



19190412



REQUEST FOR WAGES

Mailing Date: 01/07/2016

Case Number: 0001847868

CORPORATE MANAGEMENT GROUP
12000 WASHINGTON ST STE 350
THORNTON CO 80241-3136

EDD Integrity and Accounting Division
PO BOX 989153
West Sacramento, CA 95798-9153
Phone: (916) 403-6484
Fax: (916) 449-1630

Employee Name: **MELISSA MORSE**

SSN: 573-79-2930

The employee named above has filed a claim for Unemployment Insurance (UI) or Disability Insurance (DI) benefits and has listed your company as an employer. Please mail your response to the Employment Development Department (EDD) address, or fax to the number shown above by **01/17/2016**.

If this form is not returned and/or no wage information is received, the Department may use the Affidavit of Wages, DE 23A, from the employee and add wages as appropriate. For UI claims, it could result in charges to your account.

Please complete sections A through G below. For additional information, review the information on the back of this form or contact us at the number listed above.

A. EDD Employer Account/State ID Number: _____

B. Employee's first date worked: _____ **C.** Last day worked: _____

D. Termination date: _____

E. Are employee's wages subject to UI or DI in California? If NO, explain and skip sections F and G.

F. California taxable gross wages paid in the following quarters:

| Quarter ending: |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| 12/31/2014 | 03/31/2015 | 06/30/2015 | 09/30/2015 | 12/31/2015 |
| \$ | \$ | \$ | \$ | \$ |

G. List any of the following types of monies paid on/after last day worked if it was paid during the above referenced timeframe:

Severance amount paid: \$ _____ Date Paid: _____

Accrued vacation/sick leave paid: \$ _____ Date Paid: _____

In-Lieu-of-Notice amount paid: \$ _____ Date Paid: _____

WARN Act amount paid: \$ _____ Date Paid: _____

Other amount paid: \$ _____ Specify type of pay: _____ Date Paid: _____

Comments: _____

Preparer's Name: _____

Telephone Number: () _____ Fax Number: () _____



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Additional Information

The individual named on the front of this form has filed a claim for Unemployment Insurance or Disability Insurance benefits and has listed your company as an employer during the base period of the claim.

If you fail to furnish the Department with wage information, it will be presumed that the individual is entitled to the maximum amount of benefits payable based on wage information provided by the individual seeking benefits. For UI claims, all benefits paid in excess shall be charged against your account (California Unemployment Insurance Code (CUIC) Section 1093).

All documents submitted should be copies provided on 8½ x 11 inch paper and should include the employee's social security number. Please do not mail original documents.

Base Period Quarters

The base period consists of four calendar quarters of three months each. When a base period begins and which calendar quarters are used depends on whether the claim is for Unemployment Insurance or for Disability Insurance and on what date the claim begins.

Disability Insurance Claims

Disability Insurance claims have a base period which covers a 12-month period of time and is divided into four consecutive quarters of three months each. The wages an individual was paid approximately 5 to 18 months before the Disability Insurance claim begins are included in the base period (and they must have been subject to the State Disability Insurance (SDI) tax).

Unemployment Insurance Claims

Unemployment Insurance claims have a standard base period and the option of an alternate base period only when using the standard base period results in a claim that is not monetarily valid.

The standard base period is the FIRST FOUR of the last five completed calendar quarters prior to the beginning date of the claim.

The alternate base period is the LAST FOUR completed calendar quarters prior to the beginning date of the claim.

If an employer fails to respond within 10 days to a request for wages to be added to an alternate base period claim, the law mandates that the Department shall accept an Affidavit of Wages, DE 23A, from the claimant to establish a valid claim and the employer account will be subject to charges (CUIC 1329.5 (c)).

