

EAN:

North Carolina Department of Commerce Division of Employment Security Unemployment Insurance



Notice of Unemployment Claim, Wages Reported, and Potential Charges

You are the claimant's <u>LAST</u> employer as well as a base period employer. This form is to notify you of the potential charges to your account. This form <u>cannot</u> be used to request non-charging. The determination to be charged or not be charged will be based on the reason for separation that you provide in response to the Request for Separation

DATE:

Information, NCCLM 500AB receiving benefits and your employer portal at des.nc.go	account being charged.				
CLAIMANT NAME:		PERCEN	T OF TOTAL BA	SE PERIOD W	AGES:
SSN:		MAXIMU	M POTENTIAL C	CHARGES:	
BENEFIT YEAR BEGAN:					
WEEKLY BENEFIT AMOUN	NT:				
EARNINGS ALLOWANCE:					
WAGES BY QUARTER	QTY/YR: QTY/YR: QTY/YR: QTY/YR:				
ONLY RETURN THIS FORM WITHIN 15 DAYS IF THIS CLAIMANT DID NOT WORK FOR YOU OR IF THE BASE PERIOD WAGES ARE INCORRECT.					
SIGNATURE		TITLE		DATE	
Please upload completed	form to your Employer F	Portal at www.n	cesc.com		

Help us prevent UI Fraud by responding accurately and timely to requests for information

Post Office Box 25903

Raleigh, NC 27611-5903 Fax Number 919.XXX.XXX

Or Mail or Fax to: