



# North Carolina Department of Commerce

## Division of Employment Security

### Unemployment Insurance



July 6, 2016

#### Request for Verification of Wages

John Doe  
SSN: xxx-xx-6789

The individual named above filed a claim for unemployment insurance benefits and stated that the wages paid by you were greater than those indicated by our wage records. To accurately determine monetary eligibility, we must verify the wages paid and reported during each of the calendar quarters shown below. Please complete items 1 through 3 and the employer certification and return the completed no later than **(date)**.

1. Enter the wage information requested below. Include total quarterly wages paid and subject to the Employment Security Law of North Carolina.

2. Q/YYYY	Total Quarterly Wages	Seasonal Wages	Nonseasonal Wages	State to which Wages Reported	Wages Reported	Date Wages Reported
-----------	-----------------------	----------------	-------------------	-------------------------------	----------------	---------------------

3. Enter the name, social security number, and/or employer account number under which you reported the wages entered in item 1 if different from the information for the individual listed above.

Name	Social Security Number	Employer Account Number
_____	_____	_____

Enter the following employment information for the individual named above.

First Date Worked (Month, Day, Year)	Last Day Worked (month, Day, Year)
_____	_____

Employer certification: The information provided above is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

**Please upload completed form to your Employer Portal at [des.nc.gov](http://des.nc.gov) Or**  
**Mail or fax completed form to:** Post Office Box 25903  
 Raleigh, NC 27611-5903  
 Fax Number 919.715.7642

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