North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance

999999

Wage Audit - Quarter Wage 2nd request

JACK T HOOVER
700 Main Street
Raleigh, NC 27000

Mail Date: February 24, 2017
Claimant Name:
JACK T HOOVER Mr
SSN: XXX-XX-XXXX
Hire Date: 01/2001

Employer Instructions

On January 1, 2001, we sent you a request for wage information on the claimant listed above. We have not yet received a response or the completed form. N.C. Gen. Stat. § 96-18(a) requires employers to provide records, with any necessary authentication thereof, required for the prosecution of ny criminal action under this section. Filing for Unemployment Insurance benefits while working, and not correctly reporting gross earnings may be considered a criminal action. This individual filed for the benefits weeks listed on the second page of this form. Your Quarterly Wage Report for FEIN fein shows $0.00 wages paid to this individual during quarter 0 of qtrYr**.**

PLEASE CAREFULLY RED THE FOLLOWING INSTRUCTIONS BEFORE ATTEMPTING TO COMPLETE THIS FORM.

Item 1	Enter the first date of employment (not necessarily the Hire Date).
Item 2	Enter the last date actually worked (if applicable).
Item 3	Enter the starting rate of pay and fill in the box associated with the pay rate
Item 4	Fill in the boxes for the corresponding work status.
Item 5	Fill in appropriate box for availability of original time and pay records.
Item 6	Fill in box for the pay period used and enter in the pay period ending date(s).
Item 7	Fill in boxes that apply for the individual's standard work week.
Item 8	Fill in the total hours worked by the individual for the weeks specified
Item 9	Fill in the date the individual was paid for the specified week
Item 10	Enter the amount of gross wages earned for work performed in each specified week.
Item 11	Enter the amount of any Other Pay earned by the individual for the specified weeks.
Item 12	Enter in the "Type of Other Pay" column the appropriate number from the choices below:

1 - Holiday Pay 2 - Vacation Pay 3 - Bonus Pay 4 - Sick Pay/Disability
5 - Pension 6 - Back Pay 7- Severance Pay 8 - Other

Example Actual gross wages were $300.55 and the claimant was given a $100.00 bonus.

Data Entry Code	Week Ending Date Saturday	8.Total Hours Worked	9. Date Paid	10. Gross Wages	11. Other Pay	12. Type of Other Pay
1	07/30/2016	40	08/05/2016	300.55	100.00	3

Item 13 Sign and date the bottom of the audit form. All entries must be validated by your name, signature and title, the current date and your phone number. Please provide your email address, if applicable.

Note: This form can be accessed and submitted through our website, des.nc.gov. From the website home page, choose "Business Services" and then login using your account number and PIN, Click on the Respond to Wage Audit Notice link to respond.

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

North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance

999999

We are auditing the weeks printed on this form only, please do not change the dates shown.

Claimant Name: JACK T HOOVER Mr
Employer Name: name
Local Office: localOfficeNumber

Claimant SSN: XXX-XX-XXXX
Employer Acct #: employerAcctNumber

1 First Date Worked: _____
2 Last Date Worked: _____
3 Rate of Pay $_____per: ☐Hour ☐Week ☐Month ☐Year ☐Semi-monthly ☐Bi-weekly
4 Employee's work status (select one)

☐Still employed

☐Full-time ☐On call/As needed
☐Part-time ☐Seasonal only

☐No longer employed ☐ Separated due to Lack of work

Types of Other Pay: 1=Holiday, 2=Vacation, 3=Bonus, 4=Sick/Disability, 5=Pension, 6=Back pay, 7=Severance Pay, 8=Other Pay (Please explain)

5 The original time and pay records are available if necessary
☐Yes ☐No

6 Pay Period Information
☐Monthly Pay Period ends on: _____
☐Semi Monthly Pay Period ends on: _____
Pay Period ends on: _____
☐Bi-Weekly Pay Period ends on: _____
☐Weekly Pay Period ends on: _____
☐Daily (only if paid daily)

7 Standard days in Work Week (Select all that apply)
☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat

Data Entry code	Week Ending Date Saturday	8. Total Hours worked	9.Date paid	10.Gross Wages	11. Other Pay	12. Type of Other pay
1	01/01/2001	<Variable>	<Variable>	<Variable>	<Variable>	<Variable>

12 Employer Certification: I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge

Print Name _____ Signature _____ Title _____ Date _____

Phone Ext _____ Fax _____ E-Mail Address _____ Date Mailed or faxed _____

Submit completed form within 15 DAYS
Mail or Fax to: Post Office Box 25903
Raleigh, NC 27611-5903
Fax Number 919.857.1296