



**North Carolina Department of Commerce  
Division of Employment Security  
Unemployment Insurance**



**Date (full date, example: April 22, 2016**

Claimant Name (window envelope)

Address 1

Address 2

City ST Zip

Claimant ID:

[Claimant Name]:

Our records show that a recent change was made to your [tax withholding(s)].

If this change was not authorized by you, please contact the Division of Employment Security, Customer Call Center at 1.888.737.0259.

No action is required if you authorized this change.

**Help us prevent UI Fraud!**

Report Suspected UI Fraud Online at

[des.nc.gov](http://des.nc.gov)

Post Office Box 25903 Raleigh, North Carolina 27611-5903

NCCLM Change of Tax Withholding