

ABC Company
2011 Main ST
Olympia, WA 98501

DATE: 05/10/2011

SAMPLE

We compare employer quarterly tax reports to Unemployment Insurance (UI) benefits paid to claimants. This social security number, **555-00-1212**, appeared on your quarterly tax report. The claimant **shown on the reverse side of this form** filed claims for UI benefits during the weeks listed. Since improper payment of benefits can have an adverse effect on your taxes, it is to your advantage to complete and return this form within **10 days**.

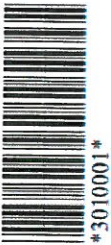
Under Washington State law, wages are considered "earned" during the week the work is performed, regardless of when the claimant is paid. A week begins at 12:01a.m. on Sunday and ends at 12:00 midnight the following Saturday. Claimants report their earnings in this same way when submitting weekly claims for UI benefits. Please enter the wages for the claimant as "earned" rather than when paid, during the week(s) specified on the back of this form. If no wages were earned, enter "None" in the Gross Earnings space.

If the person shown on the back of this form has not worked for you, provide an explanation in the comments section and take the following action:

- Check to see if the person's social security number (SSN) matches any of the employees listed on your quarterly tax report.
- If the SSN matches an employee's name and the employee's name is different from that shown on this form, verify the employee's SSN and send a copy of their social security card when returning the form.
- If you are unable to verify the SSN or this person has never worked for you, please complete the signature and date sections only and return the form.

Please answer all the questions on the reverse side of this form as appropriate and return it in the enclosed envelope or by fax to (360) 407-4460. If you have any questions or need additional help in completing the form, please contact our office toll free at (866) 810-0210, local at (360) 407-4474 or TTY at (800) 207-0882.

Thank you in advance for your cooperation.



Employer No.: 9990000296
 Employer Name: ABC Company
 Claimant Name: John Doe
 SSN: 555-00-1212

QTR:

Audit Type: 48-32768 04

THIS IS A WAGE VERIFICATION - NOT A NOTICE OF CLAIM

We are auditing the weeks printed on this form only, please do not change the dates shown.

- Date employee began work: 01/03/2011
- Date employee separated or last day to work: 02/25/2011
- Rate of pay: \$ 10.00 Per: Hour Week
 Bi-weekly Month Year
- Employee's work status (select one):
 Still employed
 Full-time On call
 Part-time Seasonal employment
 No longer Employed

- The original payroll records will be available if necessary:
 Yes No
 - Pay period information (select one):
 Monthly: Pay period ending date: _____
 Semi Monthly: Pay period ending date: _____
 Bi-Weekly: Day pay period ends: 1/5 - 2/19/11
 Weekly: Day pay period ends: _____
 - Standard days in work week (select all which apply):
 Sun Mon Tue Wed Thu Fri Sat
- Types of Other Pay: V=Vacation; H=Holiday; N=Bonus; I=Severance;
 T=Termination; B=Back Pay; W=Wages in Lieu of Notice; P=Payment for Plant Closure; C=Workers Compensation

Week Begin Sun:	Week End Sat:	Total Hours WORKED this Week							Office Use	Gross Wages EARNED this Week	Gross Amount of OTHER PAY PAID this week	Type of OTHER PAY?
		S	M	T	W	Th	F	Sa				
01/02/2011	01/08/2011		8	8	8	8	8	8	1	400.00		
01/09/2011	01/15/2011		8	8	8	8	8	8	2	400.00		
01/16/2011	01/22/2011		8	8	4	8	4		3	320.00		
01/23/2011	01/29/2011		8	8	8	8	4		4	360.00		
01/30/2011	02/05/2011		4	8	8	8	4		5	320.00		
02/06/2011	02/12/2011		8	4	8	8	8		6	360.00		
02/13/2011	02/19/2011		8	8	4	4	8		7	320.00		
02/20/2011	02/26/2011		8	4	8	8	8		8	360.00		

Be sure to use weekly wages only.

Employer Certification: I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge.

Jane Hancock Jane Hancock Payroll 360-000-0000
 Name of Preparer Signature Title Phone Fax

For questions or assistance, please call the FRAUD INVESTIGATION UNIT toll free at (866) 810-0210 or FAX to (360) 407-4460.

Comments: _____

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