UB-217 FF (01-20) **PROTEST**   ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Unemployment Insurance Program

WAGE/EMPLOYMENT
INVESTIGATION REQUEST

Local Office/Deputy No. _____

Claimant's Name *(Last, First, M.I.)* _____

Soc. Sec. No. _____   Verified   Yes   No   CWC

PART A - FAX REQUEST TO 602-532-5564 OR EMAIL TO UITAXWAGE.PROTEST@AZDES.GOV

1. Add/Correct Base Period Wages   **2.** Remove Base Period Wages   **3.** Check ER-EE/Requalifying Wages

PART B - EMPLOYMENT AND OR WAGE INFORMATION FROM CLAIMANT

ER NO. *(If known)* _____   Employer's Name / Business Name _____

Employer's Address *(No., Street)* _____

City _____   State _____   ZIP Code _____

Phone Number *(Include area code)* _____   Supervisor's Name _____

Job Site / Location _____   Job Title/Description _____

Employed From *(Date)* _____   To *(Date)* _____

Other Social Security Number(s) / Name(s) Used _____

Wages from ER _____ not claimants. Wages from _____ were reported under Soc.

Sec. _____. Correct Soc. Sec. No. is: _____.

Comments _____

Deputy's Signature _____   Date _____

PART C - REPLY TO LOCAL OFFICE

ER Number _____   Wages already processed *(GUIDE)*   New Coverage   Late Reporting

	QUARTERLY TOTAL WAGES	
	QTR./YR.	AMOUNT
NO WAGES/NO ADDITIONAL WAGES BECAUSE: No proof/not verifiable Correct/reported when paid Correct as reported ER not liable or other *(specify)*:	_____ / _____	_____
	_____ / _____	_____
EMPLOYMENT NOT COVERED – Claimant was: Self-employed/independent contractor In excluded employment In exempt employment Other *(specify)*:	_____ / _____	_____
	_____ / _____	_____
CLAIMANT WAS AN EMPLOYEE **Determination** – UC-016-A: Sent Will be sent Not sent	_____ / _____	_____

Other / Comments

Deputy's Signature _____   Date _____

See reverse for EOE/ADA disclosures

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1