

Date: May 17 2018  
 Letter ID: L001111111

ABC Company, LLC  
 PO Box 0000  
 Anytown, WA 99999-1111

**Unemployment insurance fraud prevention**

**Due date:** May 27 2018

We audit unemployment insurance claims submitted by individuals who have worked or may be working while drawing unemployment benefits. Audits allow us to detect, prevent, and prosecute fraud and abuse of the unemployment insurance trust fund. Unemployment fraud could result in higher taxes for employers.

**Instructions:**

1. Please carefully review your payroll records. Complete the reverse side of the form.
2. Provide accurate wage information. The unemployment claim week begins on Sunday and ends Saturday. Even if your payroll is different, complete this form for the weeks listed using your wage records. If you cannot complete the form in this format, please provide timesheets or other wage records that show hours and wages for the weeks listed.
3. Report total hours worked each week in the boxes provided.
4. Report gross wages for the week in the "Gross Wages for Week" column. **We consider wages "earned" during the week the work is performed, regardless of when the employee is paid.**
5. Report any other pay in the "Other Pay for Week" column. Record the code of other payment types in the "Type of Other Pay" column (see the bottom of the form on the reverse side for codes). The example below shows \$300 in gross wages and a \$100 bonus.

Week Begin Sun:	Week End Sat:	Employer Earnings Report			
		Hours	Gross Wages for Week	Other Pay for Week	Type of Other Pay
Oct 23 2016	Oct 29 2016	30	\$300.00	\$100.00	N

6. Submit your response by the due date listed above, using one of the following methods:

Fax to **800-301-1796** or mail to:

**State of Washington**  
**Employment Security Department**  
**UI Imaging**  
**P.O. BOX 19019**  
**Olympia, WA 98507-0019**

If you do not respond on time with complete information and we later determine benefits were paid in error, RCW 50.29.021 says you may be charged for benefits paid. We thank you for your cooperation.



Employer: ABC Company, LLC  
 Claimant: John Q. Public

FEIN: 00000000  
 SSN: 000-00-0000

**Wage Verification - Not a Notice of Claim: We are auditing the weeks shown below.**

1. Date employee began work: \_\_\_\_\_
2. Date employee separated or last day to work: \_\_\_\_\_
3. Rate of pay: \$ \_\_\_\_\_  
 Per:  Hour  Week  Bi-weekly  Month  Year
4. Employee's work status (select one):  
 Still employed  
 Full-time  On call  
 Part-Time  Seasonal employment  
 Quit (employee voluntarily quit when work was available)  
 Discharge (you fired this employee)  
 Laid Off (reduction in force)
5. The payroll records will be available if necessary:  
 Yes  No  Attached
6. Pay period information (select one):  
 Monthly: Pay period ending dates: \_\_\_\_\_  
 Semi Monthly: Pay period ending dates: \_\_\_\_\_  
 Bi-Weekly: Day pay period ends: \_\_\_\_\_  
 Weekly: Day pay period ends: \_\_\_\_\_
7. Standard days in work week (select all which apply):  
 Sun  Mon  Tue  Wed  
 Thu  Fri  Sat

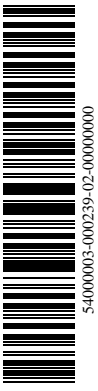
Week Begin Sun:	Week End Sat:	Employer Earnings Report			
		Hours	Gross Wages for Week	Other Pay for Week	Type of Other Pay
Dec 31 2017	Jan 6 2018				
Jan 7 2018	Jan 13 2018				
Jan 14 2018	Jan 20 2018				
Jan 21 2018	Jan 27 2018				
Jan 28 2018	Feb 3 2018				
Feb 4 2018	Feb 10 2018				
Feb 11 2018	Feb 17 2018				
Feb 18 2018	Feb 24 2018				
Feb 25 2018	Mar 3 2018				
Mar 4 2018	Mar 10 2018				
Mar 11 2018	Mar 17 2018				
Mar 18 2018	Mar 24 2018				
Mar 25 2018	Mar 31 2018				
Apr 1 2018	Apr 7 2018				
Apr 8 2018	Apr 14 2018				
Apr 15 2018	Apr 21 2018				
Apr 22 2018	Apr 28 2018				
Apr 29 2018	May 5 2018				

\*Types of Other Pay: V=Vacation; H=Holiday; N=Bonus; I=Severance; T=Termination; B=Back Pay; W=Wage in Lieu of Notice; P=Payment for Plant Closure; C=Workers' Compensation

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

\_\_\_\_\_  
 Name of Preparer                      Signature/Date                      Phone                      Email

Comments: \_\_\_\_\_



For questions or assistance, please call the Office of Special Investigations toll free at (866) 810-0210.



5400003-000239-03-0000000

Sample



Sample