all provisions of Massachusetts General Laws, Chapters 149 and 151.

Second or subsequent offense

After an investigation by the Fair Labor Division, you are hereby cited for the following violation(s) of the Massachusetts General Laws:

M.G.L. c. 151, §§15, 19(3): Failure to keep true and accurate payroll records from to
With specific intent Without specific intent Penalty:

M.G.L. c. 151, §§15, 19(3): Failure to furnish true and accurate payroll records to the AGO on 2/21/18, 4/6/18, and 4/27/18
With specific intent Without specific intent Penalty: \$5,000.00

Pursuant to M.G.L. c. 149, section 27C(b)(2), in determining the amount of the civil penalty (if any), the following factors have been taken into consideration where the information was available and where applicable: previous violations (if any), the employer's intent, the number of employees affected, the monetary extent of the violation(s), and the total monetary amount of the public contract or payroll involved.

Citation # 18-02-48590-001

Investigator Yolanda Kruczkowski Date Issued 6/7/2018
By Certified Mail # 91 7199 9991 7033 7608 3072 and First Class Mail 6/7/2018

CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS

Payment Instructions for Civil Citation

Payments for orders of restitution and civil penalties must be made payable to the Commonwealth of Massachusetts and sent to:

**Office of the Attorney General
Fair Labor Division
Civil Citation Unit
P.O. Box 6303
Boston, MA 02114**

Only bank checks or money orders will be accepted. Please include a copy of the citation and write the citation number (located at the bottom center of the reverse side) on your check.

Failure to Comply With Civil Citation

In accordance with Massachusetts General Law chapter 149, sections 27C(b)(6) and (7), failure to pay any civil penalty within 21 days of receipt of this citation **will** result in a one year debarment from bidding on public works projects and a lien for the amount of such penalty and any restitution ordered, plus 18% interest upon the real estate or personal property of the person who has failed to pay such penalty and may result in a criminal prosecution and/or stop work order unless a notice of appeal has been filed with the Attorney General and the Division of Administrative Law Appeals within 10 days of receipt of this citation.

Right to Appeal This Citation

You have the right to appeal the issuance of this citation to the Division of Administrative Law Appeals ("DALA"). A notice of this appeal must be filed with both the Attorney General and DALA within **10 days** from receipt of the citation.

An employer appealing a citation will be granted a hearing before DALA in accordance with the provisions of General Laws chapter 30A. After the hearing, DALA may affirm, vacate or modify the citation. G.L. c. 149, § 27C(b)(4).

Anyone aggrieved by DALA's decision may appeal to the Superior Court "within thirty days after receipt of notice of the final decision . . . or if a petition for rehearing has been timely filed . . . , within thirty days after receipt of notice of . . . denial of such petition for rehearing." G.L. c. 30A, § 14(1).

To appeal this citation you must file a notice of appeal within ten days to **both** of the following agencies and please enclose a copy of the civil citation you are appealing:

**Office of the Attorney General
Fair Labor Division
Civil Citation Unit
One Ashburton Place, Rm. 1813
Boston, MA 02108**

&

**Division of Administrative Law Appeals
One Congress Street, 11th Floor
Boston, MA 02114**

Order to Comply With the Law

This citation contains an order for you to rectify all infractions immediately and to comply with all provisions of Massachusetts General Laws Chapters 149 and 151. In order to fully comply with this order you must familiarize yourself with your legal obligations as an employer in Massachusetts. A subsequent violation of Massachusetts wage and hour law may result in your being charged as an intentional or willful subsequent offender.

CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS



The Commonwealth of Massachusetts
Office of the Attorney General
Fair Labor Division
One Ashburton Place, Rm. 1813
Boston, MA 02108

Antonio Ramos Silva, Individually, and
Rosilene Silva, Individually, and
Green Life Janitorial Corp
28 Church Street, STE 9
Winchester, MA 01890



Restitution, Civil Penalty, Total Citation, Paid Direct, # of Employees, Balance Due

You are hereby ordered to rectify all infractions immediately and to comply with all provisions of Massachusetts General Laws, Chapters 149 and 151.

Second or subsequent offense

After an investigation by the Fair Labor Division, you are hereby cited for the following violation(s) of the Massachusetts General Laws:

M.G.L. c. 149, §148C: Violation of the Massachusetts Earned Sick Time Law from 2/1/2016 to 2/7/2018 :
Failure to have a compliant Earned Sick Time policy

- 1. Employee: Restitution:
2. Employee: Restitution:
3. Employee: Restitution:
4. Employee: Restitution:
5. Employee: Restitution:

With specific intent, Without specific intent, See attachment

Pursuant to M.G.L. c. 149, section 27C(b)(2), in determining the amount of the civil penalty (if any), the following factors have been taken into consideration where the information was available and where applicable: previous violations (if any), the employer's intent, the number of employees affected, the monetary extent of the violation(s), and the total monetary amount of the public contract or payroll involved.

Citation # 18-02-48590-002

Investigator Yolanda Kruczkowski Date Issued 6/7/2018
By Certified Mail # 91 7199 9991 7033 7608 3072 and First Class Mail 6/7/2018

CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS

Payment Instructions for Civil Citation

Payments for orders of restitution and civil penalties must be made payable to the Commonwealth of Massachusetts and sent to:

Office of the Attorney General
Fair Labor Division
Civil Citation Unit
P.O. Box 6303
Boston, MA 02114

Only bank checks or money orders will be accepted. Please include a copy of the citation and write the citation number (located at the bottom center of the reverse side) on your check.

Failure to Comply With Civil Citation

In accordance with Massachusetts General Law chapter 149, sections 27C(b)(6) and (7), failure to pay any civil penalty within 21 days of receipt of this citation **will** result in a one year debarment from bidding on public works projects and a lien for the amount of such penalty and any restitution ordered, plus 18% interest upon the real estate or personal property of the person who has failed to pay such penalty and may result in a criminal prosecution and/or stop work order unless a notice of appeal has been filed with the Attorney General and the Division of Administrative Law Appeals within 10 days of receipt of this citation.

Right to Appeal This Citation

You have the right to appeal the issuance of this citation to the Division of Administrative Law Appeals (“DALA”). A notice of this appeal must be filed with both the Attorney General and DALA within **10 days** from receipt of the citation.

An employer appealing a citation will be granted a hearing before DALA in accordance with the provisions of General Laws chapter 30A. After the hearing, DALA may affirm, vacate or modify the citation. G.L. c. 149, § 27C(b)(4).

Anyone aggrieved by DALA's decision may appeal to the Superior Court “within thirty days after receipt of notice of the final decision . . . or if a petition for rehearing has been timely filed . . ., within thirty days after receipt of notice of . . . denial of such petition for rehearing.” G.L. c. 30A, § 14(1).

To appeal this citation you must file a notice of appeal within ten days to **both** of the following agencies and please enclose a copy of the civil citation you are appealing:

Office of the Attorney General
Fair Labor Division
Civil Citation Unit
One Ashburton Place, Rm. 1813
Boston, MA 02108

&

Division of Administrative Law Appeals
One Congress Street, 11th Floor
Boston, MA 02114

Order to Comply With the Law

This citation contains an order for you to rectify all infractions immediately and to comply with all provisions of Massachusetts General Laws Chapters 149 and 151. In order to fully comply with this order you must familiarize yourself with your legal obligations as an employer in Massachusetts. A subsequent violation of Massachusetts wage and hour law may result in your being charged as an intentional or willful subsequent offender.

From: Kruczkowski, Yolanda (AGO)
Sent: Thursday, June 7, 2018 1:07 PM
To: 'Jack Merrill'
Subject: RE: Green Life Janitorial
Attachments: 18-02-48590-001.pdf; 18-02-48590-002.pdf

Attorney Merrill,

Attached are copies of two citations issued to your client today. Please contact me if you have any questions.

Sincerely,

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: Kruczkowski, Yolanda (AGO)
Sent: Thursday, May 31, 2018 11:22 AM
To: 'Jack Merrill' <jmerrill@ksrlawfirm.com>
Subject: RE: Green Life Janitorial

Attorney Merrill,

Per my April 20, 2018 email, the documents were due on April 27th. Since we do not have the documents we will be issuing a records citation shortly.

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Wednesday, May 30, 2018 3:29 PM

To: Kruczkowski, Yolanda (AGO) <Yolanda.Kruczkowski@MassMail.State.MA.US>

Subject: Green Life Janitorial

Ms. Kruczdowski,

I'm following up on my May 1 note as I have no reply from you. I have collected a variety of employee pay information from Green Life at this point. This includes numerous copies of checks paid to workers and employee contact information. I also have some data from ADP, though it's not very thorough as it appears the company was not used much for payroll. I'm working on getting additional information on hours of work.

Please let me know case status and how you'd like to proceed.

Thank you.

Jack

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
Kushner Sanders Ravinal LLP
160 Gould Street, Suite 102
Needham, MA 02494
Tel: 781-418-5116
Fax: 781-444-1066
www.ksrlawfirm.com
www.framinghamlegal.com

From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Wednesday, May 30, 2018 3:29 PM
To: Kruczkowski, Yolanda (AGO)
Subject: Green Life Janitorial

Follow Up Flag: Follow up
Flag Status: Completed

Ms. Kruczdowski,

I'm following up on my May 1 note as I have no reply from you. I have collected a variety of employee pay information from Green Life at this point. This includes numerous copies of checks paid to workers and employee contact information. I also have some data from ADP, though it's not very thorough as it appears the company was not used much for payroll. I'm working on getting additional information on hours of work.

Please let me know case status and how you'd like to proceed.

Thank you.

Jack

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
Kushner Sanders Ravinal LLP
160 Gould Street, Suite 102
Needham, MA 02494
Tel: 781-418-5116
Fax: 781-444-1066
www.ksrlawfirm.com
www.framinghamlegal.com

From: Jack Merrill <jmerrill@ksrlawfirm.com>
Sent: Friday, April 20, 2018 10:49 AM
To: Kruczkowski, Yolanda (AGO)
Subject: RE: Green Life Janitorial

Thank you. Sorry for the delay. I did get your vm the other day but have been in the middle of a trial. The client is due in today to formally retain me and I have been working to collect information from them. I will try to get this all to you by next week and will send the email on rep later today, I expect.

Regards.

Jack

Jack K. Merrill, Esq.
Employment Law and Civil Litigation
Kushner Sanders Ravinal LLP
160 Gould Street, Suite 102
Needham, MA 02494
Tel: 781-418-5116
Fax: 781-444-1066
www.ksrlawfirm.com
www.framinghamlegal.com

From: Kruczkowski, Yolanda (AGO) [mailto:yolanda.kruczkowski@state.ma.us]
Sent: Friday, April 20, 2018 10:36 AM
To: jmerrill@ksrlawfirm.com
Subject: Green Life Janitorial

Attorney Merrill,

Per my voicemail message on Tuesday, I have not received a letter of representation from you or the requested records from Green Life Janitorial. If I do not receive the requested documents from Green Life Janitorial by April 27, 2018, I will recommend that our office take enforcement action. Below is a list of the outstanding requested information:

1. Copies of the daily and weekly timekeeping records for all workers during February 2016 to February 2018;
2. Copies of any and all proof of wage payments, including, but not limited to, negotiated checks and bank statements during February 2016 to February 2018;
3. List of all workers, including their full names, dates of employment, and rates of pay, who performed work during February 2016-February 2018;
4. Green Life's client list for the period of February 2016 to February 2018;
5. Does Green Life Janitorial intend to create an earned sick time policy to reflect the Earned Sick Time law?

Please provide a response. If you have any questions, please contact me.

Sincerely,

Yolanda Kruczkowski
Investigator II

Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: Green Life Janitorial Gmail <admgreenlifecleaning@gmail.com>
Sent: Thursday, March 29, 2018 11:47 AM
To: Kruczkowski, Yolanda (AGO)
Subject: RE: FW: Green Life Janitorial

I see.

From: Kruczkowski, Yolanda (AGO) <yolanda.kruczkowski@state.ma.us>
Sent: Thursday, March 29, 2018 11:42 AM
To: Antonio Ramos <admgreenlifecleaning@gmail.com>
Subject: RE: FW: Green Life Janitorial

I'm interested to know where employees are working.

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: Antonio Ramos <admgreenlifecleaning@gmail.com>
Sent: Thursday, March 29, 2018 11:02 AM
To: Kruczkowski, Yolanda (AGO) <Yolanda.Kruczkowski@MassMail.State.MA.US>
Subject: Re: FW: Green Life Janitorial

Good day
Thank you for answering my call .
One question:
Why do you need my client list for?
thank you

On Thu, Mar 29, 2018 at 10:57 AM Kruczkowski, Yolanda (AGO) <yolanda.kruczkowski@state.ma.us> wrote:

Ms. Silva,

Per today's telephone call, I allowed an extension to provide the outstanding documents to me no later than April 6, 2018.

In addition to the requested documents, please also provide Green Life Janitorial's client list.

Please confirm you received my email.

Sincerely,

Yolanda Kruczkowski

Investigator II

Fair Labor Division

Office of the Attorney General Maura Healey

One Ashburton Place, Room 1813 (Mail)

[100 Cambridge Street](#), 12th Floor (Location)

Boston, MA 02108

Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

From: Kruczkowski, Yolanda

Sent: Tuesday, February 27, 2018 2:59 PM

To: admgreenlifecleaning@gmail.com

Subject: Green Life Janitorial

Ms. Silva,

I received your response to the demand letter requesting records for Green Life Janitorial and below are my requests for information:

1. Provide copies of the daily and weekly timekeeping records for all workers during February 2016 to February 2018;

1. Provide copies of any and all proof of wage payments, including, but not limited to, negotiated checks and bank statements during February 2016 to February 2018;
2. Provide a list of all workers, including their full names, dates of employment, and rates of pay, who performed work during February 2016-February 2018; and
3. Does Green Life Janitorial intend to create an earned sick time policy to reflect the Earned Sick Time law?

Please provide a response no later than March 9, 2018. If you have any questions, please contact me.

Sincerely,

Yolanda Kruczkowski

Investigator II

Fair Labor Division

Office of the Attorney General Maura Healey

One Ashburton Place, Room 1813 (Mail)

100 Cambridge Street, 12th Floor (Location)

Boston, MA 02108

(Tel) 617-963-2326

(Fax) 617-722-3066

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

—
Antonio Ramos
Green Life Janitorial Corp.

Phone:(781)605-1023

Fax: (781)605-1280

Cell: 

Mailing address: Po Box 853 Winchester MA 01890

Address : 28 Church St - Suite 9 - Winchester - MA 01890

Email: admgreenlifecleaning@gmail.com





THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

February 7, 2018

Via Regular and Certified Mail # 91 7199 9991 7033 7608 0149

Antonio Ramos Silva, President
Green Life Janitorial Corp.
28 Church Street, STE 9
Winchester, MA 01890

Dear Mr. Silva:

This letter serves as a formal request to Green Life Janitorial Corp., under G.L. c. 151, §§ 3 and 15, for true and accurate copies of the following documents relating to work performed by all individuals engaged to provide services in Massachusetts during February 1, 2016 to present:

- Payroll ledgers, paystub records, and time-keeping records which reflect the individual's identity, address, occupation, number of hours of work performed each day and each week, wages paid, and deductions taken each pay period;
- Copies of any and all proof of the wage payments, including, but not limited to, negotiated checks and bank statements; and
- Information relating to any and all policies for earned sick time leave and/or allowable substitute leave, including:
 - (a) the contents of any such policies, including any revisions, and effective date(s);
 - (b) all records showing when and how any such policy or revisions were communicated to individuals providing services in Massachusetts; and
 - (c) any and all records indicating leave accrual, usage, and balances for each individual.

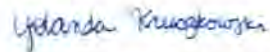
Massachusetts law provides that employers shall furnish a copy of wage and hour records **immediately** to the attorney general upon request. However, to provide you with some time to gather and copy the records, you may have until **February 21, 2018** to deliver the documents to me, Investigator Yolanda Kruczkowski, Office of the Attorney General, Fair Labor Division, One Ashburton Place, Room 1813, Boston, MA, 02108 or Yolanda.Kruczkowski@state.ma.us. Your failure to provide the requested documents by **February 21, 2018** may result in a civil citation.

Massachusetts General Laws c. 149, §§ 148A, 148C(h) and 148C(i) make it unlawful for an

employer to attempt to interfere with an employee's rights under the Massachusetts Wage and Hour and Earned Sick Time Laws. Should an employer take **any** adverse action, including disciplinary action or termination, against an employee for exercising his or her rights under these laws, the employer may also be subject to additional sanctions from our office.

Thank you for your attention to this matter.

Sincerely,



Yolanda Kruczkowski, Investigator
Office of the Attorney General
Fair Labor Division
Email: Yolanda.Kruczkowski@state.ma.us
Phone: (617) 963-2326

Enclosures: Declaration and Establishment Information Form



The Commonwealth of Massachusetts
 Office of Attorney General Maura Healey
 Fair Labor Division
 One Ashburton Place, 18th Floor
 Boston, MA 02108 (617) 727-2200
 www.mass.gov/ago/flid

ESTABLISHMENT INFORMATION

Submit this completed form along with all other records being requested by the Fair Labor Division - Office of the Attorney General.

Federal ID # [REDACTED]

| | | | | | |
|---|--|-------------------------------------|---|---|--------------------------|
| Name of Business <i>Green Life Janitorial Corp.</i> | | Phone Number <i>781-605-1023</i> | | E-mail Address <i>admgreenlifecleaning@gmail.com</i> | |
| Street Address <i>28 Church St.</i> | | City <i>Winchester</i> | | State <i>MA</i> | Zip Code <i>01890</i> |
| Company President/Manager/Owner Name <i>Antonio Ramos</i> | | | Company President/Manager/Owner Phone Number [REDACTED] | | |
| Company President/Manager/Owner Address [REDACTED] | | | Company President/Manager/Owner E-mail Address <i>admgreenlifecleaning@gmail.com</i> | | |
| Type of Business (Examples: agriculture, construction, healthcare, restaurant, retail, staffing agency, etc.) <i>Janitorial Services</i> | | | | | |

Number of years/months this business has been in operation *± 5 years + couple months*

Sole Proprietorship Partnership Corporation Other _____

of employees at this establishment *10* other locations _____

Employees are paid Weekly Bi-Weekly Monthly Other

Please identify your weekly workweek for pay period purposes (Example: Sunday-Saturday; Monday-Sunday, etc.)
Monday - Saturday and Monday - Friday

Total gross annual payroll amount *\$ 9,840.00* annual

Does your business have an earned sick time policy? Yes No

Does your business employ anyone under the age of 18 at any time during the year? Yes No

Does your business utilize independent contractors? Yes please attach an explanation of their role(s) No

Name and title of person completing this form
Rosilene Silva

Phone number and e-mail address for the above-named person
[REDACTED] *admgreenlifecleaning@gmail.com*

I do hereby affirm under the pains and penalties of perjury, that I have provided all true and accurate information requested by the Fair Labor Division of the Office of the Attorney General, as required by Massachusetts General Laws c. 151, §§ 3 and 15.

Signature *Rosilene* Date *Feb. 20, 2018*

DECLARATION TO BE SUBMITTED WITH
RECORDS PROVIDED TO FAIR LABOR DIVISION OF THE OFFICE OF THE ATTORNEY
GENERAL

02-20-2018, 2018
(Date)

I, Rosaline Silva,
(Print Name)

do hereby state, under the pains and penalties of perjury, that I have provided all true and accurate records requested by the Fair Labor Division of the Office of the Attorney General, as required by Massachusetts General Laws c. 151, §§ 3 and 15.

Signature 

Title Treasure - Secretary

Company Name Green Life Janitorial Corp.

Address 28 Church St. Winchester - MA 01890

Telephone # 781-605-1023

Email adimgreenlifecleaning@gmail.com

Please send this declaration along with your written response and the requested documents to:

Yolanda Kruczkowski, Investigator II
Office of the Attorney General
Fair Labor Division
One Ashburton Place, Room 1813
Boston, MA 02108
Email: Yolanda.Kruczkowski@state.ma.us

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|--|--------|------|--------|-------|--------|------------|--------|----------|-----------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | (1.00) | | 0.00 | | | | | 0.00 | | |
| | (1.00) | | 0.00 | | | | | | | |
| Check Date: 02/04/2016 / Adjustment-PPA | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | (1.00) | | \$0.00 | | | | | \$0.00 | | |
| | (1.00) | | \$0.00 | | | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | (1.00) | | \$0.00 | | | | | \$0.00 | | |
| | (1.00) | | \$0.00 | | | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Net Pay | Employer | |
|--|-------|------|--------|-------|--------|------------|--------|---------|-----------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 1.00 | | 0.00 | | | | | 0.00 | | |
| | 1.00 | | 0.00 | | | | | | | |
| Check Date: 02/04/2016 / Net Pay: \$0.00 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|-------|------|----------|------------|---------|------------|--------|----------|----------------|---------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 86.67 | | 700.00 | FED FIT | 0.63 | | | 624.33 | FED SOCSEC-ER | 43.40 |
| | 86.67 | | 700.00 | FED SOCSEC | 43.40 | | | | FED MEDCARE-ER | 10.15 |
| | | | | FED | 10.15 | | | | FED FUTA | 4.20 |
| | | | | MEDCARE | | | | | MA SUI-ER | 23.70 |
| | | | | MA SIT | 21.49 | | | | | 81.45 |
| | | | | | 75.67 | | | | | |
| Check Date: 02/18/2016 / Check / Check No: 50010 \$624.33 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 86.67 | | \$700.00 | FED FIT | \$0.63 | | | \$624.33 | FED SOCSEC-ER | \$43.40 |
| | 86.67 | | \$700.00 | FED SOCSEC | \$43.40 | | | | FED MEDCARE-ER | \$10.15 |
| | | | | FED | \$10.15 | | | | FED FUTA | \$4.20 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$23.70 |
| | | | | MA SIT | \$21.49 | | | | | \$81.45 |
| | | | | | \$75.67 | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 86.67 | | \$700.00 | FED FIT | \$0.63 | | | \$624.33 | FED SOCSEC-ER | \$43.40 |
| | 86.67 | | \$700.00 | FED SOCSEC | \$43.40 | | | | FED MEDCARE-ER | \$10.15 |
| | | | | FED | \$10.15 | | | | FED FUTA | \$4.20 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$23.70 |
| | | | | MA SIT | \$21.49 | | | | | \$81.45 |
| | | | | | \$75.67 | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|-------|------|--------|------------|--------|------------|--------|----------|----------------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 86.67 | | 500.00 | FED SOCSEC | 31.00 | | | 449.68 | FED SOCSEC-ER | 31.00 |
| | 86.67 | | 500.00 | FED | 7.25 | | | | FED MEDCARE-ER | 7.25 |
| | | | | MEDCARE | | | | | FED FUTA | 3.00 |
| | | | | MA SIT | 12.07 | | | | MA SUI-ER | 18.53 |
| | | | | | 50.32 | | | | | 59.78 |
| Check Date: 03/01/2016 / Check / Check No: 50011 \$449.68 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 86.67 | | 500.00 | FED SOCSEC | 31.00 | | | 449.68 | FED SOCSEC-ER | 31.00 |
| | 86.67 | | 500.00 | FED | 7.25 | | | | FED MEDCARE-ER | 7.25 |
| | | | | MEDCARE | | | | | FED FUTA | 3.00 |
| | | | | MA SIT | 12.07 | | | | MA SUI-ER | 18.53 |
| | | | | | 50.32 | | | | | 59.78 |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 86.67 | | 500.00 | FED SOCSEC | 31.00 | | | 449.68 | FED SOCSEC-ER | 31.00 |
| | 86.67 | | 500.00 | FED | 7.25 | | | | FED MEDCARE-ER | 7.25 |
| | | | | MEDCARE | | | | | FED FUTA | 3.00 |
| | | | | MA SIT | 12.07 | | | | MA SUI-ER | 18.53 |
| | | | | | 50.32 | | | | | 59.78 |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Net Pay | Employer | |
|---|--------|---------|------------|------------|----------|------------|--------|----------|----------------|----------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: ██████████ | | | | | | | | | | |
| Regular | 54.00 | 14.5000 | 783.00 | FED FIT | 84.06 | | | 602.16 | FED SOCSEC-ER | 48.55 |
| | 54.00 | | 783.00 | FED SOCSEC | 48.55 | | | | FED MEDCARE-ER | 11.35 |
| | | | | FED | 11.35 | | | | FED FUTA | 4.70 |
| | | | | MEDCARE | | | | | MA SU-ER | 29.02 |
| | | | | MA SIT | 36.88 | | | | | 93.62 |
| | | | | | 180.84 | | | | | |
| Check Date: 03/16/2016 / Check / Check No: 50012 \$602.16 | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 86.67 | | 300.00 | FED SOCSEC | 18.60 | | | 274.40 | FED SOCSEC-ER | 18.60 |
| | 86.67 | | 300.00 | FED | 4.35 | | | | FED MEDCARE-ER | 4.35 |
| | | | | MEDCARE | | | | | FED FUTA | 1.80 |
| | | | | MA SIT | 2.65 | | | | MA SU-ER | 11.12 |
| | | | | | 25.60 | | | | | 35.87 |
| Check Date: 03/16/2016 / Check / Check No: 50013 \$274.40 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 140.67 | | \$1,083.00 | FED FIT | \$84.06 | | | \$876.56 | FED SOCSEC-ER | \$67.15 |
| | 140.67 | | \$1,083.00 | FED SOCSEC | \$67.15 | | | | FED MEDCARE-ER | \$15.70 |
| | | | | FED | \$15.70 | | | | FED FUTA | \$6.50 |
| | | | | MEDCARE | | | | | MA SU-ER | \$40.14 |
| | | | | MA SIT | \$39.53 | | | | | \$129.49 |
| | | | | | \$206.44 | | | | | |
| Total Employees - Semimonthly: 2 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 140.67 | | \$1,083.00 | FED FIT | \$84.06 | | | \$876.56 | FED SOCSEC-ER | \$67.15 |
| | 140.67 | | \$1,083.00 | FED SOCSEC | \$67.15 | | | | FED MEDCARE-ER | \$15.70 |
| | | | | FED | \$15.70 | | | | FED FUTA | \$6.50 |
| | | | | MEDCARE | | | | | MA SU-ER | \$40.14 |
| | | | | MA SIT | \$39.53 | | | | | \$129.49 |
| | | | | | \$206.44 | | | | | |
| Total Employees - Company: 2 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|--------|---------|------------|------------|----------|------------|--------|------------|----------------|----------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: [REDACTED] | | | | | | | | | | |
| Regular | 68.00 | 14.5000 | 986.00 | FED FIT | 114.51 | | | 749.62 | FED SOCSEC-ER | 61.13 |
| | 68.00 | | 986.00 | FED SOCSEC | 61.13 | | | | FED MEDCARE-ER | 14.30 |
| | | | | FED | 14.30 | | | | FED FUTA | 5.92 |
| | | | | MEDCARE | | | | | MA SUI-ER | 36.54 |
| | | | | MA SIT | 46.44 | | | | | 117.89 |
| | | | | | 236.38 | | | | | |
| Check Date: 04/01/2016 / Check / Check No: 50014 \$749.62 | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 86.67 | | 600.00 | FED SOCSEC | 37.20 | | | 537.32 | FED SOCSEC-ER | 37.20 |
| | 86.67 | | 600.00 | FED | 8.70 | | | | FED MEDCARE-ER | 8.70 |
| | | | | MEDCARE | | | | | FED FUTA | 3.60 |
| | | | | MA SIT | 16.78 | | | | MA SUI-ER | 22.24 |
| | | | | | 62.68 | | | | | 71.74 |
| Check Date: 04/01/2016 / Check / Check No: 50015 \$537.32 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 154.67 | | \$1,586.00 | FED FIT | \$114.51 | | | \$1,286.94 | FED SOCSEC-ER | \$98.33 |
| | 154.67 | | \$1,586.00 | FED SOCSEC | \$98.33 | | | | FED MEDCARE-ER | \$23.00 |
| | | | | FED | \$23.00 | | | | FED FUTA | \$9.52 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$58.78 |
| | | | | MA SIT | \$63.22 | | | | | \$189.63 |
| | | | | | \$299.06 | | | | | |
| Total Employees - Semimonthly: 2 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 154.67 | | \$1,586.00 | FED FIT | \$114.51 | | | \$1,286.94 | FED SOCSEC-ER | \$98.33 |
| | 154.67 | | \$1,586.00 | FED SOCSEC | \$98.33 | | | | FED MEDCARE-ER | \$23.00 |
| | | | | FED | \$23.00 | | | | FED FUTA | \$9.52 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$58.78 |
| | | | | MA SIT | \$63.22 | | | | | \$189.63 |
| | | | | | \$299.06 | | | | | |
| Total Employees - Company: 2 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Net Pay | Employer | |
|---|--------|---------|------------|------------|----------|------------|--------|------------|----------------|----------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: [REDACTED] | | | | | | | | | | |
| Regular | 54.00 | 14.5000 | 783.00 | FED FIT | 84.06 | | | 602.17 | FED SOCSEC-ER | 48.55 |
| | 54.00 | | 783.00 | FED SOCSEC | 48.54 | | | | FED MEDCARE-ER | 11.35 |
| | | | | FED | 11.35 | | | | FED FUTA | 4.70 |
| | | | | MEDCARE | | | | | MA SUI-ER | 29.02 |
| | | | | MA SIT | 36.88 | | | | | 93.62 |
| | | | | | 180.83 | | | | | |
| Check Date: 04/26/2016 / Check / Check No: 50016 \$602.17 | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 86.67 | | 500.00 | FED SOCSEC | 31.00 | | | 449.68 | FED SOCSEC-ER | 31.00 |
| | 86.67 | | 500.00 | FED | 7.25 | | | | FED MEDCARE-ER | 7.25 |
| | | | | MEDCARE | | | | | FED FUTA | 3.00 |
| | | | | MA SIT | 12.07 | | | | MA SUI-ER | 18.53 |
| | | | | | 50.32 | | | | | 59.78 |
| Check Date: 04/26/2016 / Check / Check No: 50017 \$449.68 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 140.67 | | \$1,283.00 | FED FIT | \$84.06 | | | \$1,051.85 | FED SOCSEC-ER | \$79.55 |
| | 140.67 | | \$1,283.00 | FED SOCSEC | \$79.54 | | | | FED MEDCARE-ER | \$18.60 |
| | | | | FED | \$18.60 | | | | FED FUTA | \$7.70 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$47.55 |
| | | | | MA SIT | \$48.95 | | | | | \$153.40 |
| | | | | | \$231.15 | | | | | |
| Total Employees - Semimonthly: 2 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 140.67 | | \$1,283.00 | FED FIT | \$84.06 | | | \$1,051.85 | FED SOCSEC-ER | \$79.55 |
| | 140.67 | | \$1,283.00 | FED SOCSEC | \$79.54 | | | | FED MEDCARE-ER | \$18.60 |
| | | | | FED | \$18.60 | | | | FED FUTA | \$7.70 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$47.55 |
| | | | | MA SIT | \$48.95 | | | | | \$153.40 |
| | | | | | \$231.15 | | | | | |
| Total Employees - Company: 2 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|-------|---------|----------|------------|---------|------------|--------|----------|----------------|---------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: [REDACTED] | | | | | | | | | | |
| Regular | 40.00 | 14.5000 | 580.00 | FED FIT | 53.61 | | | 454.70 | FED SOCSEC-ER | 35.96 |
| | 40.00 | | 580.00 | FED SOCSEC | 35.96 | | | | FED MEDCARE-ER | 8.41 |
| | | | | FED | 8.41 | | | | FED FUTA | 3.48 |
| | | | | MEDCARE | | | | | MA SUI-ER | 21.49 |
| | | | | MA SIT | 27.32 | | | | | 69.34 |
| | | | | | 125.30 | | | | | |
| Check Date: 05/18/2016 / Check / Check No: 50018 \$454.70 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 40.00 | | \$580.00 | FED FIT | \$53.61 | | | \$454.70 | FED SOCSEC-ER | \$35.96 |
| | 40.00 | | \$580.00 | FED SOCSEC | \$35.96 | | | | FED MEDCARE-ER | \$8.41 |
| | | | | FED | \$8.41 | | | | FED FUTA | \$3.48 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$21.49 |
| | | | | MA SIT | 27.32 | | | | | 69.34 |
| | | | | | 125.30 | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 40.00 | | \$580.00 | FED FIT | \$53.61 | | | \$454.70 | FED SOCSEC-ER | \$35.96 |
| | 40.00 | | \$580.00 | FED SOCSEC | \$35.96 | | | | FED MEDCARE-ER | \$8.41 |
| | | | | FED | \$8.41 | | | | FED FUTA | \$3.48 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$21.49 |
| | | | | MA SIT | 27.32 | | | | | 69.34 |
| | | | | | 125.30 | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|-------|---------|----------|------------|----------|------------|--------|----------|----------------|---------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: ██████████ | | | | | | | | | | |
| Regular | 39.00 | 14.5000 | 565.50 | FED FIT | 51.44 | | | 444.16 | FED SOCSEC-ER | 35.06 |
| | 39.00 | | 565.50 | FED SOCSEC | 35.07 | | | | FED MEDCARE-ER | 8.20 |
| | | | | FED | 8.20 | | | | FED FUTA | 3.39 |
| | | | | MEDCARE | | | | | MA SUI-ER | 20.96 |
| | | | | MA SIT | 26.63 | | | | | |
| | | | | | 121.34 | | | | | 67.61 |
| Check Date: 05/27/2016 / Check / Check No: 50019 \$444.16 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 39.00 | | \$565.50 | FED FIT | \$51.44 | | | \$444.16 | FED SOCSEC-ER | \$35.06 |
| | 39.00 | | \$565.50 | FED SOCSEC | \$35.07 | | | | FED MEDCARE-ER | \$8.20 |
| | | | | FED | \$8.20 | | | | FED FUTA | \$3.39 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$20.96 |
| | | | | MA SIT | \$26.63 | | | | | \$67.61 |
| | | | | | \$121.34 | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 39.00 | | \$565.50 | FED FIT | \$51.44 | | | \$444.16 | FED SOCSEC-ER | \$35.06 |
| | 39.00 | | \$565.50 | FED SOCSEC | \$35.07 | | | | FED MEDCARE-ER | \$8.20 |
| | | | | FED | \$8.20 | | | | FED FUTA | \$3.39 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$20.96 |
| | | | | MA SIT | \$26.63 | | | | | \$67.61 |
| | | | | | \$121.34 | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|-------|---------|------------|------------|----------|------------|--------|----------|----------------|----------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: ██████████ | | | | | | | | | | |
| Regular | 80.00 | 14.5000 | 1,160.00 | FED FIT | 140.61 | | | 876.02 | FED SOCSEC-ER | 71.92 |
| | 80.00 | | 1,160.00 | FED SOCSEC | 71.92 | | | | FED MEDCARE-ER | 16.82 |
| | | | | FED | 16.82 | | | | FED FUTA | 6.96 |
| | | | | MEDCARE | | | | | MA SUI-ER | 42.99 |
| | | | | MA SIT | 54.63 | | | | | 138.69 |
| | | | | | 283.98 | | | | | |
| Check Date: 06/16/2016 / Check / Check No: 50020 \$876.02 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 80.00 | | \$1,160.00 | FED FIT | \$140.61 | | | \$876.02 | FED SOCSEC-ER | \$71.92 |
| | 80.00 | | \$1,160.00 | FED SOCSEC | \$71.92 | | | | FED MEDCARE-ER | \$16.82 |
| | | | | FED | \$16.82 | | | | FED FUTA | \$6.96 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$42.99 |
| | | | | MA SIT | \$54.63 | | | | | \$138.69 |
| | | | | | \$283.98 | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 80.00 | | \$1,160.00 | FED FIT | \$140.61 | | | \$876.02 | FED SOCSEC-ER | \$71.92 |
| | 80.00 | | \$1,160.00 | FED SOCSEC | \$71.92 | | | | FED MEDCARE-ER | \$16.82 |
| | | | | FED | \$16.82 | | | | FED FUTA | \$6.96 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$42.99 |
| | | | | MA SIT | \$54.63 | | | | | \$138.69 |
| | | | | | \$283.98 | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Net Pay | Employer | |
|--|------------|------|--------|-------|--------|------------|--------|---------|-----------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: | [REDACTED] | | | | | | | | | |
| Regular | 1.00 | | 0.00 | | | | | 0.00 | | |
| | 1.00 | | 0.00 | | | | | | | |
| Check Date: 07/22/2016 / Net Pay: \$0.00 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|--------|---------|------------|------------|----------|------------|--------|----------|----------------|----------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: [REDACTED] | | | | | | | | | | |
| Regular | 40.00 | 14.5000 | 580.00 | FED FIT | 53.91 | | | 454.70 | FED SOCSEC-ER | 35.96 |
| | 40.00 | | 580.00 | FED SOCSEC | 35.96 | | | | FED MEDCARE-ER | 8.41 |
| | | | | FED | 8.41 | | | | FED FUTA | 3.48 |
| | | | | MEDCARE | | | | | MA SUI-ER | 21.49 |
| | | | | MA SIT | 27.32 | | | | | 69.34 |
| | | | | | 125.30 | | | | | |
| Check Date: 08/02/2016 / Check / Check No: 50021 \$454.70 | | | | | | | | | | |
| Employee: [REDACTED] | | | | | | | | | | |
| Regular | 86.67 | | 500.00 | FED SOCSEC | 31.00 | | | 449.68 | FED SOCSEC-ER | 31.00 |
| | 86.67 | | 500.00 | FED | 7.25 | | | | FED MEDCARE-ER | 7.25 |
| | | | | MEDCARE | | | | | FED FUTA | 3.00 |
| | | | | MA SIT | 12.07 | | | | MA SUI-ER | 18.53 |
| | | | | | 50.32 | | | | | 59.78 |
| Check Date: 08/02/2016 / Check / Check No: 50022 \$449.68 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 126.67 | | \$1,080.00 | FED FIT | \$53.91 | | | \$904.38 | FED SOCSEC-ER | \$66.96 |
| | 126.67 | | \$1,080.00 | FED SOCSEC | \$66.96 | | | | FED MEDCARE-ER | \$15.66 |
| | | | | FED | \$15.66 | | | | FED FUTA | \$6.48 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$40.02 |
| | | | | MA SIT | \$39.39 | | | | | \$129.12 |
| | | | | | \$175.92 | | | | | |
| Total Employees - Semimonthly: 2 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 126.67 | | \$1,080.00 | FED FIT | \$53.91 | | | \$904.38 | FED SOCSEC-ER | \$66.96 |
| | 126.67 | | \$1,080.00 | FED SOCSEC | \$66.96 | | | | FED MEDCARE-ER | \$15.66 |
| | | | | FED | \$15.66 | | | | FED FUTA | \$6.48 |
| | | | | MEDCARE | | | | | MA SUI-ER | \$40.02 |
| | | | | MA SIT | \$39.39 | | | | | \$129.12 |
| | | | | | \$175.92 | | | | | |
| Total Employees - Company: 2 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|--|------------|------|--------|-------|------------|------------|--------|----------|-----------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: | [REDACTED] | | | | [REDACTED] | | | | | |
| Regular | 1.00 | | 0.00 | | | | | 0.00 | | |
| | 1.00 | | 0.00 | | | | | | | |
| Check Date: 09/13/2016 / Net Pay: \$0.00 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|--|------------|------|--------|-------|--------|------------|--------|----------|-----------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: | [REDACTED] | | | | | | | | | |
| Regular | 1.00 | | 0.00 | | | | | 0.00 | | |
| | 1.00 | | 0.00 | | | | | | | |
| Check Date: 10/19/2016 / Net Pay: \$0.00 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Net Pay | | Employer | |
|---|-------|---------|----------|------------|----------|------------|--------|----------|----------------|----------|---------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount | |
| Pay Frequency: Semimonthly | | | | | | | | | | | |
| Employee: ██████████ | | | | | | | | | | | |
| Regular | 40.00 | 15.0000 | 600.00 | FED FIT | 56.61 | | | 469.23 | FED SOCSEC-ER | 37.20 | |
| | 40.00 | | 600.00 | FED SOCSEC | 37.20 | | | | FED MEDCARE-ER | 6.70 | |
| | | | | FED | 8.70 | | | | FED FUTA | 3.60 | |
| | | | | MEDCARE | | | | | MA SUI-ER | 22.24 | |
| | | | | MA SIT | 28.26 | | | | | | 71.74 |
| | | | | | 130.77 | | | | | | |
| Check Date: 11/30/2016 / Check / Check No: 50023 \$469.23 | | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | | |
| Regular | 40.00 | | \$600.00 | FED FIT | \$56.61 | | | \$469.23 | FED SOCSEC-ER | \$37.20 | |
| | 40.00 | | \$600.00 | FED SOCSEC | \$37.20 | | | | FED MEDCARE-ER | \$6.70 | |
| | | | | FED | \$8.70 | | | | FED FUTA | \$3.60 | |
| | | | | MEDCARE | | | | | MA SUI-ER | \$22.24 | |
| | | | | MA SIT | \$28.26 | | | | | | \$71.74 |
| | | | | | \$130.77 | | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | | |
| Company Totals: | | | | | | | | | | | |
| Regular | 40.00 | | \$600.00 | FED FIT | \$56.61 | | | \$469.23 | FED SOCSEC-ER | \$37.20 | |
| | 40.00 | | \$600.00 | FED SOCSEC | \$37.20 | | | | FED MEDCARE-ER | \$6.70 | |
| | | | | FED | \$8.70 | | | | FED FUTA | \$3.60 | |
| | | | | MEDCARE | | | | | MA SUI-ER | \$22.24 | |
| | | | | MA SIT | \$28.26 | | | | | | \$71.74 |
| | | | | | \$130.77 | | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|-------|---------|--------|------------|--------|------------|--------|----------|----------------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: ██████████ | | | | | | | | | | |
| Regular | 66.00 | 10.6500 | 702.90 | FED FIT | 72.05 | | | 543.97 | FED SOCSEC-ER | 43.58 |
| | 66.00 | | 702.90 | FED SOCSEC | 43.58 | | | | FED MEDCARE-ER | 10.19 |
| | | | | FED | 10.19 | | | | FED FUTA | 4.22 |
| | | | | MEDCARE | | | | | MA SUI-ER | 26.05 |
| | | | | MA SIT | 33.11 | | | | | 84.04 |
| | | | | | 158.93 | | | | | |
| Check Date: 12/20/2016 / Check / Check No: 50024 \$543.97 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 66.00 | | 702.90 | FED FIT | 72.05 | | | 543.97 | FED SOCSEC-ER | 43.58 |
| | 66.00 | | 702.90 | FED SOCSEC | 43.58 | | | | FED MEDCARE-ER | 10.19 |
| | | | | FED | 10.19 | | | | FED FUTA | 4.22 |
| | | | | MEDCARE | | | | | MA SUI-ER | 26.05 |
| | | | | MA SIT | 33.11 | | | | | 84.04 |
| | | | | | 158.93 | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 66.00 | | 702.90 | FED FIT | 72.05 | | | 543.97 | FED SOCSEC-ER | 43.58 |
| | 66.00 | | 702.90 | FED SOCSEC | 43.58 | | | | FED MEDCARE-ER | 10.19 |
| | | | | FED | 10.19 | | | | FED FUTA | 4.22 |
| | | | | MEDCARE | | | | | MA SUI-ER | 26.05 |
| | | | | MA SIT | 33.11 | | | | | 84.04 |
| | | | | | 158.93 | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|--|-------|------|--------|-------|--------|------------|--------|----------|-----------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: ██████████ | | | | | | | | | | |
| Regular | 1.00 | | 0.00 | | | | | 0.00 | | |
| | 1.00 | | 0.00 | | | | | | | |
| Check Date: 02/06/2017 / Net Pay: \$0.00 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Net Pay | Employer | |
|---|-------|------|------------|------------|----------|------------|--------|----------|----------------|----------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 86.97 | | 1,000.00 | FED FIT | 30.21 | | | 857.67 | FED SOCSEC-ER | 62.00 |
| | 86.97 | | 1,000.00 | FED SOCSEC | 62.00 | | | | FED MEDCARE-ER | 14.50 |
| | | | | FED | 14.50 | | | | FED FUTA | 6.00 |
| | | | | MEDCARE | | | | | MA SU-ER | 27.66 |
| | | | | MA SIT | 35.62 | | | | | 110.16 |
| | | | | | 142.33 | | | | | |
| Check Date: 02/27/2017 / Check / Check No: 50025 \$857.67 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 86.97 | | \$1,000.00 | FED FIT | \$30.21 | | | \$857.67 | FED SOCSEC-ER | \$62.00 |
| | 86.97 | | \$1,000.00 | FED SOCSEC | \$62.00 | | | | FED MEDCARE-ER | \$14.50 |
| | | | | FED | \$14.50 | | | | FED FUTA | \$6.00 |
| | | | | MEDCARE | | | | | MA SU-ER | \$27.66 |
| | | | | MA SIT | \$35.62 | | | | | \$110.16 |
| | | | | | \$142.33 | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 86.97 | | \$1,000.00 | FED FIT | \$30.21 | | | \$857.67 | FED SOCSEC-ER | \$62.00 |
| | 86.97 | | \$1,000.00 | FED SOCSEC | \$62.00 | | | | FED MEDCARE-ER | \$14.50 |
| | | | | FED | \$14.50 | | | | FED FUTA | \$6.00 |
| | | | | MEDCARE | | | | | MA SU-ER | \$27.66 |
| | | | | MA SIT | \$35.62 | | | | | \$110.16 |
| | | | | | \$142.33 | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|--------|------|------------|------------|----------|------------|--------|----------|----------------|----------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 86.67 | | 600.00 | FED SOCSEC | 37.20 | | | 537.32 | FED SOCSEC-ER | 37.20 |
| | 86.67 | | 600.00 | FED | 8.70 | | | | FED MEDCARE-ER | 8.70 |
| | | | | MEDCARE | | | | | FED FUTA | 3.60 |
| | | | | MA SIT | 16.78 | | | | MA SUI-ER | 16.60 |
| | | | | | 62.98 | | | | | 66.10 |
| Check Date: 03/31/2017 / Check / Check No: 50026 \$537.32 | | | | | | | | | | |
| Employee: Silva, Rosilene | | | | | | | | | | |
| Regular | 40.00 | | 500.00 | FED SOCSEC | 31.00 | | | 449.68 | FED SOCSEC-ER | 31.00 |
| | 40.00 | | 500.00 | FED | 7.25 | | | | FED MEDCARE-ER | 7.25 |
| | | | | MEDCARE | | | | | FED FUTA | 3.00 |
| | | | | MA SIT | 12.07 | | | | MA SUI-ER | 13.83 |
| | | | | | 50.32 | | | | | 55.08 |
| Check Date: 03/31/2017 / Check / Check No: 50027 \$449.68 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 126.67 | | \$1,100.00 | FED SOCSEC | \$68.20 | | | \$987.00 | FED SOCSEC-ER | \$68.20 |
| | 126.67 | | \$1,100.00 | FED | \$15.95 | | | | FED MEDCARE-ER | \$15.95 |
| | | | | MEDCARE | | | | | FED FUTA | \$6.60 |
| | | | | MA SIT | \$28.85 | | | | MA SUI-ER | \$30.43 |
| | | | | | \$113.00 | | | | | \$121.18 |
| Total Employees - Semimonthly: 2 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 126.67 | | \$1,100.00 | FED SOCSEC | \$68.20 | | | \$987.00 | FED SOCSEC-ER | \$68.20 |
| | 126.67 | | \$1,100.00 | FED | \$15.95 | | | | FED MEDCARE-ER | \$15.95 |
| | | | | MEDCARE | | | | | FED FUTA | \$6.60 |
| | | | | MA SIT | \$28.85 | | | | MA SUI-ER | \$30.43 |
| | | | | | \$113.00 | | | | | \$121.18 |
| Total Employees - Company: 2 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Net Pay | Employee | |
|--|-------|------|--------|-------|--------|------------|--------|---------|-----------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 1.00 | | 0.00 | | | | | 0.00 | | |
| | 1.00 | | 0.00 | | | | | | | |
| Check Date: 05/09/2017 / Net Pay: \$0.00 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 1.00 | | \$0.00 | | | | | \$0.00 | | |
| | 1.00 | | \$0.00 | | | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|--------|------|------------|------------|----------|------------|--------|----------|----------------|----------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 86.67 | | 600.00 | FED SOCSEC | 37.20 | | | 537.32 | FED SOCSEC-ER | 37.20 |
| | 86.67 | | 600.00 | FED | 8.70 | | | | FED MEDCARE-ER | 8.70 |
| | | | | MEDCARE | | | | | FED FUTA | 3.60 |
| | | | | MA SIT | 16.78 | | | | MA SUI-ER | 16.60 |
| | | | | | 62.68 | | | | | 66.10 |
| Check Date: 05/16/2017 / Check / Check No: 50028 \$537.32 | | | | | | | | | | |
| Employee: Silva, Rosilene | | | | | | | | | | |
| Regular | 21.00 | | 500.00 | FED SOCSEC | 31.00 | | | 449.58 | FED SOCSEC-ER | 31.00 |
| | 21.00 | | 500.00 | FED | 7.25 | | | | FED MEDCARE-ER | 7.25 |
| | | | | MEDCARE | | | | | FED FUTA | 3.00 |
| | | | | MA SIT | 12.07 | | | | MA SUI-ER | 13.83 |
| | | | | | 50.32 | | | | | 55.08 |
| Check Date: 05/16/2017 / Check / Check No: 50029 \$449.68 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 107.67 | | \$1,100.00 | FED SOCSEC | \$68.20 | | | \$987.00 | FED SOCSEC-ER | \$68.20 |
| | 107.67 | | \$1,100.00 | FED | \$15.95 | | | | FED MEDCARE-ER | \$15.95 |
| | | | | MEDCARE | | | | | FED FUTA | \$6.60 |
| | | | | MA SIT | \$28.85 | | | | MA SUI-ER | \$30.43 |
| | | | | | \$113.00 | | | | | \$121.18 |
| Total Employees - Semimonthly: 2 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 107.67 | | \$1,100.00 | FED SOCSEC | \$68.20 | | | \$987.00 | FED SOCSEC-ER | \$68.20 |
| | 107.67 | | \$1,100.00 | FED | \$15.95 | | | | FED MEDCARE-ER | \$15.95 |
| | | | | MEDCARE | | | | | FED FUTA | \$6.60 |
| | | | | MA SIT | \$28.85 | | | | MA SUI-ER | \$30.43 |
| | | | | | \$113.00 | | | | | \$121.18 |
| Total Employees - Company: 2 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|--|-------|------|--------|-------|--------|------------|--------|----------|-----------|--------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 0.00 | | 0.00 | | | | | 0.00 | | |
| | 0.00 | | 0.00 | | | | | | | |
| Check Date: 05/31/2017 / Net Pay: \$0.00 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 0.00 | | \$0.00 | | | | | \$0.00 | | |
| | 0.00 | | \$0.00 | | | | | | | |
| Total Employees - Semimonthly: 1 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 0.00 | | \$0.00 | | | | | \$0.00 | | |
| | 0.00 | | \$0.00 | | | | | | | |
| Total Employees - Company: 1 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Net Pay | Employer | |
|---|--------|------|------------|------------|-----------------|------------|--------|----------|----------------|-----------------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 86.67 | | 600.00 | FED SOCSEC | 37.20 | | | 537.32 | FED SOCSEC-ER | 37.20 |
| | 86.67 | | 600.00 | FED | 8.70 | | | | FED MEDCARE-ER | 8.70 |
| | | | | MEDCARE | | | | | FED FUTA | 3.60 |
| | | | | MA SIT | 16.78 | | | | MA SUI-ER | 16.60 |
| | | | | | <u>62.68</u> | | | | | <u>66.10</u> |
| Check Date: 07/21/2017 / Check / Check No: 50030 \$537.32 | | | | | | | | | | |
| Employee: Silva, Rosilene | | | | | | | | | | |
| Regular | 40.00 | | 500.00 | FED SOCSEC | 31.00 | | | 449.68 | FED SOCSEC-ER | 31.00 |
| | 40.00 | | 500.00 | FED | 7.25 | | | | FED MEDCARE-ER | 7.25 |
| | | | | MEDCARE | | | | | FED FUTA | 3.00 |
| | | | | MA SIT | 12.07 | | | | MA SUI-ER | 13.83 |
| | | | | | <u>50.32</u> | | | | | <u>55.08</u> |
| Check Date: 07/21/2017 / Check / Check No: 50031 \$449.68 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 126.67 | | \$1,100.00 | FED SOCSEC | \$68.20 | | | \$987.00 | FED SOCSEC-ER | \$68.20 |
| | 126.67 | | \$1,100.00 | FED | \$15.95 | | | | FED MEDCARE-ER | \$15.95 |
| | | | | MEDCARE | | | | | FED FUTA | \$6.60 |
| | | | | MA SIT | \$28.85 | | | | MA SUI-ER | \$30.43 |
| | | | | | <u>\$113.00</u> | | | | | <u>\$121.18</u> |
| Total Employees - Semimonthly: 2 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 126.67 | | \$1,100.00 | FED SOCSEC | \$68.20 | | | \$987.00 | FED SOCSEC-ER | \$68.20 |
| | 126.67 | | \$1,100.00 | FED | \$15.95 | | | | FED MEDCARE-ER | \$15.95 |
| | | | | MEDCARE | | | | | FED FUTA | \$6.60 |
| | | | | MA SIT | \$28.85 | | | | MA SUI-ER | \$30.43 |
| | | | | | <u>\$113.00</u> | | | | | <u>\$121.18</u> |
| Total Employees - Company: 2 | | | | | | | | | | |

Payroll Details

| Hours and Earnings | | | | Taxes | | Deductions | | Employer | | |
|---|-------|------|----------|------------|---------|------------|--------|----------|----------------|---------|
| Description | Hours | Rate | Amount | Tax | Amount | Deduction | Amount | Net Pay | Liability | Amount |
| Pay Frequency: Semimonthly | | | | | | | | | | |
| Employee: Ramos, Antonio N | | | | | | | | | | |
| Regular | 20.00 | | 400.00 | FED SOCSEC | 24.80 | | | 362.04 | FED SOCSEC-ER | 24.80 |
| | 20.00 | | 400.00 | FED | 5.80 | | | | FED MEDCARE-ER | 5.80 |
| | | | | MEDCARE | | | | | FED FUTA | 2.40 |
| | | | | MA SIT | 7.36 | | | | MA SUI-ER | 11.06 |
| | | | | | 37.96 | | | | | 44.06 |
| Check Date: 11/22/2017 / Check / Check No: 50032 \$362.04 | | | | | | | | | | |
| Employee: Silva, Rosilene | | | | | | | | | | |
| Regular | 10.00 | | 200.00 | FED SOCSEC | 12.40 | | | 184.70 | FED SOCSEC-ER | 12.40 |
| | 10.00 | | 200.00 | FED | 2.90 | | | | FED MEDCARE-ER | 2.90 |
| | | | | MEDCARE | | | | | FED FUTA | 1.20 |
| | | | | | 15.30 | | | | MA SUI-ER | 5.53 |
| | | | | | | | | | | 22.03 |
| Check Date: 11/22/2017 / Check / Check No: 50033 \$184.70 | | | | | | | | | | |
| Pay Frequency Totals: Semimonthly | | | | | | | | | | |
| Regular | 30.00 | | \$600.00 | FED SOCSEC | \$37.20 | | | \$546.74 | FED SOCSEC-ER | \$37.20 |
| | 30.00 | | \$600.00 | FED | \$8.70 | | | | FED MEDCARE-ER | \$8.70 |
| | | | | MEDCARE | | | | | FED FUTA | \$3.60 |
| | | | | MA SIT | \$7.36 | | | | MA SUI-ER | \$16.59 |
| | | | | | \$53.26 | | | | | \$66.09 |
| Total Employees - Semimonthly: 2 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| Regular | 30.00 | | \$600.00 | FED SOCSEC | \$37.20 | | | \$546.74 | FED SOCSEC-ER | \$37.20 |
| | 30.00 | | \$600.00 | FED | \$8.70 | | | | FED MEDCARE-ER | \$8.70 |
| | | | | MEDCARE | | | | | FED FUTA | \$3.60 |
| | | | | MA SIT | \$7.36 | | | | MA SUI-ER | \$16.59 |
| | | | | | \$53.26 | | | | | \$66.09 |
| Total Employees - Company: 2 | | | | | | | | | | |

Employee Summary

| Employee Information | | Earnings | | Taxes | | Deductions | | Disbursement Type | |
|--|-------------------------|-------------|-----------|-------------|---|------------|-------------|-------------------|------------|
| | Description | YTD Amount | YTD Hours | Description | Withholding/Overrides | YTD Amount | Description | Par Pay | YTD Amount |
| Pay Frequency: | | Semimonthly | | | | | | | |
| | Gross | 783.00 | 0.00 | FIT | | 84.06 | | | Check |
| | Regular | 783.00 | 54.00 | SOCSEC | | 48.55 | | | |
| | | | | MEDCARE | | 11.35 | | | |
| | | | | MA SIT | No Tax Credits claimed, withhold full rate/00 | 36.88 | | | |
| Home Phone: | | | | | | | | | |
| Mobile: | | | | | | | | | |
| Hourly: 14.5000 | | | | | | | | | |
| Hire Date: 3/1/2016 | | | | | | | | | |
| Termination Date: 11/30/2016 | | | | | | | | | |
| Status: Terminated | | | | | | | | | |
| Emp Type: Full time | | | | | | | | | |
| | Ramos, Antonio N | Gross | 1,500.00 | 0.00 | FIT | 0.63 | | | Check |
| | | Regular | 1,500.00 | 260.01 | SOCSEC | 93.00 | | | |
| | | | | MEDCARE | | 21.75 | | | |
| | | | | MA SIT | No Tax Credits claimed, withhold full rate/2 | 36.21 | | | |
| Home Phone: | | | | | | | | | |
| Mobile: | | | | | | | | | |
| Salary Per Pay: 600.00 | | | | | | | | | |
| Hire Date: 4/15/2013 | | | | | | | | | |
| Status: Active | | | | | | | | | |
| Emp Type: Full time | | | | | | | | | |
| Pay Frequency Totals: | | Semimonthly | | | | | | | |
| | Gross | \$2,283.00 | | FIT | | \$84.69 | | | |
| | Regular | \$2,283.00 | 314.01 | SOCSEC | | \$141.55 | | | |
| | | | | MEDCARE | | \$33.10 | | | |
| | | | | MA SIT | | \$73.09 | | | |
| Total Employees - Semimonthly: 2 | | | | | | | | | |
| Company Totals: | | Gross | | FIT | | | | | |
| | Regular | \$2,283.00 | 314.01 | SOCSEC | | \$84.69 | | | |
| | | | | MEDCARE | | \$141.55 | | | |
| | | | | MA SIT | | \$33.10 | | | |
| | | | | MA SIT | | \$73.09 | | | |
| Total Active Employees - Company: 1 | | | | | | | | | |
| Total Terminated Employees - Company: 1 | | | | | | | | | |
| Total Employees - Company: 2 | | | | | | | | | |

Employee Summary

| Employee Information | | Earnings | | Taxes | | Deductions | | Disbursement Type | |
|---|-------------|------------|-----------|-------------|---|------------|-------------|-------------------|------------|
| | Description | YTD Amount | YTD Hours | Description | Withholding/ Overrides | YTD Amount | Description | Per Pay | YTD Amount |
| Pay Frequency: Semimonthly | | | | | | | | | |
| | Gross | 4,857.50 | 0.00 | FIT | | 528.29 | | | Check |
| | Regular | 4,857.50 | 335.00 | SOCSEC | | 301.17 | | | |
| | | | | MEDCARE | | 70.43 | | | |
| | | | | MA SIT | No Tax Credits claimed, withhold full rate/00 | 228.78 | | | |
| Home Phone: Mobile: Hourly: 14.5000 Hire Date: 3/1/2016 Termination Date: 11/30/2016 Status: Terminated Emp Type: Full time | | | | | | | | | |
| Ramos, Antonio N | | | | | | | | | |
| | Gross | 2,600.00 | 0.00 | FIT | | 0.63 | | | Check |
| | Regular | 2,600.00 | 433.35 | SOCSEC | | 161.20 | | | |
| | | | | MEDCARE | | 37.70 | | | |
| | | | | MA SIT | No Tax Credits claimed, withhold full rate/2 | 65.06 | | | |
| Home Phone: Mobile: Salary Per Pay: 600.00 Hire Date: 4/15/2013 Status: Active Emp Type: Full time | | | | | | | | | |
| Pay Frequency Totals: | | | | | | | | | |
| | Gross | \$7,457.50 | | FIT | | \$528.92 | | | |
| | Regular | \$7,457.50 | 768.35 | SOCSEC | | \$462.37 | | | |
| | | | | MEDCARE | | \$108.13 | | | |
| | | | | MA SIT | | \$293.84 | | | |
| Total Employees - Semimonthly: 2 | | | | | | | | | |
| Company Totals: | | | | | | | | | |
| | Gross | \$7,457.50 | | FIT | | \$528.92 | | | |
| | Regular | \$7,457.50 | 768.35 | SOCSEC | | \$462.37 | | | |
| | | | | MEDCARE | | \$108.13 | | | |
| | | | | MA SIT | | \$293.84 | | | |
| Total Active Employees - Company: 1 Total Terminated Employees - Company: 1 Total Employees - Company: 2 | | | | | | | | | |

Employee Summary

| Employee Information | | Earnings | | Taxes | | Deductions | | Disbursement Type | |
|---|-------------|---|-----------|-------------|------------------------|------------|-------------|-------------------|--|
| | Description | YTD Amount | YTD Hours | Description | Withholding/ Overrides | YTD Amount | Description | YTD Amount | |
| Pay Frequency: | | Semimonthly | | | | | | | |
| | Gross | 5,437.50 | 0.00 | FIT | | 581.90 | | Check | |
| | Regular | 5,437.50 | 377.00 | SOCSEC | | 337.13 | | | |
| | | | | MEDCARE | | 78.84 | | | |
| | | | | MA SIT | | 256.10 | | | |
| Home Phone: Mobile: Hourly: 15.0000 Hire Date: 3/1/2016 Termination Date: 11/30/2016 Status: Terminated Emp Type: Full time | | No Tax Credits claimed, withhold full rate/00 | | | | | | | |
| | Gross | 3,100.00 | 0.00 | FIT | | 0.63 | | Check | |
| | Regular | 3,100.00 | 520.02 | SOCSEC | | 192.20 | | | |
| | | | | MEDCARE | | 44.95 | | | |
| | | | | MA SIT | | 77.13 | | | |
| Home Phone: Mobile: Salary Per Pay: 600.00 Hire Date: 4/15/2013 Status: Active Emp Type: Full time | | No Tax Credits claimed, withhold full rate/2 | | | | | | | |
| Pay Frequency Totals: | | Semimonthly | | | | | | | |
| | Gross | \$8,537.50 | | FIT | | \$582.53 | | | |
| | Regular | \$8,537.50 | 897.02 | SOCSEC | | \$529.33 | | | |
| | | | | MEDCARE | | \$123.79 | | | |
| | | | | MA SIT | | \$333.23 | | | |
| Total Employees - Semimonthly: 2 | | | | | | | | | |
| Company Totals: | | | | | | | | | |
| | Gross | \$8,537.50 | | FIT | | \$582.53 | | | |
| | Regular | \$8,537.50 | 897.02 | SOCSEC | | \$529.33 | | | |
| | | | | MEDCARE | | \$123.79 | | | |
| | | | | MA SIT | | \$333.23 | | | |
| Total Active Employees - Company: 1 | | | | | | | | | |
| Total Terminated Employees - Company: 1 | | | | | | | | | |
| Total Employees - Company: 2 | | | | | | | | | |

Employee Summary

| Employee Information | | Earnings | | Taxes | | Deductions | | Disbursement Type |
|--|---------------------|-------------|---------------|---|------------|-------------|---------|-------------------|
| Description | YTD Amount | YTD Hours | Description | Withholding Overrides | YTD Amount | Description | Per Pay | YTD Amount |
| Pay Frequency: Semimonthly | | | | | | | | |
| [REDACTED] | Gross 702.90 | 702.90 | 0.00 FIT | [REDACTED] | 72.05 | | | Check |
| | Regular 702.90 | | 66.00 SOCSEC | | 43.58 | | | |
| | | | MEDCARE | | 10.19 | | | |
| | | | MA SIT | No Tax Credits claimed, withhold full rate/00 | 33.11 | | | |
| Home Phone: Mobile: Hourly: 10.6500 Hire Date: 12/1/2016 Termination Date: 12/10/2016 Status: Terminated Emp Type: Full time | | | | | | | | |
| [REDACTED] | Gross 6,037.50 | | 0.00 FIT | [REDACTED] | 638.51 | | | Check |
| | Regular 6,037.50 | | 418.00 SOCSEC | | 374.33 | | | |
| | | | MEDCARE | | 87.54 | | | |
| | | | MA SIT | No Tax Credits claimed, withhold full rate/00 | 264.30 | | | |
| Home Phone: Mobile: Hourly: 15.0000 Hire Date: 3/1/2016 Termination Date: 11/30/2016 Status: Terminated Emp Type: Full time | | | | | | | | |
| Ramos, Antonio N | Gross 3,100.00 | | 0.00 FIT | [REDACTED] | 0.63 | | | Check |
| | Regular 3,100.00 | | 520.02 SOCSEC | | 192.20 | | | |
| | | | MEDCARE | | 44.95 | | | |
| | | | MA SIT | No Tax Credits claimed, withhold full rate/2 | 77.13 | | | |
| Home Phone: Mobile: Salary Per Pay: 600.00 Hire Date: 4/15/2013 Status: Active Emp Type: Full time | | | | | | | | |
| Pay Frequency Totals: | | Semimonthly | | | | | | |
| | Gross | \$9,840.40 | | FIT | \$711.19 | | | |
| | Regular | \$9,840.40 | 1,004.02 | SOCSEC | \$610.11 | | | |
| | | | | MEDCARE | \$142.68 | | | |
| | | | | MA SIT | \$394.60 | | | |
| Total Employees - Semimonthly: 3 | | | | | | | | |
| Company Totals: | | Gross | \$9,840.40 | FIT | \$711.19 | | | |

Employee Summary

| Employee Information | | Earnings | | Taxes | | | Deductions | | Disbursement Type |
|---|------------|-----------|-------------|-----------------------|------------|-------------|------------|------------|-------------------|
| Description | YTD Amount | YTD Hours | Description | Withholding/Overrides | YTD Amount | Description | Per Pay | YTD Amount | |
| Regular | \$9,840.40 | 1,004.02 | SOCSEC | | \$610.11 | | | | |
| | | | MEDCARE | | \$142.68 | | | | |
| | | | MA SIT | | \$394.60 | | | | |
| Total Active Employees - Company: 1 Total Terminated Employees - Company: 2 Total Employees - Company: 3 | | | | | | | | | |

Employee Summary

| Employee Information | | Earnings | | Taxes | | Deductions | | Disbursement Type |
|--|-------------|------------|-------------|-----------------------------|---|-------------|---------|--------------------------------|
| Description | YTD Amount | YTD Hours | Description | Withholding/Overrides | YTD Amount | Description | Per Pay | YTD Amount |
| Pay Frequency: Semimonthly | | | | | | | | |
| [REDACTED] | Gross | 0.00 | 0.00 | FIT | [REDACTED] | | | 0.00 |
| [REDACTED] | Regular | 0.00 | 1.00 | MA SIT | No Tax Credits claimed, withhold full rate/00 | | | 0.00 |
| <p>Home Phone: Mobile: Hourly: 15.0000 Hire Date: 3/1/2016 Termination Date: 11/30/2016 Status: Terminated Emp Type: Full time</p> | | | | | | | | |
| Ramos, Antonio N | Gross | 1,600.00 | 0.00 | FIT | [REDACTED] | | | 30.21 |
| [REDACTED] | Regular | 1,600.00 | 173.34 | SOCSEC MEDCARE MA SIT | No Tax Credits claimed, withhold full rate/2 | | | 99.20 23.20 52.40 |
| <p>Home Phone: Mobile: Salary Per Pay: 600.00 Hire Date: 4/15/2013 Status: Active Emp Type: Full time</p> | | | | | | | | |
| Siva, Rosilene | Gross | 500.00 | 0.00 | FIT | [REDACTED] | | | 0.00 |
| [REDACTED] | Regular | 500.00 | 40.00 | SOCSEC MEDCARE MA SIT | No Tax Credits claimed, withhold full rate/2 | | | 31.00 7.25 12.07 |
| <p>Home Phone: Mobile: Salary Per Pay: 500.00 Hire Date: 3/16/2017 Status: Active Emp Type: Part time</p> | | | | | | | | |
| Pay Frequency Totals: | | | | | | | | |
| | Semimonthly | | | | | | | |
| | Gross | \$2,100.00 | | FIT | | | | \$30.21 |
| | Regular | \$2,100.00 | 214.34 | SOCSEC MEDCARE MA SIT | | | | \$130.20 \$30.45 \$64.47 |
| Total Employees - Semimonthly: 3 | | | | | | | | |
| Company Totals: | | | | | | | | |
| | Gross | \$2,100.00 | | FIT | | | | \$30.21 |
| | Regular | \$2,100.00 | 214.34 | SOCSEC | | | | \$130.20 |

Employee Summary

| Employee Information | Earnings | | | Taxes | | | Deductions | | | Disbursement Type |
|---|-------------|------------|-----------|-------------|------------------------|------------|-------------|---------|------------|-------------------|
| | Description | YTD Amount | YTD Hours | Description | Withholding/ Overrides | YTD Amount | Description | Fer Pay | YTD Amount | |
| | | | | MEDCARE | | \$30.45 | | | | |
| | | | | MA SIT | | \$64.47 | | | | |
| Total Active Employees - Company: 2 Total Terminated Employees - Company: 1 Total Employees - Company: 3 | | | | | | | | | | |

Employee Summary

| Employee Information | | Earnings | | Taxes | | Deductions | | Disbursement Type | |
|--|--------------|------------|-----------|-------------|---|------------|-------------|-------------------|------------|
| | Description | YTD Amount | YTD Hours | Description | Withholding/ Overrides | YTD Amount | Description | Per Pay | YTD Amount |
| Pay Frequency: Serrimonthly | | | | | | | | | |
| | Gross | 0.00 | 0.00 | FIT | | 0.00 | | | |
| | Regular | 0.00 | 1.00 | MA SIT | No Tax Credits claimed, withhold full rate/00 | 0.00 | | | Check |
| <p>Home Phone: Mobile: Hourly: 15.0000 Hire Date: 3/1/2016 Termination Date: 11/30/2016 Status: terminated Emp Type: Full time</p> | | | | | | | | | |
| Ramos, Antonio N | Gross | 2,200.00 | 0.00 | FIT | | 30.21 | | | |
| | Regular | 2,200.00 | 281.01 | SOCSEC | | 136.40 | | | Check |
| | | | | MEDCARE | | 31.60 | | | |
| | | | | MA SIT | No Tax Credits claimed, withhold full rate/2 | 69.18 | | | |
| <p>Home Phone: Mobile: Salary Per Pay: 600.00 Hire Date: 4/15/2013 Status: Active Emp Type: Full time</p> | | | | | | | | | |
| Silva, Rosilene | Gross | 1,000.00 | 0.00 | FIT | | 0.00 | | | |
| | Regular | 1,000.00 | 61.00 | SOCSEC | | 62.00 | | | Check |
| | | | | MEDCARE | | 14.50 | | | |
| | | | | MA SIT | No Tax Credits claimed, withhold full rate/2 | 24.14 | | | |
| <p>Home Phone: Mobile: Salary Per Pay: 500.00 Hire Date: 3/16/2017 Status: Active Emp Type: Part time</p> | | | | | | | | | |
| Pay Frequency Totals: | | | | | | | | | |
| | Serrimonthly | | | | | | | | |
| | Gross | \$3,200.00 | | FIT | | \$30.21 | | | |
| | Regular | \$3,200.00 | 323.01 | SOCSEC | | \$198.40 | | | |
| | | | | MEDCARE | | \$46.40 | | | |
| | | | | MA SIT | | \$93.32 | | | |
| Total Employees - Serrimonthly: 3 | | | | | | | | | |
| Company Totals: | | | | | | | | | |
| | Gross | \$3,200.00 | | FIT | | \$30.21 | | | |
| | Regular | \$3,200.00 | 323.01 | SOCSEC | | \$198.40 | | | |

Employee Summary

| Employee Information | Earnings | | | Taxes | | | Deductions | | | Disbursement Type |
|---|-------------|------------|-----------|-------------|------------------------|------------|-------------|---------|------------|-------------------|
| | Description | YTD Amount | YTD Hours | Description | Withholding/ Overrides | YTD Amount | Description | Per Pay | YTD Amount | |
| | | | | MEDCARE | | \$46.40 | | | | |
| | | | | MA SIT | | \$93.32 | | | | |
| Total Active Employees - Company: 2 Total Terminated Employees - Company: 1 Total Employees - Company: 3 | | | | | | | | | | |

Employee Summary

| Employee Information | Earnings | | | Taxes | | | Deductions | | | Disbursement Type |
|---|-------------|------------|---------------|---|------------|-------------|------------|------------|--|-------------------|
| Description | YTD Amount | YTD Hours | Description | Withholding/ Overrides | YTD Amount | Description | Per Pay | YTD Amount | | |
| Semimonthly | | | | | | | | | | |
| [REDACTED] | Gross | 0.00 | 0.00 FIT | [REDACTED] | 0.00 | | | | | Check |
| [REDACTED] | Regular | 0.00 | 1.00 MA SIT | No Tax Credits claimed, withhold full rate/00 | 0.00 | | | | | |
| Home Phone: Mobile: Hourly: 15.0000 Hire Date: 3/1/2016 Termination Date: 11/30/2016 Status: terminated Emp Type: Full time | | | | | | | | | | |
| Ramos, Antonio N | Gross | 2,800.00 | 0.00 FIT | [REDACTED] | 30.21 | | | | | Check |
| [REDACTED] | Regular | 2,800.00 | 347.68 SOCSEC | [REDACTED] | 173.60 | | | | | |
| [REDACTED] | | | MEDCARE | [REDACTED] | 40.60 | | | | | |
| [REDACTED] | | | MA SIT | No Tax Credits claimed, withhold full rate/2 | 85.95 | | | | | |
| Home Phone: Mobile: Salary Per Pay: 600.00 Hire Date: 4/15/2013 Status: Active Emp Type: Full time | | | | | | | | | | |
| Silva, Rosilene | Gross | 1,500.00 | 0.00 FIT | [REDACTED] | 0.00 | | | | | Check |
| [REDACTED] | Regular | 1,500.00 | 101.00 SOCSEC | [REDACTED] | 93.00 | | | | | |
| [REDACTED] | | | MEDCARE | [REDACTED] | 21.75 | | | | | |
| [REDACTED] | | | MA SIT | No Tax Credits claimed, withhold full rate/2 | 36.21 | | | | | |
| Home Phone: Mobile: Salary Per Pay: 500.00 Hire Date: 3/15/2017 Status: Active Emp Type: Part time | | | | | | | | | | |
| Pay Frequency Totals: | Semimonthly | | | | | | | | | |
| | Gross | \$4,300.00 | FIT | | \$30.21 | | | | | |
| | Regular | \$4,300.00 | 449.68 SOCSEC | | \$266.60 | | | | | |
| | | | MEDCARE | | \$62.35 | | | | | |
| | | | MA SIT | | \$122.17 | | | | | |
| Total Employees - Semimonthly: 3 | | | | | | | | | | |
| Company Totals: | Gross | \$4,300.00 | FIT | | \$30.21 | | | | | |
| | Regular | \$4,300.00 | 449.68 SOCSEC | | \$266.60 | | | | | |

Employee Summary

| Employee Information | Earnings | | | Taxes | | | Deductions | | | Disbursement Type |
|---|-------------|------------|-----------|-------------|------------------------|------------|-------------|---------|------------|-------------------|
| | Description | YTD Amount | YTD Hours | Description | Withholding/ Overrides | YTD Amount | Description | Per Pay | YTD Amount | |
| | | | | MEDCARE | | \$62.35 | | | | |
| | | | | MA SIT | | \$122.17 | | | | |
| Total Active Employees - Company: 2 Total Terminated Employees - Company: 1 Total Employees - Company: 3 | | | | | | | | | | |

Employee Summary

| Employee Information | | Earnings | | Taxes | | Deductions | | Disbursement Type |
|--|------------------------------|-----------|---------------------------------|---|---------------------------------|-------------|---------|-------------------|
| Description | YTD Amount | YTD Hours | Description | Withholding/Overrides | YTD Amount | Description | Per Pay | YTD Amount |
| Pay Frequency: Semimonthly | | | | | | | | |
| [REDACTED] | Gross 0.00 | 0.00 | FIT | [REDACTED] | 0.00 | | | Check |
| | Regular 0.00 | 1.00 | MA SIT | No Tax Credits claimed, withhold full rate/00 | 0.00 | | | |
| Home Phone: Mobile: Hourly: 15.0000 Hire Date: 3/1/2016 Termination Date: 11/30/2016 Status: terminated Emp Type: Full time | | | | | | | | |
| Ramos, Antonio N | | | | | | | | |
| | Gross 3,200.00 | 0.00 | FIT | [REDACTED] | 30.21 | | | Check |
| | Regular 3,200.00 | 367.68 | SOCSECCARE MEDCARE MA SIT | No Tax Credits claimed, withhold full rate/2 | 198.40 46.40 93.32 | | | |
| Home Phone: Mobile: Salary Per Pay: 600.00 Hire Date: 4/15/2013 Status: Active Emp Type: Full time | | | | | | | | |
| Silva, Rosilene | | | | | | | | |
| | Gross 1,700.00 | 0.00 | FIT | [REDACTED] | 0.00 | | | Check |
| | Regular 1,700.00 | 111.00 | SOCSECCARE MEDCARE MA SIT | No Tax Credits claimed, withhold full rate/2 | 105.40 24.65 36.21 | | | |
| Home Phone: Mobile: Salary Per Pay: 500.00 Hire Date: 3/18/2017 Status: Active Emp Type: Part time | | | | | | | | |
| Pay Frequency Totals: | | | | | | | | |
| | Semimonthly Gross \$4,900.00 | | FIT | | \$30.21 | | | |
| | Regular \$4,900.00 | 479.68 | SOCSECCARE MEDCARE MA SIT | | \$303.80 \$71.05 \$129.53 | | | |
| Total Employees - Semimonthly: 3 | | | | | | | | |
| Company Totals: | | | | | | | | |
| | Gross \$4,900.00 | | FIT | | \$30.21 | | | |
| | Regular \$4,900.00 | 479.68 | SOCSECCARE | | \$303.80 | | | |

Employee Summary

| Employee Information | Earnings | | | Taxes | | | Deductions | | | Disbursement Type |
|---|-------------|------------|-----------|-------------|------------------------|------------|-------------|---------|------------|-------------------|
| | Description | YTD Amount | YTD Hours | Description | Withholding/ Overrides | YTD Amount | Description | Per Pay | YTD Amount | |
| | | | | MEDCARE | | \$71.05 | | | | |
| | | | | MA SIT | | \$129.53 | | | | |
| Total Active Employees - Company: 2 Total Terminated Employees - Company: 1 Total Employees - Company: 3 | | | | | | | | | | |

Employee Summary

| Employee Information | | Earnings | | Taxes | | Deductions | | Disbursement Type | | |
|--|-------------|-------------|-----------|-------------|---|------------|-------------|-------------------|------------|--|
| | Description | YTD Amount | YTD Hours | Description | Withholding/Overrides | YTD Amount | Description | Per Pay | YTD Amount | |
| Pay Frequency: | | Semimonthly | | | | | | | | |
| [Redacted] Home Phone: Mobile: Hourly: 11.0000 Hire Date: 2/5/2018 Status: Active Emp Type: Full time | Gross | 649.00 | 0.00 | FIT | [Redacted] | 16.78 | | | | |
| | Regular | 649.00 | 59.00 | SOCSEC | | 40.24 | | | Check | |
| | | | | MEDCARE | | 9.41 | | | | |
| | | | | MA SIT | No Tax Credits claimed, withhold full rate/00 | 30.57 | | | | |
| Ramos, Antonio N [Redacted] Home Phone: Mobile: Salary Per Pay: 600.00 Hire Date: 4/15/2013 Status: Active Emp Type: Full time | Gross | 400.00 | 0.00 | FIT | [Redacted] | 0.00 | | | | |
| | Regular | 400.00 | 20.00 | SOCSEC | | 24.80 | | | Check | |
| | | | | MEDCARE | | 5.80 | | | | |
| | | | | MA SIT | No Tax Credits claimed, withhold full rate/2 | 7.36 | | | | |
| Silva, Rosilene [Redacted] Home Phone: Mobile: Salary Per Pay: 500.00 Hire Date: 3/16/2017 Status: Active Emp Type: Part time | Gross | 200.00 | 0.00 | FIT | [Redacted] | 0.00 | | | | |
| | Regular | 200.00 | 10.00 | SOCSEC | | 12.40 | | | Check | |
| | | | | MEDCARE | | 2.90 | | | | |
| | | | | MA SIT | No Tax Credits claimed, withhold full rate/2 | 0.00 | | | | |
| Pay Frequency Totals: | | | | | | | | | | |
| | Gross | \$1,249.00 | | FIT | | \$16.78 | | | | |
| | Regular | \$1,249.00 | 89.00 | SOCSEC | | \$77.44 | | | | |
| | | | | MEDCARE | | \$18.11 | | | | |
| | | | | MA SIT | | \$37.93 | | | | |
| Total Employees - Semimonthly: 3 | | | | | | | | | | |
| Company Totals: | | | | | | | | | | |
| | Gross | \$1,249.00 | | FIT | | \$16.78 | | | | |
| | Regular | \$1,249.00 | 89.00 | SOCSEC | | \$77.44 | | | | |
| | | | | MEDCARE | | \$18.11 | | | | |

Employee Summary

| Employee Information | Earnings | | | Taxes | | | Deductions | | | Disbursement Type |
|----------------------|-------------|------------|-----------|-------------|------------------------|------------|-------------|---------|------------|-------------------|
| | Description | YTD Amount | YTD Hours | Description | Withholding/ Overrides | YTD Amount | Description | Per Pay | YTD Amount | |

| | | | | | | | | | | |
|---|--|--|--|--------|--|---------|--|--|--|--|
| | | | | MA SIT | | \$37.93 | | | | |
| Total Active Employees - Company: 3 Total Employees - Company: 3 | | | | | | | | | | |

Earnings Record

| Check Date | Earnings | Rate | Hours | Amount | Gross | Federal Taxes | State/Local Taxes | Deductions | Net Pay |
|--------------------------|----------|---------|-------|----------|----------|---|--------------------------------------|------------|------------------------------|
| 12/20/2016 | Regular | 10.6500 | 66.00 | 702.90 | 702.90 | FED FIT FED SOCSEC FED MEDCARE | 72.05 MA SIT 43.58 10.19 | 33.11 | 543.97 Check No: 50024 |
| Employee Totals : | Regular | | 66.00 | \$702.90 | \$702.90 | FED FIT FED SOCSEC FED MEDCARE | \$72.05 MA SIT \$43.58 \$10.19 | \$33.11 | \$543.97 |

Company: GREEN LIFE JANITORIAL CORP
 Check Dates From: 02/04/2016 To: 12/20/2016
 Pay Period from: 02/01/2016 to: 12/15/2016

Earnings Record

| Check Date | Employee | Rate | Hours | Amount | Gross | Federal Taxes | State/Local Taxes | Deductions | Net Pay |
|--------------------------|----------|---------|--------|------------|------------|---|---------------------------------|------------|------------------------------|
| 3/16/2016 | Regular | 14.5000 | 54.00 | 783.00 | 783.00 | FED FIT FED SOCSEC FED MEDCARE | 84.06 MA SIT 48.55 11.35 | 36.88 | 602.16 Check No: 50012 |
| 4/1/2016 | Regular | 14.5000 | 68.00 | 986.00 | 986.00 | FED FIT FED SOCSEC FED MEDCARE | 114.51 MA SIT 61.13 14.30 | 46.44 | 749.62 Check No: 50014 |
| 4/26/2016 | Regular | 14.5000 | 54.00 | 783.00 | 783.00 | FED FIT FED SOCSEC FED MEDCARE | 84.06 MA SIT 48.54 11.35 | 36.88 | 602.17 Check No: 50016 |
| 5/18/2016 | Regular | 14.5000 | 40.00 | 580.00 | 580.00 | FED FIT FED SOCSEC FED MEDCARE | 53.61 MA SIT 35.96 8.41 | 27.32 | 454.70 Check No: 50018 |
| 5/27/2016 | Regular | 14.5000 | 39.00 | 565.50 | 565.50 | FED FIT FED SOCSEC FED MEDCARE | 51.44 MA SIT 35.07 8.20 | 26.63 | 444.16 Check No: 50019 |
| 6/16/2016 | Regular | 14.5000 | 80.00 | 1,160.00 | 1,160.00 | FED FIT FED SOCSEC FED MEDCARE | 140.61 MA SIT 71.92 16.82 | 54.63 | 876.02 Check No: 50020 |
| 7/22/2016 | | | | | 0.00 | | | | 0.00 |
| 8/2/2016 | Regular | 14.5000 | 40.00 | 580.00 | 580.00 | FED FIT FED SOCSEC FED MEDCARE | 53.61 MA SIT 35.96 8.41 | 27.32 | 454.70 Check No: 50021 |
| 9/13/2016 | | | | | 0.00 | | | | 0.00 |
| 10/19/2016 | | | | | 0.00 | | | | 0.00 |
| 11/30/2016 | Regular | 15.0000 | 40.00 | 600.00 | 600.00 | FED FIT FED SOCSEC FED MEDCARE | 56.61 MA SIT 37.20 8.70 | 28.26 | 489.23 Check No: 50023 |
| Employee Totals : | Regular | | 415.00 | \$6,037.50 | \$6,037.50 | FED FIT FED SOCSEC | \$638.51 MA SIT \$374.33 | \$284.36 | \$4,652.76 |

Company: GREEN LIFE JANITORIAL CORP
 Check Dates From: 02/04/2016 To: 12/20/2016
 Pay Period from: 02/01/2016 to: 12/15/2016

Earnings Record

| Check Date | Earnings | Rate | Hours | Amount | Gross | Federal Taxes | State/Local Taxes | Deductions | Net Pay |
|------------|----------|------|-------|--------|-------|-----------------|-------------------|------------|---------|
| | | | | | | FED MEDICARE | | \$87.54 | |

Company: GREEN LIFE JANITORIAL CORP
Check Dates From: 02/04/2016 To: 12/20/2016
Pay Period from: 02/01/2016 to: 12/15/2016

Earnings Record

| Check Date | Earnings | Rate | Hours | Amount | Gross | Federal Taxes | State/Local Taxes | Deductions | Net Pay |
|----------------------------|----------|--------|--------|------------|------------|---|--------------------------------------|-----------------|------------------------------|
| Employee: Ramos, Antonio N | | | | | | | | | |
| 2/4/2016 | | | | | 0.00 | | | | 0.00 |
| 2/4/2016 | | | | | | | | Adjustment-PP A | |
| 2/18/2016 | Regular | 0.0000 | 86.67 | 700.00 | 700.00 | FED FIT FED SOCSEC FED MEDCARE | 0.63 MA SIT 43.40 10.15 | 21.49 | 624.33 Check No: 50010 |
| 3/1/2016 | Regular | 0.0000 | 86.67 | 500.00 | 500.00 | FED SOCSEC FED MEDCARE | 31.00 MA SIT 7.25 | 12.07 | 449.68 Check No: 50011 |
| 3/16/2016 | Regular | 0.0000 | 86.67 | 300.00 | 300.00 | FED SOCSEC FED MEDCARE | 18.60 MA SIT 4.35 | 2.65 | 274.40 Check No: 50013 |
| 4/1/2016 | Regular | 0.0000 | 86.67 | 600.00 | 600.00 | FED SOCSEC FED MEDCARE | 37.20 MA SIT 8.70 | 16.78 | 537.32 Check No: 50015 |
| 4/26/2016 | Regular | 0.0000 | 86.67 | 500.00 | 500.00 | FED SOCSEC FED MEDCARE | 31.00 MA SIT 7.25 | 12.07 | 449.68 Check No: 50017 |
| 8/2/2016 | Regular | 0.0000 | 86.67 | 500.00 | 500.00 | FED SOCSEC FED MEDCARE | 31.00 MA SIT 7.25 | 12.07 | 449.68 Check No: 50022 |
| Employee Totals : | Regular | | 520.02 | \$3,100.00 | \$3,100.00 | FED FIT FED SOCSEC FED MEDCARE | \$0.63 MA SIT \$192.20 \$44.95 | \$77.13 | \$2,785.09 |

Company: GREEN LIFE JANITORIAL CORP
 Check Dates From: 02/04/2016 To: 12/20/2016
 Pay Period from: 02/01/2016 to: 12/15/2016

Earnings Record

| Check Date | Earnings | Rate | Hours | Amount | Gross | Federal Taxes | State/Local Taxes | Deductions | Net Pay |
|-----------------|----------|------|-------|--------|---------------|---------------|-------------------|------------|---------------|
| 2/6/2017 | | | | | 0.00 | | | | 0.00 |
| Employee | | | | | \$0.00 | | | | \$0.00 |
| Totals : | | | | | | | | | |

Earnings Record

| Check Date | Earnings | Rate | Hours | Amount | Gross | Federal Taxes | State/Local Taxes | Deductions | Net Pay |
|--|----------|--------|--------|------------|------------|---|-------------------|------------|------------------------------|
| <small>Employee: RANDEE, ANTONIO M</small> | | | | | | | | | |
| 2/27/2017 | Regular | 0.0000 | 86.67 | 1,000.00 | 1,000.00 | FED FIT FED SOCSEC FED MEDCARE | 30.21 MA SIT | 35.52 | 857.67 Check No: 50025 |
| 3/31/2017 | Regular | 0.0000 | 86.67 | 600.00 | 600.00 | FED SOCSEC FED MEDCARE | 37.20 MA SIT | 16.78 | 537.32 Check No: 50026 |
| 5/9/2017 | | | | | 0.00 | | | | 0.00 |
| 5/16/2017 | Regular | 0.0000 | 86.67 | 600.00 | 600.00 | FED SOCSEC FED MEDCARE | 37.20 MA SIT | 16.78 | 537.32 Check No: 50028 |
| 5/31/2017 | | | | | 0.00 | | | | 0.00 |
| 7/21/2017 | Regular | 0.0000 | 86.67 | 600.00 | 600.00 | FED SOCSEC FED MEDCARE | 37.20 MA SIT | 16.78 | 537.32 Check No: 50030 |
| 11/22/2017 | Regular | 0.0000 | 20.00 | 400.00 | 400.00 | FED SOCSEC FED MEDCARE | 24.80 MA SIT | 7.36 | 362.04 Check No: 50032 |
| Employee Totals : | Regular | | 366.68 | \$3,200.00 | \$3,200.00 | FED FIT FED SOCSEC FED MEDCARE | \$30.21 MA SIT | \$93.32 | \$2,831.67 |

Company: GREEN LIFE JANITORIAL CORP
 Check Dates From: 02/06/2017 To: 11/22/2017
 Pay Period from: 02/01/2017 to: 11/15/2017

Earnings Record

| Check Date | Earnings | Rate | Hours | Amount | Gross | Federal Taxes | State/Local Taxes | Deductions | Net Pay |
|--------------------------|----------|--------|--------|------------|------------|------------------------------|----------------------------|------------|------------------------------|
| Employee: Siffa, Reclere | | | | | | | | | |
| 3/31/2017 | Regular | 0.0000 | 40.00 | 500.00 | 500.00 | FED SOCSEC FED MEDCARE | 31.00 MA SIT 7.25 | 12.07 | 449.68 Check No: 50027 |
| 5/16/2017 | Regular | 0.0000 | 21.00 | 500.00 | 500.00 | FED SOCSEC FED MEDCARE | 31.00 MA SIT 7.25 | 12.07 | 449.68 Check No: 50029 |
| 7/21/2017 | Regular | 0.0000 | 40.00 | 500.00 | 500.00 | FED SOCSEC FED MEDCARE | 31.00 MA SIT 7.25 | 12.07 | 449.68 Check No: 50031 |
| 11/22/2017 | Regular | 0.0000 | 10.00 | 200.00 | 200.00 | FED SOCSEC FED MEDCARE | 12.40 2.90 | | 184.70 Check No: 50033 |
| Employee Totals : | Regular | | 111.00 | \$1,700.00 | \$1,700.00 | FED SOCSEC FED MEDCARE | \$105.40 MA SIT \$24.65 | \$36.21 | \$1,533.74 |

Company: GREEN LIFE JANITORIAL CORP
 Check Dates From: 02/06/2017 To: 11/22/2017
 Pay Period from: 02/01/2017 to: 11/15/2017



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity

Name: GREEN LIFE SERVICES, INC.

| Order certified copies <input type="checkbox"/> check all | Name of filing | Year filed | Date filed | Filing No. | View PDF |
|--|--|------------|---------------------|--------------|---|
| | Dissolution by Court Order or by the SOC | | 06/18/2012 12:00 AM | 201296137720 | Index Number = 0 (0 pages) |
| <input type="checkbox"/> | Articles of Organization | | 04/22/2009 12:36 PM | 200963043470 | 200963043470_1.pdf, 5 pgs |

Note:
Annual Reports and No Fee changes have a retention period of ten years; therefore these documents are no longer available prior to December 31, 2002.

[Return to entity summary](#)

[Order filings](#)



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 452608455

1. Exact name of the corporation: GREEN LIFE JANITORIAL CORP.

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name: ANTONIO N RAMOS SILVA
 No. and Street: 28 CHURCH STREET STE 9
 City or Town: WINCHESTER State: MA Zip: 01890 Country: USA

5. Street address of the corporation's principal office:

No. and Street: 28 CHURCH STREET STE 9
 City or Town: SAUGUS State: MA Zip: 01906 Country: USA

6. Provide the name and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

| Title | Individual Name First, Middle, Last, Suffix | Address (no PO Box) Address, City or Town, State, Zip Code |
|-----------|--|---|
| PRESIDENT | ANTONIO N RAMOS SILVA | 28 CHURCH STREET STE 9 WINCHESTER, MA 01890 USA |
| TREASURER | ANTONIO N RAMOS SILVA | 28 CHURCH STREET STE 9 WINCHESTER, MA 01890 USA |
| SECRETARY | ROSELINE R DA SILVA | 28 CHURCH STREET STE 9 WINCHESTER, MA 01890 USA |
| DIRECTOR | ROSELINE R DA SILVA | 28 CHURCH STREET STE 9 WINCHESTER, MA 01890 USA |

7. Briefly describe the business of the corporation:

CLEANING SERVICES

8. Capital stock of each class and series:

| Class of Stock | Par Value Per Share Enter 0 if no Par | Total Authorized by Articles of Organization or Amendments | | Total Issued and Outstanding Num of Shares |
|----------------|--|---|-----------------|--|
| | | Num of Shares | Total Par Value | |
| CNP | \$0.00000 | 100,000 | \$0.00 | 100,000 |

9. Check here if the stock of the corporation is publicly traded:

10. Report is filed for fiscal year ending: 12/31/ 2016

Signed by ANTONIO N RAMOS SILVA , its PRESIDENT
on this 15 Day of March, 2017

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All Rights Reserved



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Articles of Organization

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Federal Employer Identification Number: 452608455 (must be 9 digits)

ARTICLE I

The exact name of the corporation is:

GREEN JANITORIAL SUPPLIES, INC.

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

CLEANING SERVICES AND JANITORIAL SUPPLIES SALES

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

| Class of Stock | Par Value Per Share Enter 0 if no Par | Total Authorized by Articles of Organization or Amendments | | Total Issued and Outstanding Num of Shares |
|----------------|--|---|-----------------|--|
| | | Num of Shares | Total Par Value | |
| CNP | \$0.00000 | 100,000 | \$0.00 | 100,000 |

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

ARTICLE VII

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a *later* effective date is desired, specify such date, which may not be later than the *90th day* after the articles are received for filing.

Later Effective Date: 6/25/2011 **Time:** 4:00 PM

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name: ANTONIO N RAMOS SILVA
No. and Street: 222 CENTRAL ST FL 1
City or Town: SAUGUS State: MA Zip: 01906 Country: USA

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

| Title | Individual Name First, Middle, Last, Suffix | Address (no PO Box) Address, City or Town, State, Zip Code |
|--------------|---|--|
| PRESIDENT | ANTONIO N RAMOS SILVA | 222 CENTRAL ST FL 1 SAUGUS, MA 01906 USA |
| TREASURER | ANTONIO N RAMOS SILVA | 222 CENTRAL ST FL 1 SAUGUS, MA 01906 USA |
| SECRETARY | ANTONIO N RAMOS SILVA | 222 CENTRAL ST FL 1 SAUGUS, MA 01906 USA |
| DIRECTOR | ANTONIO N RAMOS SILVA | 222 CENTRAL ST FL 1 SAUGUS, MA 01906 USA |

d. The fiscal year end (i.e., tax year) of the corporation:

December

e. A brief description of the type of business in which the corporation intends to engage:

CLEANING SERVICES AND JANITORIAL SUPPLIES SALES

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

No. and Street: 222 CENTRAL ST FL 1
City or Town: SAUGUS State: MA Zip: 01906 Country: USA

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):

No. and Street: 222 CENTRAL ST FL 1
City or Town: SAUGUS State: MA Zip: 01906 Country: USA

which is

its principal office
 an office of its secretary/assistant secretary
 an office of its transfer agent
 its registered office

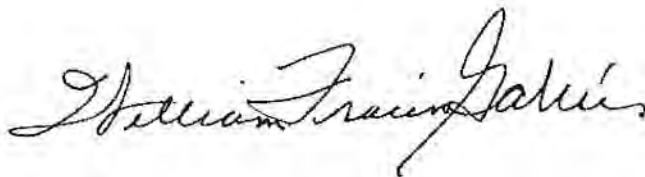
Signed this 24 Day of June, 2011 at 9:58:17 AM by the incorporator(s). *(If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)*

ANTONIO N RAMOS SILVA

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

June 24, 2011 09:57 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large initial "W" and "G".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

- REPORT OF INTERVIEW -

Interviewee:



Interviewer: Yolanda Kruczkowski, Investigator II

Interview Date: May 14, 2018

In the Matter of: Green Life Janitorial, Corp.
Case No. 18-02-48590

Report By: Yolanda Kruczkowski, Office of the Attorney General,
Fair Labor Division-Boston Office

On the above noted date, Investigator Yolanda Kruczkowski conducted a telephone interview with [REDACTED], an employee of Green Life Janitorial, Corp. (Green Life), with Portuguese translation assistance from the Language Line.

Prior to questioning, [REDACTED] was informed that FLD was conducting an investigation and seeking further information about his employment with Green Life. The following represents a summary of the responses [REDACTED] provided to the questions posed:

1. [REDACTED] began working as a cleaner for Green Life on March 26, 2018. He heard about the position from an acquaintance, [REDACTED], another employee of Green Life.
2. [REDACTED] was interviewed by one of the owners of Green Life, Rose Da Silva, at Green Life's office located at 99 Commercial Street in Malden. Following the interview, Rose offered [REDACTED] a cleaning position at Leominster District Court and Leominster City Hall.¹ Rose further informed [REDACTED] that he would be paid \$500 a week and receive his wages every 15 days.
3. [REDACTED] was not given a set schedule but was told he had to complete a list of cleaning tasks each day. He worked Monday through Friday and would begin his day at 5:00 p.m. when the buildings closed and would finish cleaning at approximately 11:30 p.m. or midnight. He does not work with any other Green Life employees at these establishments.

¹ The District Court and City Hall in Leominster are next door to each other.

4. [REDACTED] received his first payment sometime in April and he received two checks, the first for \$1,000 and the second for \$500. The first payment was late, but he was able to deposit it. The second check was predated and later returned due to insufficient funds. He later received a replacement check from Rose, but the payment returned again due to insufficient funds. He was later given a third check and the payment was on hold by the bank for 10 days before it was deposited into his account. He was charged two bounced check fees for about \$35-\$36 each. He did not receive any paystubs along with these payments. [REDACTED] agreed to provide Kruczkowski a copy of the bounced checks.
5. About two weeks ago, [REDACTED] was directed by Antonio Ramos, who is also the owner of Green Life, that he would need to clean a library in a town next to Framingham on Tuesdays, Fridays and Saturdays.² [REDACTED] reports to the library at 5:00pm and usually does not leave the premises until midnight. He does not work with any other Green Life employees at this establishment.
6. [REDACTED] continues to clean the two Leominster locations on Mondays, Wednesdays, and Thursdays.
7. [REDACTED] reports his hours to Green Life through a log-in account on his phone each time he reports to work.
8. When he began working at the library, he was told by Antonio to use a fake name, [REDACTED] when signing in at the location. He was instructed by Antonio to use this name because of "regulations" and he did not give any further explanation.
9. [REDACTED] expects to receive his second payment today from Green Life via direct deposit.
10. [REDACTED] informed that [REDACTED] and many other Green Life employees are also experiencing issues with their checks returning due to insufficient funds.
11. [REDACTED] is willing to testify if asked to do so.

END/YK

² Scotti believes the city begins with the letter "M" and is next to Framingham.

I don't have how to grab the books and turn on the lights.

Look in [unknown] in basement It's a door [unknown] at the foot of the stairs

Wasn't anywhere

It was stored in another place

Ok

Hi Rose [unknown] advising that terminated the black bag and I've advised the coordinator

Rose you forgot to make my payment

Hi

I did forget

But I will do it tomorrow without fail

From: [REDACTED]
To: [Kruczkowski, Yolanda \(AGO\)](#)
Subject: Re: Green Life Janitorial
Date: Monday, May 14, 2018 6:37:09 PM

On Mon, May 14, 2018 at 3:34 PM [REDACTED] wrote:

On Mon, May 14, 2018 at 12:27 PM Kruczkowski, Yolanda (AGO)
<yolanda.kruczkowski@state.ma.us> wrote:

[REDACTED]

Thank you very much for speaking with me. Please provide me a copy of the bounced check and your co-worker's contact information.

Thank you,

Yolanda Kruczkowski

Investigator II

Fair Labor Division

Office of the Attorney General Maura Healey

One Ashburton Place, Room 1813 (Mail)

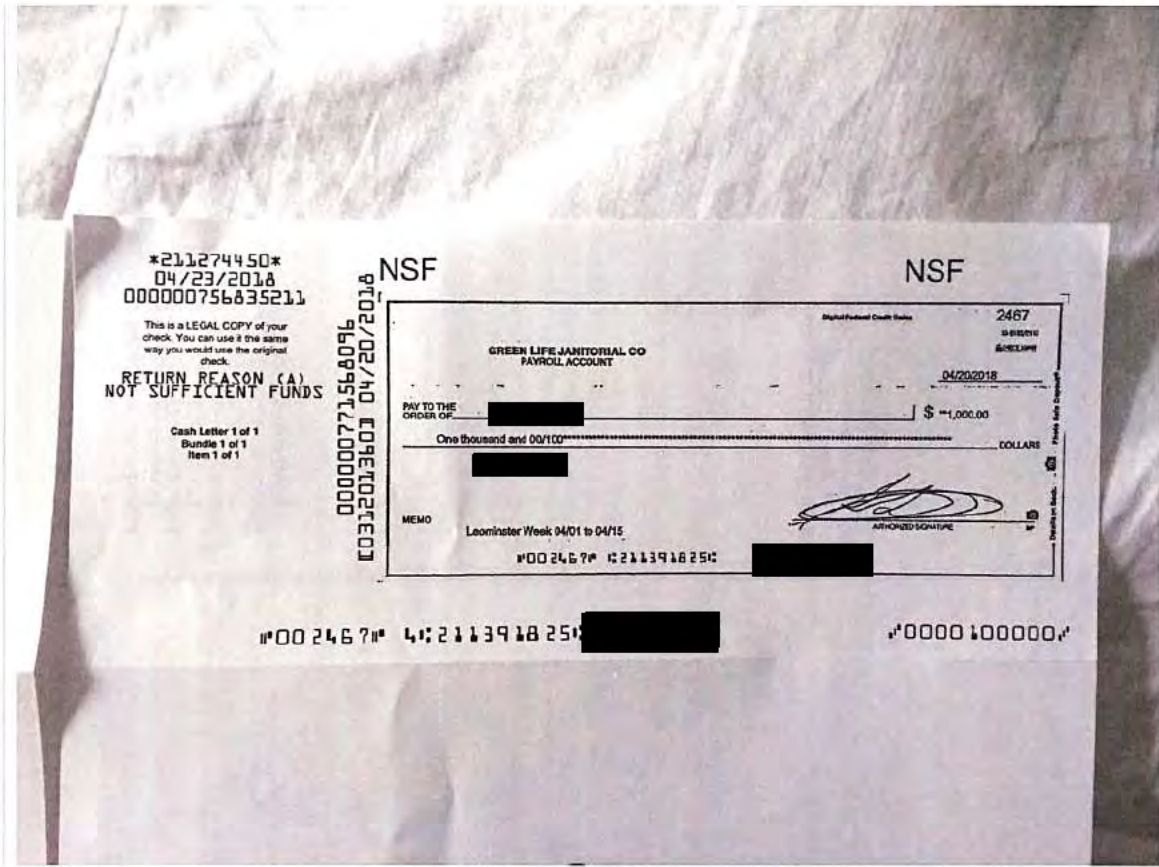
[100 Cambridge Street](#), 12th Floor (Location)

Boston, MA 02108

Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)

[REDACTED] numero telefone



Não tenho como pegar os livros e ligar as luzes

Olha no almoxerifado no basement
E uma porta a requerida aos pes da escada

Não estava em lugar nenhum
Estava guardada em outro lugar

Ok

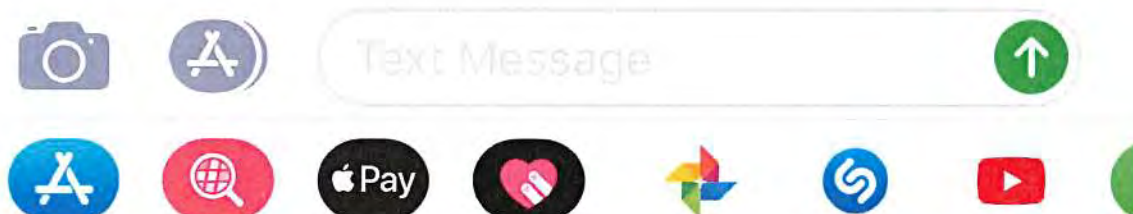
Saturday 4:10 PM

Oi Rose estouro avisando que terminou a bag preta e já avisei a cordenadora

Today 6:13 PM

Rose vc esqueceu de fazer meu pagamento

Oi
Esquié o mesmo
Mas faco amanha sem falta





THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

terça-feira, 15 de maio de 2018



RE: Green Life Janitorial

Prezado(a) [REDACTED]:

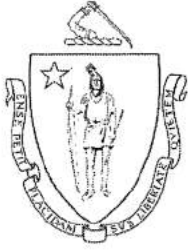
Tentei várias vezes sem sucesso a comunicarme com você sobre a sua queixa. Por favor, entre em contato comigo pelo telefone (617) 963-2326 dentro de 14 dias da data desta correspondência. Se você não me responder, podemos fechar a nossa investigação neste assunto.

Obrigado(a) pela sua cooperação antecipada.

Atenciosamente,

A handwritten signature in blue ink that reads "Yolanda Kruczkowski".

Yolanda Kruczkowski, Investigator
Office of the Attorney General
Fair Labor Division
Yolanda.Kruczkowski@state.ma.us
(617) 963-2326



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

February 7, 2018



RE: Green Life Janitorial Corp.

Dear [REDACTED]:

I have tried unsuccessfully to reach you at the telephone number you provided on your complaint form. Please contact me at **617-963-2326** by **February 21, 2018**.

Please call between **9:00 AM and 5:00 PM, Monday through Friday**. If I do not answer the telephone, please leave a message with a telephone number where I can contact you between those hours.

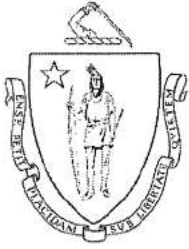
If you do not respond to this letter by **February 21, 2018**, we may close our investigation to this matter.

Thank you for your anticipated cooperation.

Sincerely,

Yolanda Kruczkowski

Yolanda Kruczkowski, Investigator
Office of the Attorney General
Fair Labor Division
Yolanda.Kruczkowski@state.ma.us
(617) 963-2326



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

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February 7, 2018



RE: Green Life Janitorial Corp.

Dear [REDACTED]:

I have tried unsuccessfully to reach you at the telephone number you provided on your complaint form. Please contact me at **617-963-2326** by **February 21, 2018**.

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Thank you for your anticipated cooperation.

Sincerely,

Yolanda Kruczkowski

Yolanda Kruczkowski, Investigator
Office of the Attorney General
Fair Labor Division
Yolanda.Kruczkowski@state.ma.us
(617) 963-2326

Massachusetts Attorney General's Office | Wage Complaint or Dispute



Important Information

[Español](#) | [Português](#)

The Massachusetts Attorney General's Office represents the public interest, and cannot provide you with legal advice or act as your attorney. If you have any questions concerning your individual legal rights or responsibilities, you should contact a private attorney, or review the AGO Legal Resources page.

Please note that after 15 minutes of inactivity, a message will appear asking you if you want to continue your session. You must select "yes," or your session will end, and you will have to restart the form.

About Your Request

Select From Below (Required)*

- Non-Payment of Wage
- Child Labor / Youth Employment
- Domestic Violence Leave
- Prevailing Wage
- Employment Discrimination

Complete the information requested below for complaints relating to any of the reasons listed in the "Reasons for Filing" section.

Reasons for Filing Complaint

Choose all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Minimum wage | <input type="checkbox"/> Sick leave | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Non-payment of wages | <input type="checkbox"/> Meal period | <input type="checkbox"/> Temp workers' right to know |
| <input type="checkbox"/> Overtime pay | <input type="checkbox"/> Tips | <input type="checkbox"/> Personnel records |
| <input type="checkbox"/> Sunday/holiday pay | <input type="checkbox"/> Domestic worker law | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vacation pay | <input type="checkbox"/> Independent contractor misclassification | |
| <input type="checkbox"/> Deductions | <input type="checkbox"/> Unpaid commissions | |

I am requesting permission to sue privately ("**private right of action**").

If you check the box above, we will send you permission to sue privately and this office will not pursue an investigation or enforcement at this time.

Workers have the right to sue their employers for violations of wage and hour and prevailing wage laws. Workers may sue on their own or as a group with other workers, if they have similar complaints. Workers who win their case have a right to triple damages, attorney fees, and court costs.

Complaint Against

Company or Employer Name (Required)*

Green Life Janitorial Corp

Company or Employer Type (Required)*

Cleaning/Janitorial

Company or Employer Street Address (Required)*

5509, 101 Commercial Street

City (Required)* State (Required)* Zip Code (Required)*

Malden

Massachusetts

02148

Company Phone

617-580-2165

Number of Employees**Owner and/or Supervisor Name and Contact Information**

Ramos E Rose

Employment Dates**From To** **Present**

1/2/18 5/12/18

8

Reason Employment Ended I quit or resigned. I was fired or laid off.**Time Period of Violation****From (Required)* To (Required)*** **Present**

1/2/18

5/12/18

Report or Complaint Detail**I need help**

for myself

Type of Work Performed and Job Title (Required)*

Cleaner

Pay Rate (Required)* Per (Required)*

\$12.00

/ Hour

Total Amount Owed

\$1,800.00

Provide detailed information about what happened, including relevant dates and names. If you have complained to the employer, tell us what happened.

You cannot attach supporting documents (for example, pay stubs or time records) at this time. If you have documents that support your complaint, please describe them here. If we decide to investigate your complaint, you will have the opportunity to provide supporting documents. Please keep copies of these documents. (Required)* ER owes EE wages. This is not an isolated incident. the ER has done this to multiple EE's.

Has Someone Helped You?

- I contacted a community organization, lawyer, union, or government agency.
- I hired a lawyer or attorney to represent me.
- Other
- I have not asked for help before filing this complaint.

Employee Contact Information

I want to remain anonymous.

First Name Last Name
[REDACTED]

Street Address
[REDACTED]

City State Zip Code
[REDACTED]

Phone
[REDACTED]

Email

If you provide your email address, you will receive a confirmation email after submitting this form with a copy of the completed complaint attached.

Date of Birth

Preferred Language (If not English)

Portugues

I am a U.S. Military Service Member or Veteran, or filing on behalf of an employee who is a member of the military.

Alternate Contact Person (Optional)

Name

Phone

Signature

Important:

1. The information you provide to our office is considered a public record. This means that a member of the public could ask us to share the information you provided.
2. Some information you give us may be publicly posted on the AGO website such as the name of the business you complained about and the date the complaint was filed.
3. **We will not share your personal information** like your name, street address, phone number, or email address with the general public.
4. We may share your name with the business you are complaining about in order to resolve your complaint. If you do not want us to share your name and personal information with anyone, please let us know.

By entering my name below, I certify that: (Required) *

1. The information I have provided is true and correct to the best of my knowledge, and
2. I authorize the AGO to discuss my complaint with the entity I am complaining about, and
3. I understand that my submission, except for personal information, will become part of the public record.

Type Full Name of the Person Submitting Form (Required) *

Received on 7/17/18; Entered by IAlvarez

Date Submitted

08/02/2018

Submit



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108


MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

terça-feira, 21 de agosto de 2018



RE: Green Life Janitorial

Prezado(a) 

Tentei várias vezes sem sucesso a comunicarme com você sobre a sua queixa. Por favor, entre em contato comigo pelo telefone (617) 963-2326 dentro de 14 dias da data desta correspondência. Se você não me responder, podemos fechar a nossa investigação neste assunto.

Obrigado(a) pela sua cooperação antecipada.

Atenciosamente,

A handwritten signature in blue ink that reads "Yolanda Kruczkowski".

Yolanda Kruczkowski, Investigator
Office of the Attorney General
Fair Labor Division
Yolanda.Kruczkowski@state.ma.us
(617) 963-2326



WHITNEY CARRIAGE
PARK

DATE: 9/24/18

TO: Yolanda Kruczowski

PHONE:

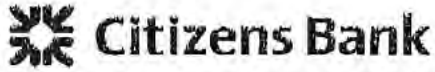
FROM: [REDACTED]

FAX: 617-722-3066

RE:



124 Water Street
Leominster, MA 01453
email: whitneycarriage@peabodyproperties.com
978-537-1779 office 978-534-7160 fax



CITIZENS BANK
 AUG 07 2018
 101
 BR 307 - TEL: FR 05

28 State Street
 Boston, MA 02109

| | | | | | | |
|------------|------------------------------------|--|--|------------|---|-------------------|
| 07/13/2018 | Deposited Check Returned Fee | | | \$20.00 | D | (\$916.86) |
| 07/13/2018 | Deposited Check Returned | | DDA DEBIT | \$960.00 | D | (\$896.86) |
| 07/13/2018 | POS Debit | | SHELL Service StatMARBOROUGH MA 0384 | \$27.13 | D | \$63.14 |
| 07/13/2018 | Withdrawal | | DDA DEBIT | \$1,600.00 | D | \$90.27 |
| 07/13/2018 | DBT Purchase | | DUNKIN #331848 Q35MARBOROUGH MA 0384 | \$5.49 | D | \$1,690.27 |
| 07/12/2018 | DBT Purchase | | PIZZA SHOP @ S. NNATICK MA 0384 | \$21.91 | D | \$1,695.76 |
| 07/12/2018 | DBT Purchase | | PIZZA SHOP @ S. NNATICK MA 0384 | \$16.63 | D | \$1,717.67 |
| 07/12/2018 | DBT Purchase | | DUNKIN #331848 Q35MARBOROUGH MA 0384 | \$5.00 | D | \$1,734.30 |
| 07/12/2018 | Deposit | | | \$1,634.30 | C | \$1,739.30 |





WHITNEY CARRIAGE PARK

DATE: 8/29/18

TO: Yolanda Kruzkowski

PHONE:

FROM: [REDACTED]

FAX: 617-722-3068

RE:



124 Water Street
Leominster, MA 01453
email: whitneycarriage@peabodyproperties.com
978-537-1779 office 978-534-7160 fax

Digital Federal Credit Union 2793
92-0102114
CHECK NUMBER

GREEN LIFE JANITORIAL CO
PAYROLL ACCOUNT

07/09/2018

PAY TO THE ORDER OF: [REDACTED] \$ **960.00

Nine hundred sixty and 00/100 ***** DOLLARS

MEMO: Week 06/16 to 06/30 Leomster

AUTHORIZED SIGNATURE [Signature]

⑈002793⑈ ⑆211341825⑆ [REDACTED]

Photo Auto Deposit

CHECK HELD BY GREEN LIFE JANITORIAL CO
 400 NORTH MAIN STREET, SUITE 400, BOSTON, MA 02114
 TEL: 617-552-1100 FAX: 617-552-1101

Posting Date 2018 Jul 12
 Posting Seq No 34411024
 DIN No 777041857
 Account Number [REDACTED]
 Check Number 2793
 Amount \$960.00



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY

Wednesday, October 10, 2018



RE: Green Life Janitorial

Dear [REDACTED]:

I have tried unsuccessfully to reach you at the telephone number you provided on your complaint form. Please contact me at (617) 963-2326 by **October 24, 2018**.

Please call between **9:00 AM and 5:00 PM, Monday through Friday**. If I do not answer the telephone, please leave a message with a telephone number where I can contact you between those hours.

If you do not respond to this letter by **October 24, 2018**, we may close our investigation to this matter.

Thank you for your anticipated cooperation.

Sincerely,

Yolanda Kruczkowski

Yolanda Kruczkowski, Investigator
Office of the Attorney General
Fair Labor Division
Email: Yolanda.Kruczkowski@state.ma.us
Phone: (617) 963-2326



Wage Complaint or Dispute

Type of Wage Complaint*

NPW Child Labor DV Leave Prevailing Wage Discrimination

Employee Contact Information

First Name Last Name

[Redacted]

Street Address

City

[Redacted]

State Zip Code

[Redacted]

Phone

[Redacted]

Email

[Redacted]

Date of Birth

[Redacted]

Preferred Language (If not English)

Spanish

I am a U.S. Military Service Member or Veteran, or filing on behalf of an employee who is a member of the military.

Alternate Contact Information

Name

[Redacted]

Phone

[Redacted]

Your Contact Information

First Name

Last Name

Phone

Email

Street Address

City

State
Massachusetts

Zip Code

I don't know the contact info of the employee who is the victim in this case.

Complaint Against

Company or Employer Name (Required)*

Green life janitorial co.

Company or Employer Type (Required)*

Servicios de Limpieza

Company or Employer Street Address (Required)*

101 A Comercial st

City (Required)*

Malden

State (Required)*

Massachusetts

Zip Code

02148

Company Phone

781-299-3458

Number of Employees

Owner and/or Supervisor Name and Contact Information

Ramos Antonio y [Redacted]

[Redacted]

Reasons for Filing

- | | | |
|--|---|--|
| <input type="checkbox"/> Minimum wage | <input type="checkbox"/> Sick leave | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Non-payment of wages | <input type="checkbox"/> Meal period | <input type="checkbox"/> Temp workers' right to know |
| <input type="checkbox"/> Overtime pay | <input type="checkbox"/> Tips | <input type="checkbox"/> Personnel records |
| <input type="checkbox"/> Sunday/holiday pay | <input type="checkbox"/> Domestic worker law | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vacation pay | <input type="checkbox"/> Independent contractor misclassification | |
| <input type="checkbox"/> Deductions | <input type="checkbox"/> Unpaid commissions | |
- I am requesting permission to sue privately ("private right of action").

Employment Dates

Employment Date From Present
july 29

Time Period of Violation

From (Required)* Present
july29

Report or Complaint Detail

I need help
Para mi

Type of Work Performed and Job Title (Required)*
janitorial

| | | |
|----------------------|-----------------|-------------------|
| Pay Rate (Required)* | Per (Required)* | Total Amount Owed |
| \$12.00 | / Hora | \$600.00 |

Provide detailed information about what happened, including relevant dates and names. If you have complained to the employer, tell us what happened. *

Mi amiga y yo trabajamos limpiandoun daycare en las noches EISr Ramos Quedo que los pagos serian los dias 20de cada mes.el caballero deposito el cheque el dia 22 y no solo eso el cheque fue retenido aparentemente por insuficiente fondos ,lo llamamos el dia de hoy y dice que paso al banco hoy que esperemos hasta el dia 31y resulta que el caballero esta acostumbrado hacer lo mismo con otras personas ya somos un grupo de 5 personas que nos vemos afectados por las acciones de este caballero

Has Someone Helped You?

- | | | | |
|---|--|--------------------------------|---|
| <input type="checkbox"/> I contacted a community organization, lawyer, union, or government agency. | <input type="checkbox"/> I hired a lawyer or attorney to represent me. | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> I have not asked for help before filing this complaint. |
|---|--|--------------------------------|---|

Signature

Important:

1. The information you provide to our office is considered a public record. This means that a member of the public could ask us to share the information you provided.
2. Some information you give us may be publicly posted on the AGO website such as the name of the business you complained about and the date the complaint was filed.
3. We will not share your personal information like your name, street address, phone number, or email address with the general public.
4. We may share your name with the business you are complaining about in order to resolve your complaint. If you do not want us to share your name and personal information with anyone, please let us know.

By entering my name below, I certify that: (Required)*

1. The information I have provided is true and correct to the best of my knowledge, and
2. I authorize the AGO to discuss my complaint with the entity I am complaining about, and
3. I understand that my submission, except for personal information, will become part of the public record.

Type Full Name of the Person Submitting Form (Required)*

Date Submitted
08/27/2018



Wage Complaint or Dispute

Type of Wage Complaint*

- NPW, Child Labor, DV Leave, Prevailing Wage, Discrimination

Employee Contact Information

I want to remain anonymous.

First Name Last Name

Street Address

City

State Zip Code

Phone

Email

Date of Birth

Preferred Language (If not English)

Espanol

I am a U.S. Military Service Member or Veteran, or filing on behalf of an employee who is a member of the military.

Alternate Contact Information

Name

Phone

Reasons for Filing

- Minimum wage, Non-payment of wages, Overtime pay, Sunday/holiday pay, Vacation pay, Deductions, Sick leave, Meal period, Tips, Domestic worker law, Independent contractor misclassification, Unpaid commissions, Retaliation, Temp workers' right to know, Personnel records, Other

I am requesting permission to sue privately ("private right of action").

Employment Dates

Employment Date From 8/2/2018 Employment Date To 8/14/2018 Present

Complaint Against

Company or Employer Name (Required)* Green life janitorial co

Company or Employer Type (Required)* Cleaning/Janitorial co

Company or Employer Street Address (Required)* 101 A commercial st

City (Required)* Malden

State (Required)* Massachusetts

Zip Code 02148

Company Phone 781-520-1072

Number of Employees

Owner and/or Supervisor Name and Contact Information Antonio Ramos and Rosa Y.

Time Period of Violation

From (Required)* 8/20/2018 Present

Reason Employment Ended

- quit or resigned, I was fired or laid off

Report or Complaint Detail

I need help
for myself

Type of Work Performed and Job Title (Required)*

Cleaning

Pay Rate (Required)* Per (Required)* Total Amount Owed
\$13.00 / Hour

Provide detailed information about what happened, including relevant dates and names. If you have complained to the employer, tell us what happened. *

Yo estube trabajando para esa compania esta compania no paga a tiempo y Cuando dan el Cheque me lo dieron sin fondo a vemos muchas personas asi con la misma razon a mi me deven 29 horas

Has Someone Helped You?

I contacted a community organization,
lawyer, union, or government agency.

I hired a lawyer or attorney
to represent me.

Other

I have not asked for help before
filing this complaint.

Signature

Important:

1. The information you provide to our office is considered a public record. This means that a member of the public could ask us to share the information you provided.
2. Some information you give us may be publicly posted on the AGO website such as the name of the business you complained about and the date the complaint was filed.
3. We will not share your personal information like your name, street address, phone number, or email address with the general public.
4. We may share your name with the business you are complaining about in order to resolve your complaint. If you do not want us to share your name and personal information with anyone, please let us know.

By entering my name below, I certify that: (Required)*

1. The information I have provided is true and correct to the best of my knowledge, and
2. I authorize the AGO to discuss my complaint with the entity I am complaining about, and
3. I understand that my submission, except for personal information, will become part of the public record.

Type Full Name of the Person Submitting Form (Required)*

[REDACTED]

Date Submitted

08/27/2018

Print



Company Name: Green Life Janitorial

Type of Business: Janitorial/ Cleaning

Date Opened: 9/6/2018

Employer Names: Antonio/ Rosa

Social Security/Federal ID #: Click here to enter text.

Business Addresses: 101 A Commercial St. Malden

Location(s) where work is occurring: same locations

Telephone Numbers: (781) 605-1023

Email Address/Company Website:
<https://greenlifejanitorial.com/>

Number of employees: Approximately 30 Employees

Tip Source: Phone Call

Description of Workplace Violations

Misclassification Wage and/or Hour Violation Child Labor Cash Wages Tax Evasion

Workers' Compensation Licensure Worker Health/Safety Prevailing Wage Violation

Tipster/Complainant Contact Information

Name: [REDACTED]

Address: Click here to enter text.

Telephone/Email: [REDACTED]

Is the complainant willing to speak to an investigator regarding violations, fraud, or abuse? Yes No

Can the complainant recommend anyone else who would like to speak to an investigator regarding violations, fraud, and abuse? Yes No

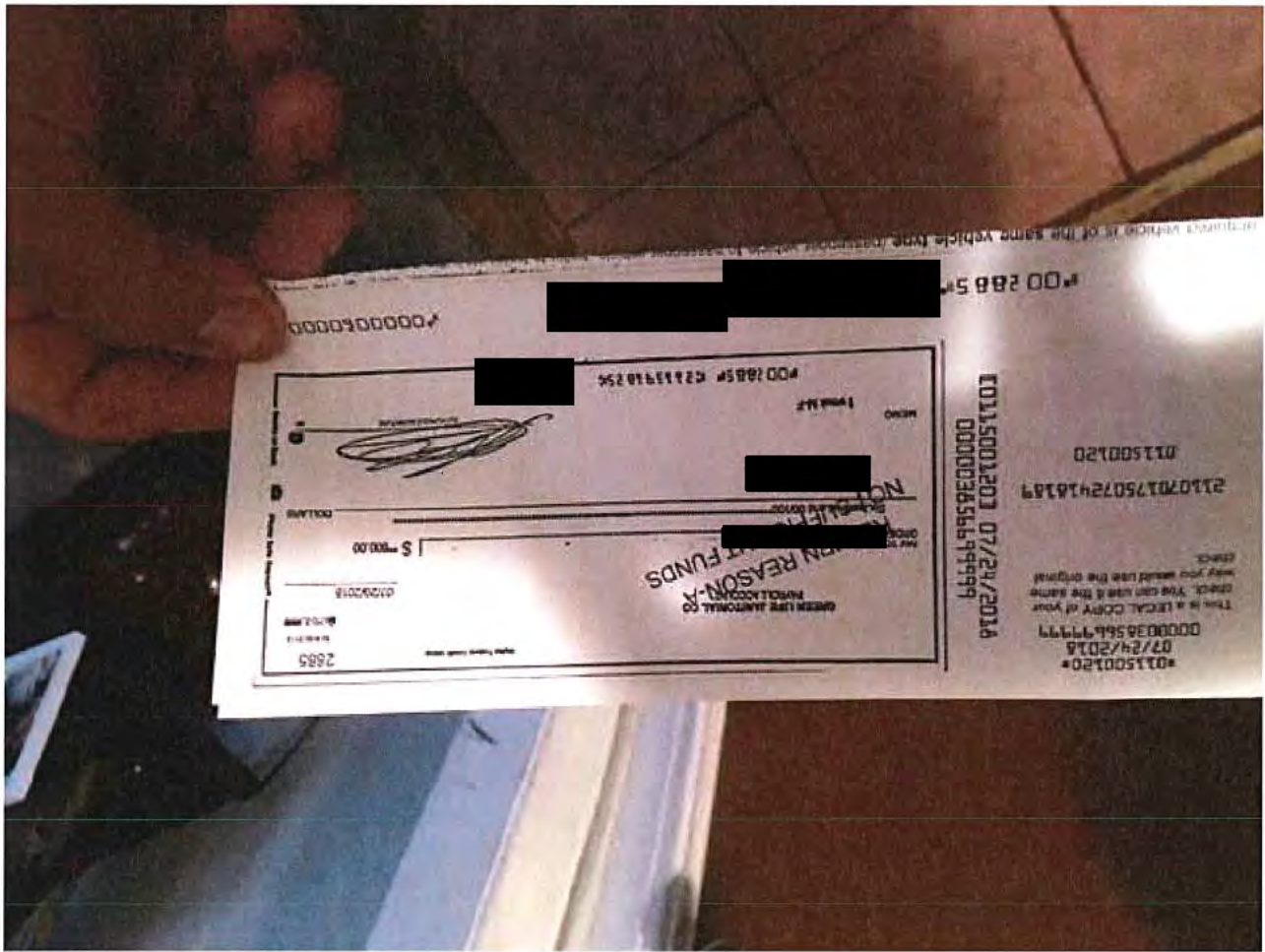
Comments: Tipster claims the employer pays cash wages and pays under minimum wage. Tipster also states employees were often put in hazardous situations like driving company vehicles that are unsafe. Tipster has proof of work he has done with the company.

In good standing with the Secretary of State's office? Yes No * 452608455

Have a locatable Workman's Compensation Policy? Yes No No Listing

From: [REDACTED]
Sent: Saturday, September 15, 2018 6:51 AM
To: Kruczkowski, Yolanda (AGO)
Subject: Re: Green Life Janitorial

Text messages between green life and I are in Portuguese. We never texted each other In English. I attach Pic of the check bounce back as insufficient funds. They also own me \$1600. I haven't hear from other employees yet... soon I hear from them I will let you know!



July 24, 2018

Deposited Check Returned Fee

(\$20.00)

Deposited Check Returned

DDA DEBIT

(\$600.00)



On Sep 14, 2018, at 12:07 PM, Kruczkowski, Yolanda (AGO) <yolanda.kruczkowski@state.ma.us> wrote:



Thank you very much for speaking with me today. As discussed, please send me photos of the bounced payments you received from Green Life and any text messages between you and Green Life regarding your wages. If you know anyone at Green Life who was not paid, please provide me their names and numbers or give them my information.

Thank you,

Yolanda Kruczkowski
Investigator II
Fair Labor Division
Office of the Attorney General Maura Healey
One Ashburton Place, Room 1813 (Mail)
100 Cambridge Street, 12th Floor (Location)
Boston, MA 02108
Direct: 617-963-2326

Visit our [Website](#), [Facebook](#), [Twitter](#), and [Instagram](#)



Oficina del Procurador General de Massachusetts

Formulario de Queja Laboral

La Oficina del Procurador General de Massachusetts (AGO) representa el interés público y no puede proporcionarle asesoramiento jurídico o actuar como su abogado. Si tiene alguna duda sobre sus derechos o responsabilidades legales, póngase en contacto con un abogado particular o revise la página AGO de Recursos Jurídicos en la página de AGO de la División de Trabajo Justo en: <http://www.mass.gov/ago/legalresources>

SEP 16 2018

Razones para la queja (Elija todo lo que se aplica):

- | | | |
|---|--|--|
| <input type="checkbox"/> Salario mínimo | <input type="checkbox"/> Ley de trabajadores domésticos | <input type="checkbox"/> Pago de días feriados |
| <input checked="" type="checkbox"/> Salarios impagos | <input type="checkbox"/> Clasificación incorrecta de contratante independiente | <input type="checkbox"/> Deducciones |
| <input type="checkbox"/> Horas de tiempo extras impagas | <input type="checkbox"/> Comisiones impagas | <input type="checkbox"/> Falta por enfermedad |
| <input type="checkbox"/> Pago de Domingo | <input type="checkbox"/> Derecho de los trabajadores temporarios | <input type="checkbox"/> Período de descanso |
| <input type="checkbox"/> Propinas | <input type="checkbox"/> Trabajo de menores | <input type="checkbox"/> Represalias |
| <input type="checkbox"/> Records personales | <input type="checkbox"/> Obras públicas | <input type="checkbox"/> Otro _____ |

Estoy solicitando permiso para proseguir en privado ("derecho de acción privada").

Se usted marca la casilla de arriba, le enviaremos el permiso para proseguir en privado y esta oficina no continuara con la investigación o aplicación en este momento. Los trabajadores tienen el derecho de demandar a su empleador por violaciones de pago de salario y horas, y leyes salariales vigentes. Los trabajadores pueden proceder por cuenta propia o como grupo con otros trabajadores con quejas similares. Los trabajadores que ganen el caso tienen derecho a daños triples, el costo de los abogados y costos judiciales

Queja en contra de:

Nombre de la empresa o propietario: GREEN LIFE JANITORIAL CO

Dirección de la empresa o propietario: 31 CHARLES ST.

Ciudad de la empresa o propietario: MALDEN Estado: MA Código postal: 02148

Teléfono de la empresa o propietario: 781-605-1023 - [REDACTED]

Nombre del propietario o gerente: ANTONIO RAMUS Número de empleados: #

Información de contacto para el propietario o gerente: _____

Tipo de empresa:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cuidado Infantil / Educación | <input type="checkbox"/> Hospitales / Geriátricos / Asistencia a domicilio | <input type="checkbox"/> minorista / Ventas |
| <input checked="" type="checkbox"/> Limpieza /mantenimiento | <input type="checkbox"/> Manufacturación / proceso de alimentos | <input type="checkbox"/> Agencia de personal/temp. |
| <input type="checkbox"/> Construcción | <input type="checkbox"/> Restaurante / Hotel | <input type="checkbox"/> Otro _____ |

Reporte o detalles sobre su queja:

Fechas de empleo:

2017 De _____ 2018 Hasta _____

Período de tiempo de violación:

Febrero De _____ septiembre Hasta _____

Razon por la que terminó el empleo:

Renuncié

Fui despedido o suspendido

Tipo de trabajo que realizó y título: Limpieza en dos escuelas de niños etc.

Salario por hora: semana = 1 escuela 200 Total de salario adeudado: \$ 2,620.00
= 2 escuela 400

Proporcione información detallada de lo sucedido, incluyendo fechas y nombres relevantes. Si se ha quejado a su empleador, díganos que pasó.

En la ~~primera~~ semana de MARZO, 2018 fue cuando hablé con ellos de que no podría trabajar más, tiempo antes ya les había renunciado pero me convencieron a seguir trabajando, porque dijeron hablaron con mi gente que me pagarían, tiempo en que la deuda hacia mí era mayor, durante el tiempo que trabajé así ellos me dieron muchos cheques sin fondos, fueron tantos los cheques sin fondos que al ingresarlos al Banco, terminaron Bloqueándome la cuenta Bancaria dandome un cheque con la cantidad que aún tenia en existencia, diciendome los del personal del Banco que no podían trabajar con mí, tengo fotos de cheques rebatados, aun tengo las llaves de ambas cuentas ellos me hablaron que las mantenga asta que aconsejen. Pero ya mucho tiempo, tengo muchos mensajes de texto como tambien de audio donde me ofenden asta el título de uno de sus autos mientras me pagan.

Alguien lo ayudó? (Escoja todo lo que aplique.)

Entre en contacto con una organización comunitaria, abogado, sindicato o agencia gubernamental.

Proporcione nombre e información de contacto:

me presente a la estacion de policia mas cercana y ellos hablaron con el, los agentes me aconsejaron que los llevara a la corte, que no estaba en sus manos de hacer más.

Contraté un abogado o procurador para que me represente.

Proporcione nombre e información de contacto:

Otro (especifique): _____

No pedí ayuda antes de presentar éste reclamo.

Información de contacto del empleado:

Nombre y apellido: [Redacted]
Dirección: [Redacted]
Teléfono: [Redacted] Correo electrónico: _____
Fecha de nacimiento: [Redacted] Idioma preferido (si no es Inglés): Español - GRACIAS

Soy un miembro o veterano del Servicio Militar de EUA, o presentando de parte de un empleado que es miembro del Servicio Militar.

Persona de contacto alternativa (Opcional)

Nombre y apellido: [Redacted]
Teléfono: [Redacted] Correo electrónico: _____

Importante:

- 1. La información que usted ha proporcionado a nuestra oficina se considera un registro público. Esto significa que un miembro del público puede pedirnos que compartamos la información que nos proporcionó.
- 2. Alguna información que nos haya proporcionado puede ser publicada en el sitio web de AGO, como el nombre de la empresa de la que se quejó y la fecha en que se presentó la queja.
- 3. No compartimos su información personal como su nombre, dirección, número de teléfono o correo electrónico con el público en general.
- 4. Podemos compartir su nombre con la compañía de la que se está quejando para resolver su reclamo. Si usted no quiere que compartamos su nombre e información personal con nadie, por favor déjenos saber.

Al entrar mi nombre abajo, certifico que:

- 1. La información que he proporcionado es verdadera y correcta con mi mejor conocimiento, y
- 2. Autorizo al AGO para discutir mi queja con la entidad a la que le estoy reclamando, y
- 3. Entiendo que mi sumisión, con la excepción de la información personal, pasará a formar parte del registro público.

Nombre y firma de la persona enviando este formulario (Obligatorio)

[Redacted Signature] 14-09-2018
Impresión Nombre _____ Firma _____ Fecha _____

Próximos pasos:

Enviar formulario por correo con cualquier documentación de soporte a:
Attorney General's Office, Fair Labor Division, 1 Ashburton Place, 18th Floor, Boston, MA 02108

Nuestra oficina revisará su queja tan pronto como podamos. Hemos recibido muchas quejas, por lo que puede tomar varias semanas decidir si investigaremos su queja. Todas las quejas son diferentes y no todas serán investigadas.

Dependiendo de la información proporcionada, podemos: enviar un aviso al empleador; Darle una carta de "ley privada de acción" que le permite demandar a su empleador por sus salarios no pagados y otros daños; Penalizar a su empleador con una citación civil que puede requerir que su empleador pague salarios no pagados y una sanción; Presentar cargos criminales contra su empleador, o tomar alguna otra acción para resolver cualquier violación que hayamos encontrado.

GREEN LIFE JANITORIAL CO
PAYROLL ACCOUNT

Digital Federal Credit Union 2742
53-9182/2113
CHECK IMAGE

06/28/2018

PAY TO THE ORDER OF: [REDACTED] \$ **646.00

Six hundred forty-six and 00/100..... DOLLARS

MEMO 02/01 to 02/28 Waltham

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

1*00 274 21*

[Handwritten Signature]

Photo Safe Deposit
Details on Back

Uno de los cheque que aun tengo en existencia



Se usted for lá eios van
Lamar lá policía para
usted porque nosoteos
já retornamos tudo
para eios y eios no
sabem dessas chaves
que está com usted
Uste y yo vamos tener
muchos problemas se
uste hace eso

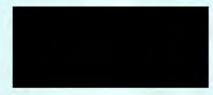
Uno de los
mensajes
de texto

Ok

Mejor así se soluciona
todo si tiempos que iba
a hir yo ala policía.

Okay entonces
Purser ir

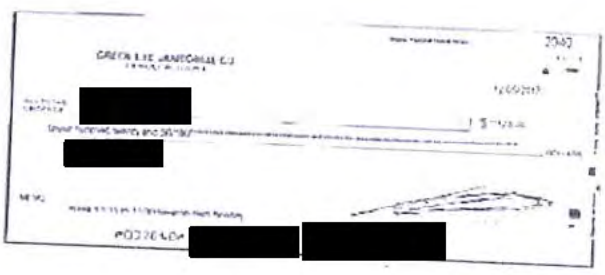




están reclamando que no hay fondos

| | |
|--------|-------------|
| Date | 12/22/2017 |
| Amount | -\$720.00 |
| Other | SHARE DRAFT |

Check Images



Mensaje con imágenes, cuando les avisaba que no tenían fondos los cheques



SHARE DRAFT - CHECK # 1503

| | |
|--------|-------------|
| Date | 12/22/2017 |
| Amount | -\$600.00 |
| Other | SHARE DRAFT |

Check Images



Citizens Bank

01/23/18

0606PM

MZ36

SEQUENCE #: 3345

CARDNUMBER: [REDACTED]

INTERIM STATEMENT
CHECKING(101)

ACCTNUMBER: [REDACTED]

| DATE | DESCRIPTION | AMOUNT |
|-------|-------------|---------|
| 01/22 | CKRT FEE | \$20.00 |
| 01/22 | CKRT FEE | \$20.00 |
| 01/22 | CKRT FEE | \$20.00 |
| 01/22 | CKRT FEE | \$20.00 |
| 01/22 | CKRT FEE | \$20.00 |



LIFE JANITORIAL CO
PAYROLL ACCOUNT

\$**360.00

01/08/2018

2178

\$**400.00

12/20/2017

2109

\$**580.00

01/08/2018

2177

\$**800.00

12/20/2017

2107

\$**576.00

01/20/2018

Más Cheques
son fondos
con los que
llore con ellos
durante el tiempo
que trabajo con
ellos

DIJOS: 200.00
 500.00
 100.00
 100.00
 600.00

AGOSTO: 200.00
 500.00
 100.00
 600.00

SEPTIEMBRE: $1,440.00$ Newton
 420.00 Uxalham
 $2,160.00$

OCTUBRE: 200.00 Newton
 160.00 Uxalham
 480.00

TOTAL
 $6,760.00$

$6,760.00$

Stack of documents including:

- Green Life Janitorial Co. Payroll Account
- Payroll stubs (e.g., 2333, 2335, 2334, 2100)
- Check stubs (e.g., #002191, #002192)
- Return Receipt for a check

Copias que
me reboto
el bancos
cuando no
tenian fondos
los cheques



RECEIVED

ATTORNEY GENERAL'S OFFICE
FAIR LABOR DIVISION
↓ Ashburton Place, 18th Floor
Boston, MA 02108



Before You File

The Massachusetts Attorney General's Office represents the public interest and cannot provide you with legal advice or act as your attorney. If you have any questions concerning your individual legal rights or responsibilities, you should contact a private attorney.

Under many circumstances, your complaint and any related information or documents will be considered a public record and available to any member of the public upon request. However, in response to such a request, we generally will not disclose your name, street address, phone number, or email address. However, some data concerning your complaint may be publicly posted on the AGO website, such as the name of the entity you complained about, the date the complaint was filed, and the town or city where you live. If your complaint relates to an ongoing investigation or falls into a subject area that is protected from public disclosure, we will not provide your complaint in response to a public records request.

The information you have submitted may be released to the entity you are complaining about in order to resolve your complaint.

We may also disclose your complaint and related information to other law enforcement and regulatory agencies.

The AGO does not mediate business to business complaints. Please contact a corporate attorney.

About Your Issue

Complaint Type (Required) *

- Healthcare and Health Insurance
- Insurance, Banking, or Investment
- Auto Sale, Loan, Lease, or Repair
- Student Loan
- Mortgage or Landlord/Tenant Dispute
- Discrimination or Civil Rights Violation
- Telephone Scams, Robocalls, or Do Not Call List Violations
- Other

Other Issue Type

Employer Not Paying Employee for Work Done

Contact the Consumer Hotline at 617-727-8400 or 617-727-4765 TTY with questions about this form.

Complaint Against

Enter full name of the company, business or organization you are complaining about.

Company or Entity Name (Required) *

Greenlife Janitorial

This is an online business or I don't know the location.

This business address is outside the US

Street Address

99 Commerce

City **State** **Zip Code**

Malde Massachusett
n s

Phone (Optional)

781-605-1023

If you have additional information that could help us locate this organization, enter it below. Include additional company names, contacts, and/or locations.

Additional Contact Information or Website (Optional)

Antonio Ramos, Rose Ramos

Complaint Detail

I am

seeking assistance for myself

Include a full description of your complaint, including relevant dates and names.

DO NOT include your social security numbers, credit card numbers, or other private information.

Complaint Summary (Required)*

He's not paid me for 16 hours that I have worked. In the past, my paychecks have bounced eight times. This has caused me to be unable to pay my bills.

Desired Outcome or Resolution

I need the AGO's help in mediating or resolving my complaint.

Select all actions you have taken to address this issue (if any).

I complained directly to the business or entity.

I previously contacted the Attorney General's Office.

I contacted another government agency, community organization, or consumer program.

I filed a police report.

I hired a lawyer or attorney to represent me.

I filed a case in court.

Other

List names of staff members, agencies and details of previous actions: (Required)*

I have complained to the owners, Rose and Antonio Ramos

Your Contact Information

Enter information for the person completing this form (you) so that we may follow up with you about this issue.

First Name (Required)* Last Name (Required)*

I do not have a US address

Street Address (Required)*

City (Required)* State (Required)* Zip Code (Required)*

Phone (Required)*

Email (Optional)

If you provide your email address, you will receive a confirmation email after submitting this form with a copy of the completed complaint attached.

I am over 60 years old, or filing on behalf of a senior

I am a U.S. Military Service Member or Veteran, or filing on behalf of a veteran

Signature

By entering my name below, I certify that: (Required)*

- The information I have provided is true and correct to the best of my knowledge;
- I authorize the AGO to discuss my complaint with the entity I am complaining about, and
- I understand that my submission, under many circumstances, will become part of the public record.

Type Full Name of the Person Submitting Form (Required)*

Date Submitted

01/25/2018

Submit



Wage Complaint or Dispute

Type of Wage Complaint*

NPW Child Labor DV Leave Prevailing Wage Discrimination

Employee Contact Information

First Name Last Name

[Redacted]

Street Address

City

[Redacted]

State Zip Code

[Redacted]

Phone

[Redacted]

Email

[Redacted]

Date of Birth

[Redacted]

Preferred Language (If not English)
Portuguese

I am a U.S. Military Service Member or Veteran, or filing on behalf of an employee who is a member of the military.

Alternate Contact Information

Name

Phone

Your Contact Information

First Name

Last Name

Phone

Email

Street Address

City

State
Massachusetts

Zip Code

I don't know the contact info of the employee who is the victim in this case.

Complaint Against

Company or Employer Name (Required)*
Green Life janitoria

Company or Employer Type (Required)*
Limpeza / manutenção

Company or Employer Street Address (Required)*
99 Commercial St Malden -MA 02148

City (Required)*
Peabody

State (Required)* Zip Code
Massachusetts 01960

Company Phone Number of Employees
781-605-1023 10

Owner and/or Supervisor Name and Contact Information
Antonio Ramos [Redacted]
Rose Fone [Redacted]

Reasons for Filing

- | | | |
|---|---|--|
| <input type="checkbox"/> Minimum wage | <input type="checkbox"/> Sick leave | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Non-payment of wages | <input checked="" type="checkbox"/> Meal period | <input type="checkbox"/> Temp workers' right to know |
| <input checked="" type="checkbox"/> Overtime pay | <input type="checkbox"/> Tips | <input type="checkbox"/> Personnel records |
| <input type="checkbox"/> Sunday/holiday pay | <input type="checkbox"/> Domestic worker law | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vacation pay | <input type="checkbox"/> Independent contractor misclassification | |
| <input type="checkbox"/> Deductions | <input type="checkbox"/> Unpaid commissions | |
| <input type="checkbox"/> I am requesting permission to sue privately ("private right of action"). | | |

Employment Dates

Employment Date From 03/26/2018 Employment Date To 04/28/2018 Present

Time Period of Violation

From (Required)* 04/28/2018 To (Required)* Present

Reason Employment Ended

I quit or resigned. I was fired or laid off.

Report or Complaint Detail

I need help
Para mim

Type of Work Performed and Job Title (Required)*
limpeza de dois predios (corte ecity hall) leomister

Pay Rate (Required)* \$14.28 Per (Required)* / Hora Total Amount Owed

Provide detailed information about what happened, including relevant dates and names. If you have complained to the employer, tell us what happened.*

sendo uma semana de trabalho da casa

Has Someone Helped You?

- | | | | |
|---|--|--------------------------------|---|
| <input type="checkbox"/> I contacted a community organization, lawyer, union, or government agency. | <input type="checkbox"/> I hired a lawyer or attorney to represent me. | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> I have not asked for help before filing this complaint. |
|---|--|--------------------------------|---|

Signature

Important:

1. The information you provide to our office is considered a public record. This means that a member of the public could ask us to share the information you provided.
2. Some information you give us may be publicly posted on the AGO website such as the name of the business you complained about and the date the complaint was filed.
3. We will not share your personal information like your name, street address, phone number, or email address with the general public.
4. We may share your name with the business you are complaining about in order to resolve your complaint. If you do not want us to share your name and personal information with anyone, please let us know.

By entering my name below, I certify that: (Required)*

1. The information I have provided is true and correct to the best of my knowledge, and
2. I authorize the AGO to discuss my complaint with the entity I am complaining about, and
3. I understand that my submission, except for personal information, will become part of the public record.

Type Full Name of the Person Submitting Form (Required)*

Date Submitted
04/27/2018



Procuradoria Geral de Massachusetts | Queixa de salário ou disputa



Informação importante

[English](#) | [Español](#)

A Procuradoria Geral de Massachusetts representa o interesse público e não pode fornecer-lhe aconselhamento jurídico ou agir como seu advogado. Se você tiver alguma dúvida sobre seus direitos ou responsabilidades legais individuais, entre em contato com um advogado privado ou revise a página AGO Legal Resources.

Por favor observe que após de 15 minutos de inatividade, uma mensagem aparecerá perguntando se você deseja continuar sua sessão. Você deve selecionar "sim", ou sua sessão terminará, e você terá que reiniciar o formulário.

Sobre o seu pedido

Selecione Abaixo (Obrigatório) *

- Não pagamento de salários
- Trabalho de Menores / Emprego de Menores
- Licença por violência doméstica
- Salário para Obras públicas
- Discriminação no Emprego

Complete as informações solicitadas abaixo para reclamações relacionadas a qualquer dos motivos listados na seção "Razões para arquivamento".

Razões para a queixa

Escolha tudo o que se aplica.

- | | | |
|---|---|--|
| <input type="checkbox"/> Salário mínimo | <input type="checkbox"/> Saída de saúde | <input type="checkbox"/> Retaliação |
| <input checked="" type="checkbox"/> Não pagamento de salários | <input type="checkbox"/> Período de refeições | <input type="checkbox"/> Direito dos trabalhadores temporários |
| <input type="checkbox"/> Pagamento de hora extra | <input type="checkbox"/> Gorjetas | <input type="checkbox"/> Registros pessoal |
| <input type="checkbox"/> Domingo / pagamento de férias | <input type="checkbox"/> Lei dos trabalhadores domésticos | <input type="checkbox"/> Outro |
| <input type="checkbox"/> Pagamento de férias | <input type="checkbox"/> Aconselhamento incorreto de contratante independente | |
| <input type="checkbox"/> Deduções | <input type="checkbox"/> Comissões não remuneradas | |

Estou solicitando permissão para processar em privado ("**direito de ação privado**").

Se você marcar a caixa acima, nós lhe enviaremos permissão para processar em privado e este escritório não irá prosseguir uma investigação ou aplicação neste momento. Os trabalhadores têm o direito de processar seus empregadores por violações de salários e horas e leis salariais vigentes. Os trabalhadores podem processar por conta própria ou como um grupo com outros trabalhadores, se eles tiverem queixas semelhantes. Os trabalhadores que ganham o caso têm direito a triplicar danos, custo de advogados e custas judiciais.

Queixa contra

Nome da empresa Ou empregador (Obrigatório) *

Green Life janitoria

Tipo de empresa Ou empregador (Obrigatório) *

Limpeza / manutenção

Endereço da empresa (Obrigatório) *

99 Commercial St Malden -MA 02148

Telefone da empresa

781-605-1023

Número de empregados

Nome do Proprietário e Informações de Contato e / ou Supervisor

Antonio Ramos

Rose Fone

Datas de emprego

De 03/26/2018 **Para** 04/28/2018 **Presente**

Razão que o emprego terminou

Eu renunciei. Fui demitido ou despedido.

Período de tempo de violação

De (Obrigatório)* 04/28//2018 **Para (Obrigatório)*** 04/282018 **Presente**

Detalhamento de relatório ou reclamação

Eu preciso de ajuda

Para mim

Tipo de trabalho realizado e título (Obrigatório)*

limpeza de dois predios (corte ecity hall) leomister

Pagamento por hora (Obrigatório)* \$14.28 **Por (Obrigatório)*** / Hora

Valor total devido

Forneça informações detalhadas sobre o que aconteceu, incluindo datas e nomes relevantes. Se você queixou ao empregador, conte-nos o que aconteceu.

Você não pode anexar documentos de suporte (por exemplo, talões de pagamento ou registros de tempo) neste momento. Se você tiver documentos que apoiem sua reclamação, descreva-os aqui. Se decidimos investigar sua reclamação, você terá a oportunidade de fornecer documentos de apoio. Mantenha cópias desses documentos. (Obrigatório)* sendo uma semana de trabalho da casa

Alguém ajudou você?

Entrei em contato com uma organização comunitária, advogado, sindicato ou agência governamental.

Contratei um advogado ou procurador para me representar.

Outra

Eu não solicitei ajuda antes de apresentar esta queixa.

Informações de contato do funcionário

Eu quero permanecer anônimo.

Se você fornecer sua informação de contato abaixo, podemos contatá-lo sobre a queixa, mas não usaremos seu nome se contatarmos o empregador.

Primeiro nome **Último nome**

[REDACTED]

Endereço

[REDACTED]

Cidade **Estado** **Código postal**

[REDACTED]

Telefone

[REDACTED]

Correio eletrônico

Se você fornecer seu endereço de e-mail, você receberá um e-mail de confirmação depois de enviar este formulário com uma cópia da reclamação preenchida anexada.

[REDACTED]

Data de nascimento

[REDACTED]

Eu sou um membro ou veterano do Serviço Militar dos EUA, ou arquivando em nome de um funcionário que é membro dos militares.

Pessoa de Contato Alternativa (Opcional)

Nome

[REDACTED]

Telefone

[REDACTED]

Assinatura

Importante:

1. As informações que você forneceu para o nosso escritório são consideradas um registro público. Isso significa que um membro do público pode pedir-nos para compartilhar as informações que você forneceu.
2. Não compartilharemos suas informações pessoais como seu nome, endereço, número de telefone ou correio de e-mail com o público em geral.
3. Podemos compartilhar seu nome com o negócio que você está reclamando para resolver sua reclamação. Se você não quiser que compartilhem seu nome e informações pessoais com qualquer um, informe-nos.
4. Algumas informações que você nos forneceu podem ser postadas publicamente no site da AGO, como o nome do negócio que você reclamou e a data em que a queixa foi arquivada.

Ao entrar meu nome abaixo, eu certifico que: (Obrigatório)*

1. A informação que forneci é verdadeira e correta no meu melhor conhecimento, e
2. eu autorizo o AGO a discutir minha queixa com a entidade da qual eu reclamo e entendo que minha apresentação, com
3. exceção de informações pessoais, se tornará parte do registro público.

Digite o nome completo da pessoa enviando o Formulário (Obrigatório)*

Data Enviada

04/27/2018



Wage Complaint or Dispute

Type of Wage Complaint*

NPW Child Labor DV Leave Prevailing Wage Discrimination

Employee Contact Information

First Name Last Name

[Redacted]

Street Address

City

[Redacted]

State

[Redacted]

Zip Code

Phone

[Redacted]

Email

Date of Birth

Preferred Language (If not English)
Portuguese

I am a U.S. Military Service Member or Veteran, or filing on behalf of an employee who is a member of the military.

Alternate Contact Information

Name

Phone

Your Contact Information

First Name

Last Name

Phone

Email

Street Address

City

State
Massachusetts

Zip Code

Complaint Against

Company or Employer Name (Required)*
green life janitorial

Company or Employer Type (Required)*
Limpeza / manutenção

Company or Employer Street Address (Required)*
99 COMMERCIAL STREET- MALDEN

City (Required)*

State (Required)*
Massachusetts

Zip Code

Company Phone
781-520-1072

Number of Employees
varios

Owner and/or Supervisor Name and Contact Information
ANTONIO RAMOS :7815201072
ROSE: [Redacted]

I don't know the contact info of the employee who is the victim in this case.

Reasons for Filing

- | | | |
|--|---|--|
| <input type="checkbox"/> Minimum wage | <input type="checkbox"/> Sick leave | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Non-payment of wages | <input type="checkbox"/> Meal period | <input type="checkbox"/> Temp workers' right to know |
| <input type="checkbox"/> Overtime pay | <input type="checkbox"/> Tips | <input type="checkbox"/> Personnel records |
| <input type="checkbox"/> Sunday/holiday pay | <input type="checkbox"/> Domestic worker law | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vacation pay | <input type="checkbox"/> Independent contractor misclassification | |
| <input type="checkbox"/> Deductions | <input type="checkbox"/> Unpaid commissions | |
- I am requesting permission to sue privately ("private right of action").

Employment Dates

Employment Date From 03/18/2018 Employment Date To 03/24/2018 Present

Time Period of Violation

From (Required)* 03/18/2018 To (Required)* Present

Reason Employment Ended

I quit or resigned I was fired or laid off.

Report or Complaint Detail

I need help
Para mim

Type of Work Performed and Job Title (Required)*

LIMPEZA BIBLIOTECA LEOMISTER -SRN SIZER LEOMISTER

Pay Rate (Required)* \$0.00 Per (Required)* / Hora Total Amount Owed

Provide detailed information about what happened, including relevant dates and names. If you have complained to the employer, tell us what happened.*

trabalhei e nao fez o pagamento.me deu cheque predatado par5a ,mes q vem

Has Someone Helped You?

- | | | | |
|---|--|--------------------------------|---|
| <input type="checkbox"/> I contacted a community organization, lawyer, union, or government agency. | <input type="checkbox"/> I hired a lawyer or attorney to represent me. | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> I have not asked for help before filing this complaint. |
|---|--|--------------------------------|---|

Signature

Important:

1. The information you provide to our office is considered a public record. This means that a member of the public could ask us to share the information you provided.
2. Some information you give us may be publicly posted on the AGO website such as the name of the business you complained about and the date the complaint was filed.
3. We will not share your personal information like your name, street address, phone number, or email address with the general public.
4. We may share your name with the business you are complaining about in order to resolve your complaint. If you do not want us to share your name and personal information with anyone, please let us know.

By entering my name below, I certify that: (Required)*

1. The information I have provided is true and correct to the best of my knowledge, and
2. I authorize the AGO to discuss my complaint with the entity I am complaining about, and
3. I understand that my submission, except for personal information, will become part of the public record.

Type Full Name of the Person Submitting Form (Required)*

[REDACTED]

Date Submitted
04/28/2018

Print

Procuradoria Geral de Massachusetts | Queixa de salário ou disputa



Informação importante

[English](#) | [Español](#)

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Por favor observe que após de 15 minutos de inatividade, uma mensagem aparecerá perguntando se você deseja continuar sua sessão. Você deve selecionar "sim", ou sua sessão terminará, e você terá que reiniciar o formulário.

Sobre o seu pedido

Selecione Abaixo (Obrigatório) *

- Não pagamento de salários
- Trabalho de Menores / Emprego de Menores
- Licença por violência doméstica
- Salário para Obras públicas
- Discriminação no Emprego

Complete as informações solicitadas abaixo para reclamações relacionadas a qualquer dos motivos listados na seção "Razões para arquivamento".

Razões para a queixa

Escolha tudo o que se aplica.

- | | | |
|---|---|--|
| <input type="checkbox"/> Salário mínimo | <input type="checkbox"/> Saída de saúde | <input type="checkbox"/> Retaliação |
| <input checked="" type="checkbox"/> Não pagamento de salários | <input type="checkbox"/> Período de refeições | <input type="checkbox"/> Direito dos trabalhadores temporários |
| <input type="checkbox"/> Pagamento de hora extra | <input type="checkbox"/> Gorjetas | <input type="checkbox"/> Registros pessoal |
| <input type="checkbox"/> Domingo / pagamento de férias | <input type="checkbox"/> Lei dos trabalhadores domésticos | <input type="checkbox"/> Outro |
| <input type="checkbox"/> Pagamento de férias | <input type="checkbox"/> Aconselhamento incorreto de contratante independente | |
| <input type="checkbox"/> Deduções | <input type="checkbox"/> Comissões não remuneradas | |

Estou solicitando permissão para processar em privado ("**direito de ação privado**").

Se você marcar a caixa acima, nós lhe enviaremos permissão para processar em privado e este escritório não irá prosseguir uma investigação ou aplicação neste momento. Os trabalhadores têm o direito de processar seus empregadores por violações de salários e horas e leis salariais vigentes. Os trabalhadores podem processar por conta própria ou como um grupo com outros trabalhadores, se eles tiverem queixas semelhantes. Os trabalhadores que ganham o caso têm direito a triplicar danos, custo de advogados e custas judiciais.

Queixa contra

Nome da empresa Ou empregador (Obrigatório)*
green life janitorial

Tipo de empresa Ou empregador (Obrigatório)*
Limpeza / manutenção

Endereço da empresa (Obrigatório)*
99 COMMERCIAL STREET- MALDEN

Telefone da empresa
781-520-1072

Número de empregados
varios

Nome do Proprietário e Informações de Contato e / ou Supervisor
ANTONIO RAMOS ;7815201072
ROSE: [REDACTED]

Datas de emprego

De 03/18/2018 **Para** 03/24/2018 **Presente**
8 8

Razão que o emprego terminou

Eu renunciei. Fui demitido ou despedido.

Período de tempo de violação

De (Obrigatório)* 03/18/2018 **Para (Obrigatório)*** 04/24/2018 **Presente**

Detalhamento de relatório ou reclamação

Eu preciso de ajuda

Para mim

Tipo de trabalho realizado e título (Obrigatório)*

LIMPEZA BIBLIOTECA LEOMISTER -SRN SIZER LEOMISTER

Pagamento por hora (Obrigatório)* Por (Obrigatório)*

\$0.00 / Hora

Valor total devido

Forneça informações detalhadas sobre o que aconteceu, incluindo datas e nomes relevantes. Se você queixou ao empregador, conte-nos o que aconteceu.

Você não pode anexar documentos de suporte (por exemplo, talões de pagamento ou registros de tempo) neste momento. Se você tiver documentos que apoiem sua reclamação, descreva-os aqui. Se decidimos investigar sua reclamação, você terá a oportunidade de fornecer documentos de apoio. Mantenha cópias desses documentos. (Obrigatório)*
trabalhei e nao fez o pagamento.me deu cheque predatado par5a ,mes q vem

Alguém ajudou você?

Entrei em contato com uma organização comunitária, advogado, sindicato ou agência governamental.

Contratei um advogado ou procurador para me representar.

Outra

Eu não solicitei ajuda antes de apresentar esta queixa.

Informações de contato do funcionário

Eu quero permanecer anônimo.

Se você fornecer sua informação de contato abaixo, podemos contatá-lo sobre a queixa, mas não usaremos seu nome se contatarmos o empregador.

Primeiro nome Último nome

[REDACTED]

Endereço

[REDACTED]

Cidade Estado Código postal

[REDACTED]

Telefone

[REDACTED]

Correio eletrônico

Se você fornecer seu endereço de e-mail, você receberá um e-mail de confirmação depois de enviar este formulário com uma cópia da reclamação preenchida anexada.

Data de nascimento

Eu sou um membro ou veterano do Serviço Militar dos EUA, ou arquivando em nome de um funcionário que é membro dos militares.

Pessoa de Contato Alternativa (Opcional)

Nome

Telefone

Assinatura

Importante:

1. As informações que você forneceu para o nosso escritório são consideradas um registro público. Isso significa que um membro do público pode pedir-nos para compartilhar as informações que você forneceu.
2. Não compartilharemos suas informações pessoais como seu nome, endereço, número de telefone ou correio de e-mail com o público em geral.
3. Podemos compartilhar seu nome com o negócio que você está reclamando para resolver sua reclamação. Se você não quiser que compartilhem seu nome e informações pessoais com qualquer um, informe-nos.
4. Algumas informações que você nos forneceu podem ser postadas publicamente no site da AGO, como o nome do negócio que você reclamou e a data em que a queixa foi arquivada.

Ao entrar meu nome abaixo, eu certifico que: (Obrigatório)*

1. A informação que forneci é verdadeira e correta no meu melhor conhecimento, e
2. eu autorizo o AGO a discutir minha queixa com a entidade da qual eu reclamo e entendo que minha apresentação, com
3. exceção de informações pessoais, se tornará parte do registro público.

Digite o nome completo da pessoa enviando o Formulário (Obrigatório)*

████████████████████

Data Enviada

04/28/2018