

STATEMENT OF WAGES AND POSSIBLE BENEFITS

Date Mailed
Social Security Number XXX-XX-

KEEP THIS FORM FOR YOUR RECORDS IF YOUR WAGES ARE CORRECT.

Read this form carefully. By law, the amount of unemployment insurance (UI) benefits we could pay you is based only on wages you earned during the base period from employers listed in **Items 5 and 6**. If any information is incorrect or you do not have enough wages for benefits (see **Item 1**), you may still be able to receive UI benefits. Complete the **Request to Correct Wages or to Use the Alternative Base Period** on the back of this form.

Item 1. Enough Wages for UI Benefits? *	Item 2. Weekly Benefit Amount	Item 3. Maximum Payable	Item 4. Last Day of Your Claim
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Item 5. Standard Base-Period Employers	Item 6. Standard Base Period and Base-Period Wages				Item 7. Total
You must pay state and federal income tax on your UI benefits.			Item 8. Total for All Employers		

***Enough Wages for UI Benefits?**

Yes. “Yes” in **Item 1** means you earned at least \$2,500 in the standard base period (**Item 6**). “Yes” does **not** mean that you will receive UI benefits. In order to receive benefits, you must have lost your job through no fault of your own.

No. “No” in **Item 1** means you did **not** earn \$2,500 in the standard base period. You may be able to use the alternative base period. More information about the alternative base period is on the back of this form.

If you worked for the federal government or in another state, or if you served in the military, those wages may not be listed on this form. When we add those wages to your claim, you will receive a new **Statement of Wages and Possible Benefits**.

An “S” after an employer’s name means that wages from this employer are seasonal. We can use these wages to pay benefits only if you are out of work during the employer’s season. A “C” after an employer’s name means that wages from this employer are both seasonal and nonseasonal; we can use these wages to pay benefits no matter when you are out of work.

Explanation of Additional Items

Weekly Benefit Amount—The amount of money you could receive each week.

Maximum Payable—The total amount of money you could receive for your entire claim.

Last Day of Your Claim—The date on which your claim ends. You cannot receive payment for weeks after the last day of your claim even if you have money left. You could run out of benefits before the last day of your claim.

Base-Period Employers— Employers who reported wages under your social security number during the standard base period in **Item 6**.

NOTE: The name listed may not be the name the employer usually uses. The name listed could be the employer’s doing-business-as name, or DBA. If you do not recognize this name, check your pay stubs or W-2 form to see if it appears on one of those documents.

Standard Base Period and Base-Period Wages—The standard base period is the first four of the last five completed calendar quarters before the start date of your claim. **Item 6** shows your base period and the amount each employer paid you in each quarter. By law, we base your benefit amount upon your wages during this time.

Alternative Base Period--The alternative base period is the last four completed calendar quarters before the start date of your claim. If you do not have \$2,500 in the standard base period, you may be able to use the alternative base period. **You cannot use the alternative base period if you have at least \$2,500 in the standard base period.** See **Items 1** and **6** on the front of this form. Complete the **Request to Correct Wages or to use the Alternative Base Period** on this form by giving employer and wage information for the last four completed calendar quarters.

Request to Correct Wages or to Use the Alternative Base Period					
Complete this section if any wages or employers in Items 5 or 6 are missing or incorrect, or if you need to use the alternative base period. Send this form along with copies of proof of wages, such as W-2 forms, 1099 forms, or check stubs. Do not send originals. Do not send this form if everything is correct.					
I am requesting: Correction of Wages or Employers <input type="checkbox"/>		Alternative Base Period <input type="checkbox"/>			
Your Name				Your Correct Social Security Number	
Any Other Name You Used While Working for This Employer		Your Telephone Number		Other Social Security Number You Used	
Employer Name			Doing Business As Name		
Employer Address				Employer Telephone Number	
Employer Mailing Address (if different from Employer Address)					
Dates of Employment		States Where You Worked for This Employer		Type of Work You Did	
From _____ To _____					
Did the employer say you were contract labor? <input type="checkbox"/> Yes <input type="checkbox"/> No			If the employer is a school, were you a student at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Enter corrected gross wage amounts (before deductions) in the Standard Base Period and Base-Period Wages for each quarter below. If you do not know the exact amount, you can estimate. Complete the Alternative Base-Period Quarter and Wages boxes only if you are requesting the alternative base period.					
Standard Base Period and Base-Period Wages					Alternative Base Period Quarter and Wages
Quarters					
Wages					
To make your request, mail this form along with proof of wages, such as a copies of W-2 forms, 1099 forms, or check stubs to: Unemployment Insurance Redeterminations, P. O. Box 400, Denver, CO 80201-0400 , or fax to: 303-318-9024 . Make copies of this form to ask for corrections of wages for more than one employer.					
We will send you a new version of this form if we make any corrections. We cannot correct wages without proof .					
DO NOT RETURN THIS FORM IF YOUR WAGES ON THE FRONT OF THIS FORM ARE CORRECT.					
The information provided is true, correct, and complete to the best of my knowledge and belief. I understand there are severe penalties, including fines and jail, for not telling the truth.					
Your Signature					Date