



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

P.O. Box 6028 – Phoenix, Arizona 85005-6028
Telephone (602) 771-6606 – FAX (602) 532-5538

Governor

Director

Entity name
Address

Determination Date:

Arizona Account No:

DETERMINATION OF LIABILITY FOR EMPLOYMENT OR WAGES

You are an employer subject to the Employment Security Law of Arizona and are required to keep true and accurate work records available for inspection by this Department, to submit quarterly reports of all wages paid for employment, and pay state taxes for unemployment insurance under the provision of Title 23, Chapter 4, Arizona Revised Statutes. Our determination is that:

YOU ARE THE EMPLOYER of workers performing services according to A.R.S. §23-613.01 or A.R.S §23-614. Services constitute employment, including services by corporate officers as defined in A.R.S. §23-615, and are not exempt or excluded from Arizona Unemployment Insurance coverage under these provisions or by A.R.S. §23-617.

REMUNERATION CONSTITUTES WAGES as defined in A.R.S. §23-622. Wages for insured work may be used to pay benefits to eligible unemployed individuals and your account could be charged per A.R.S. §23-727.

DESCRIPTION OF SERVICES OR REMUNERATION:

All forms of remuneration paid for these services constitute wages.

APPEAL RIGHTS: This determination becomes **FINAL** as provided by A.R.S. §23-724 unless written request for reconsideration is filed with this Department within thirty (30) days after the Determination Date indicated above. If the 30th day falls on Saturday, Sunday, or a legal holiday, then the filing period is extended to the next business day. The request for reconsideration should include your Arizona Account Number and a statement of the reasons the Determination is believed to be incorrect. If an appeal is filed by mail, the postmark date is considered the date of the appeal.

By _____
Department Representative

Certified Mail Receipt No. _____

I HEREBY CERTIFY that I delivered the copy of the Notice to:

Name

On _____
Date

Address (Street)

Address (City, State, ZIP)