

FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY

R. A. BENEFIT PAYMENT CONTROL
 WAGE CREDIT POST AUDIT
 P O DRAWER 5150
 TALLAHASSEE FL 32314-5150
 (800) 204-2418

CLAIMANT WAGE CREDIT POST AUDIT

CLAIMANT:
 SSN: - -

BYE: / /
 Audited Quarter:

WBA EMPR NUMBER
 \$

Florida Statute 409.2576 and the Personal Responsibility and Work Opportunity Reconciliation act of 1996, 42 U.S.C. 653A, requires all employers to report newly hired and re-hired employees to a state directory within 20 days of their hire date. Florida employers can obtain new hire reporting information at www.FL-NewHire.com

As part of our continuing effort to ensure the integrity of the Reemployment Assistance Program and protect employers' tax rates, a routine audit of the reemployment assistance claim filed by the claimant above is being conducted. This individual claimed benefits for the weeks listed below. Your tax and wage report indicate that wages were earned by this SSN at some point in the quarter indicated above.

1. Please enter the actual first day worked, not the date of hire. Also the last date actually worked.
2. Please enter in the "Gross Wages EARNED During Week" column below, the gross wages you paid the claimant for the week indicated. Include regular hourly rates, overtime pay, vacation pay, holiday pay, sick pay, severance pay, commissions, tips and bonuses.
3. Please print the name of the payroll contact person.
4. Please record wage information carefully because it may be used in legal action.
5. **DO NOT RETURN THIS FORM IF:**
 - the above claimant was not your employee;
 - the claimant was your employee, but you paid no wages during the weeks indicated below where benefits were received.
 - the wages reported by the employee are correct.

First Date Worked _____

Last Date Worked _____

Rate of Pay per Hour _____

If you paid any money to the claimant after the last date worked, what type of pay was it? (Provide all that apply.)

Accrued vacation or leave _____ Severance _____ Wages in lieu of notice _____ Delayed commissions _____
 Bonuses _____ Holiday pay _____ Supplemental (error adjustment) _____ Other _____ (Explain in comments.)

Calendar Week Ending	Benefits Paid	Claimant Reported Earnings	Gross Wages EARNED During Week

Calendar Week Ending	Benefits Paid	Claimant Reported Earnings	Gross Wages EARNED During Week

Payroll Contact Person _____ Phone Number () _____ Ext _____

Fax Number () _____ or E-Mail Address _____

Date _____ Title _____ Signature _____

THANK YOU FOR YOUR ASSISTANCE. PLEASE RETURN THIS INFORMATION WITHIN 30 DAYS