

WAGE PROTEST

Send by **fax** to 602-532-5564 or **email** to UITAXWAGE.PROTEST@AZDES.GOV

Your Name (Last, First, M.I.) _____

Last 4 Digits of Your SOC.SEC.NO. _____

MY WAGES ARE MISSING FROM THE EMPLOYER LISTED BELOW.

Note: You must submit a separate Wage Protest if you are missing wages from more than one (1) employer.

Business Name _____

Employer's Address (No., Street) _____

City _____ State _____ ZIP Code _____

Employer's Phone NO. _____ Job Site/Location _____

Supervisor's Name _____

What Kind of Work Did You Do? _____

Hire Date _____ Termination Date _____

Additional Information _____

THE WAGES FROM THE EMPLOYER(S) LISTED BELOW ARE NOT MINE:

Employer's Name (As shown on your wage statement) _____

Employer's Name (As shown on your wage statement) _____

Employer's Name (As shown on your wage statement) _____

Employer's Name (As shown on your wage statement) _____

Please allow 21 days for these changes to be made. After wages are added or deleted a revised Wage Statement will be issued to you.

THIS SECTION FOR DEPARTMENT USE ONLY

Employer Number _____	Wages already processed (GUIDE) New Coverage Late Reporting																		
<p>NO WAGES/NO ADDITIONAL WAGES BECAUSE:</p> <p>ER not liable – A.R.S § 23-613 or other (specify): _____</p> <p>No proof/not verifiable - A.R.S § 23-771</p> <p>Correct/reported when paid - A.R.S § 23-607</p> <p>Correct as reported - A.R.S § 23-779, A.R.S § 23-780, A.R.S § 23-622.B</p> <p>EMPLOYMENT NOT COVERED – Claimant was:</p> <p>Self-employed/independent contractor - A.R.S § 23-613.01</p> <p>In excluded employment - A.R.S § 23-615.6</p> <p>CLAIMANT WAS AN EMPLOYEE</p> <p>Determination—UC-016-A: Sent Will be sent Not sent</p>	QUARTERLY TOTAL WAGES																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Qtr.</th> <th style="width: 25%;">Yr.</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Qtr.	Yr.	Amount															
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Other/Comments _____

Examiner's Name _____ Date _____

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