

SAMPLE EMPLOYER INC  
201 E WASHINGTON AVE RM C100  
RM C100  
MADISON WI 53703

WC CLAIM NO: 9999-999999  
INJURY DATE: 05/01/85  
EMPLOYEE: SAMPLE SIMPLES, SAMPLE  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO:

IF YOU CALL OR WRITE US  
PLEASE USE WC CLAIM NO.

Our records indicate that the above named employee was injured while employed by you. The employee was a minor under 16 years of age at the time of injury having been born on . We find no labor permit on file, as required by Wis. Stat. § 103.70, authorizing you to employ this minor. If our records are correct, payment into the state fund established under Wis. Stat. § 102.65 is due from you.

The amount due, pursuant to Wis. Stat. § 102.60(1m), is an amount equal to the compensation due and payable to the minor but not to exceed \$7,500.00. Payment is due to the State of Wisconsin for employment of a minor without a valid work permit

**Please do not initiate payments at this time.** The Department will compute the penalty due based on primary compensation paid to the injured worker and will invoice you accordingly.

If you deny liability, please advise and a formal hearing will be scheduled.

Sincerely,

Department of Workforce Development  
Worker's Compensation Division

WKC-134-B-E (R. 07/2021) WC134B

**Copy sent to:**  
TEST INSURER 2  
C/O TEST INSURER 2  
RM C100  
201 E WASHINGTON AVE  
MADISON WI 53703