

**CORPORATE MANAGEMENT GROUP INC  
 EMPLOYER SOLUTIONS  
 7301 OHMS LN STE 405  
 EDINA MN 55439**

Date 11/15/2017
Employer Account Number 624474 . 00 - 5

**NOTICE OF UNEMPLOYMENT INSURANCE CLAIM,  
 WAGES REPORTED, AND POSSIBLE CHARGES**

Each person listed below has signed up (filed a claim) for unemployment benefits. Beside each person's name is the amount of wages you reported to us (Item 5) and the amount that may be charged to your account if we pay the person benefits (Item 7). If **wages are incorrect** or the person did not work for you, turn the form over and follow the instructions to get the wages corrected. Make a copy of the front and back of this form before you send it to the above address. **Do not send this form if wages are correct.**

In a separate envelope, you received a Request for Facts About a Former Employee's Employment form. Complete that form and return it by the due date. If we receive that form late, you lose your right to give information about the reason why this person does not work for you (also called your *right to protest*).

We cannot accept facts about this person's employment on this form. If you have any questions, contact us at one of the telephone numbers above.

1 Person's Name	2 Social Security Number	3	4 Quarter-Ending Date	5 Total Wages Paid	6 Seasonal	7 Possible Charges	8 Weekly Benefit Amount	9 Last Day of Claim
HER/THAO	523-27-6289		123116	.00		.00	109	111018
HER/THAO	523-27-6289		033117	.00		.00	109	111018
HER/THAO	523-27-6289		063017	344.00		113.73	109	111018
HER/THAO	523-27-6289		093017	2722.56		907.52	109	111018

\*An asterisk in column 3 means that this form shows a correction of wages and possible charges.