



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

**N  
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r**

Name
Address
Address2
City, State, Zip

**Date Mailed:  
SSN: XXX-XX-1111**

XXXXXXXXXXXXXXXXX has informed us you have a claim in that state which ends XX/XX/XXXX. That claim has a balance of \$XX,XXX.XX. We are, therefore, returning all wages requested when you filed your North Carolina Combined Wage Claim.

Please contact the Division of Employment Security at 1-888-737-0259 for assistance in continuing your claim in XXXXXXXXXXXXXXXXXXXXX.



**Help us prevent UI Fraud!**  
Report Suspected UI Fraud Online at  
[des.nc.gov](https://des.nc.gov)  
**Post Office Box 25903 Raleigh, North Carolina 27611-5903**

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