Paycheck Protection Program

Date Sent:_____

Number of sheets faxed: ____ of ____

Employer Earnings Report Form

Employers should use this form and additional pages as necessary to report to the N.C. Division of Employment Security payments they made to employees under the Paycheck Protection Program. Complete all the requested business information and provide contact information for any questions that may arise.

For each employee, list their name, full Social Security number, each week they were paid while unable to work due to COVID-19 and the gross amount paid for each week.

Fax the completed form to DES at 919.857.1246.

Business Name: _____ **Employer Account Number:** _____

Address: _____ **Employer Contact:** _____

_____ **Phone Number:** _____

_____ **Fax Number:** _____

Employee Name	Social Security Number	Weeks Paid	Gross Amount Paid