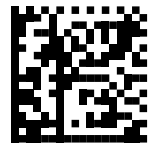




North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance



999999

Wage Audit - Tip and lead

JACK T HOOVER
700 Main Street
Raleigh, NC 27000

Mail Date: February 24, 2017
Name: JACK T HOOVER Mr
SSN: XXX-XX-XXXX

Dear Employer:

As part of our continuing effort to ensure the integrity of the Unemployment Insurance program, an audit is being conducted on the above named individual. Information indicates you employed this individual during all or parts of the weeks listed on page two of this form.

Sincerely,

Investigator Frank Doe
Telephone: 919-382-0964 Fax: 919.857.1296

PLEASE NOTE: This is not a statement of charges. Your prompt reply may result in credits which could eliminate charges to your account.

Employer Instructions

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

N.C.G.S. 96-18(a) requires employers to provide records, with any necessary authentication thereof, required for the prosecution of any 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

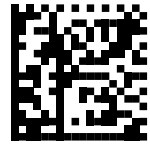
Please report GROSS wages. Although your payroll period may be different from the seven-day-calendar-week as requested on this form, please complete the form for the weeks specified using your daily wage records, if possible. The claim week is the calendar week Sunday through Saturday and includes the "Week Ending Date". The claimant is responsible for reporting wages in those seven-day time frames. Please write numbers as clearly as possible.

Please follow these steps to complete the second page of this audit 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

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

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.

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

Claimant Name: JACK T HOOVER Mr

Claimant SSN: XXX-XX-

XXXX

Employer Name: name

Employer Acct #: employerAcctNumber

Local Office: localOfficeNumber

1 First Date Worked: _____ 2 Last Date Worked: _____ 3 Rate of Pay \$_____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly 4 Employee's work status (select one) <input type="checkbox"/> Still employed <input type="checkbox"/> Full-time <input type="checkbox"/> On call/As needed <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal only <input type="checkbox"/> No longer employed <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No 6 Pay Period Information <input type="checkbox"/> Monthly Pay Period ends on: _____ <input type="checkbox"/> Semi Monthly Pay Period ends on: _____ <input type="checkbox"/> Bi-Weekly Pay Period ends on: _____ <input type="checkbox"/> Weekly Pay Period ends on: _____ <input type="checkbox"/> Daily (only if paid daily) 7 Standard days in Work Week (Select all that apply) <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> 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	01/06/2001	<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

