



REIMBURSEMENT EMPLOYERS:
 Payment is required as shown on the enclosed statement of account. This notice is a summary by claimant of benefits paid.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 EXPERIENCE RATING UNIT-911B • PO BOX 6028 PHOENIX ARIZONA 85005-6028
BENEFIT CHARGE NOTICE FAX 602-532-5564
 TELEPHONE 602-771-6603

MAILING DATE	CALENDAR QUARTER ENDING *	ACCOUNT INFORMATION	EMPLOYER ACCOUNT NUMBER
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PROTEST RIGHTS: The charges shown will become conclusive and binding, pursuant to A.R.S. § 23-732(B), unless a written request for redetermination is filed within 15 days of the mailing date shown above. Please include the employer account number, the claimant's name and social security number and the reason for your request. If a protest is filed by mail, the postmark date is considered the date of the protest.

PREVIOUS DETERMINATIONS WHICH HAVE BECOME FINAL ARE NOT SUBJECT TO REVIEW.

A	B	C	D		E	F	G	H
CLAIMANT'S NAME	CLAIMANT'S SOCIAL SECURITY NUMBER	BENEFIT YEAR BEGINNING DATE	BASE PERIOD FROM QTR YR	THRU QTR YR	BASE PERIOD WAGES REPORTED BY YOUR FIRM	BENEFITS PAID IN QUARTER CHARGED TO YOUR ACCOUNT	ADJUSTMENTS	NET CHARGES TO YOUR ACCOUNT

* CHARGES SHOWN ABOVE REFLECT DECISIONS ISSUED PRIOR TO THIS CALENDAR QUARTER ENDING DATE.
 See reverse for EOE/ADA/LEP/GINA disclosure.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios de DES está disponible a solicitud del cliente.

EXPLANATION OF BENEFIT CHARGE NOTICE (REIMBURSEMENT EMPLOYERS)

COLUMN

- A. List of former employees paid by you or your predecessor(s) who have been paid Unemployment Insurance Benefits.
- B. Social Security Account Number.
- C. The benefit year is the one-year period during which a claimant may draw benefits. Throughout this one-year period, a claimant may draw up to 26 weeks of benefits (during period of high unemployment, extended benefits may increase this length of time).
- D. The base-period is the first four of the last five completed calendar quarters prior to the claimant's benefit year beginning date (see column C). The beginning and ending quarters of the claimant's base period are listed in this column.
- E. The total base-period wages reported by your firm. Wages earned in the base-period determine the amount of benefits a claimant is eligible to receive during the benefit year.
- F. The amount you are liable to pay. You are liable for a percentage of total benefits paid in proportion to the total amount of wages you paid in the base-period. Charges for extended benefits are notated "Extended;" charges for Shared Work are notated "Shared Wk."
- G. Adjustments include additional benefit payments made or credits to your account (credits are identified by CR). Adjustments are generally a result of a benefit audit or a redistribution of the percentage of charges between base-period employers.

COMBINED WAGE CLAIMS – A claimant may combine wages from two or more states to establish a claim. When Arizona wages are transferred to another state, Arizona is billed by the paying state for a portion of the benefits paid. Charges for combined wage claims are listed in the adjustment column. No entries will be shown in columns E or F since base-periods vary from state to state.

- H. The "Net Charges" column summarizes the adjustments and total benefits for which you are liable to make payment in lieu of contributions. The "Ending Balance" is the total payment due. This balance, as well as any unpaid balance from prior quarters, is listed on the attached statement of account.