

North Carolina Department of Commerce Division of Employment Security Unemployment Insurance



999999

Monthly Billing Statement 1st level

Mail Date: February 24, 2017 Claimant ID: 1234567

JACK T HOOVER 700 Main Street RALEIGH, NC 27000

Current Total Debt Balance: \$823.27 Minimum Monthly Payment: \$0.00

This is <u>not</u> a payment agreement. If you are not in an approved/current payment agreement, paying the minimum monthly payment will not stop further collection efforts. The Agency may collect through Federal Tax Refunds, State Tax Refunds, Lottery Winnings or Wage Garnishment. If you would like to enter a payment agreement, please contact a Recovery Specialist by phone at 919.707.1338.

If you can make payments, request a payment agreement online by visiting <u>des.nc.gov</u> and logging into your claimant homepage. You may also send a check or money order payable to **North Carolina Division of Employment Security**. Please include the last for digits of your Social Security number on your payment.

Return the bottom portion of this form with your payment. Keep the top portion for your records.

	coupon with your payment, payable to North Carolina Division of Emplo s changed, please provide the new address below:	oyment Security. If
Address:		
City/State:		
Zip Code:		
Telephone No.:		

Notice Date:	February 24, 2017	JACK T HOOVER	R Mr
Amount Due:	\$0.00	Claimant ID#:	1234567
Due on:	September 1, 2018		

Mail to: NC Division of Employment Security

Benefit Payment Control Unit Post Office Box 25903 Raleigh, NC 27611-5903