

RECEIVED
 MAY 09 2016

BY:

CORPORATE MANAGEMENT GROUP INC
12000 WASHINGTON ST STE 350
THORNTON CO 80241

Date 05/06/2016
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
MEINZINGER/THOMAS J	134-48-1190		033115	.00		.00	153	050617
MEINZINGER/THOMAS J	134-48-1190		063015	.00		.00	153	050617
MEINZINGER/THOMAS J	134-48-1190		093015	2650.75		883.58	153	050617
MEINZINGER/THOMAS J	134-48-1190		123115	1558.25		519.41	153	050617

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

DEFINITIONS

1. **Person's Name**—The name of the person who signed up (filed a claim) for unemployment benefits.
2. **Social Security Number**—The social security number of the person who filed the claim.
3. **Redetermination**—An asterisk in this column means that this form shows a correction of wages and possible charges from a previous Notice of Unemployment Insurance Claim, Wages Reported, and Possible Charges form. You can ask us to correct base-period wages. The former employee or other employers on his or her claim can also ask us to correct base-period wages. If wages are changed, you may receive a corrected form.
4. **Quarter-Ending Date**—Wages are listed in the calendar quarter in which you paid them, just as you reported them on your Unemployment Insurance Report of Workers Wages.
5. **Total Wages Paid**—The gross amount of wages you paid in each quarter. The amount includes employee 401(k) contributions. Remember that Section 125 cafeteria payments are not wages. Cash in a 125 plan is wages.
6. **Seasonal**—Seasonal wages are paid by seasonal employers. You are a seasonal employer only if we have approved you to be one.

“S” (seasonal) means that you reported all wages in the base period as seasonal. We can pay benefits based on these wages only if the person is out of work during your season.

“C” (combination) means that you reported wages in the base period as seasonal and nonseasonal. We can pay benefits based on these wages at any time.
7. **Possible Charges**—This is the maximum amount we could charge your account if we pay benefits based on this employment.
8. **Weekly Benefit Amount**—The amount of benefits we pay the person each week. The amount is based on the wages reported by all employers in the base period.
9. **Last Day of Claim**—The last date we can pay benefits to this person.

USE THIS SECTION TO REQUEST CORRECTION OF WAGES

If the person never worked for you, check the box in the **Never Worked** column.

Person's Name	Social Security Number	Quarter-Ending Date	Correct Total Wages Paid (See Definition 5)	Dates of Employment		Never Worked
				Start Date	End Date	
						☐
						☐
						☐
						☐
						☐

USE THIS SECTION TO REQUEST CORRECTION OF SEASONAL WAGES

Person's Name	Social Security Number	Quarter-Ending Date	Correct Total Wages Paid (See Definition 5)	Dates of Employment		Occupation
				Start Date	End Date	

Employer or Representative Signature	Name (Printed)	
Title	Telephone Number (include area code)	Date Signed

REQUEST FOR FACTS ABOUT A FORMER EMPLOYEE'S EMPLOYMENT

The person named in Item 5 has signed up for unemployment benefits. Give us the reason he or she does not work for you and tell us about any payments, other than wages, that you gave the person. We may charge your account if we pay benefits based on this employment. We must receive this completed form by 05/18/2016. **Failure to respond timely (see Item 2) may result in a decision based on available claimant information, and your right to protest the payment of UI benefits may be denied, unless good cause exists for the untimely response.** Mail or fax the completed form to the above address or fax number; do not do both. Attach any documentation you have to support your statements. **Attachments must include the business name, claimant name, and social security number.** We will mail you a Notice of Decision to tell you whether we will pay benefits. We usually do not mail a Notice of Decision if the employee was laid off or if a payment you made does not affect benefits. Contact your former employee if you have work for him or her. Call or write us if he or she refuses the work. Our telephone numbers and address are above.

CORPORATE MANAGEMENT GROUP INC
12000 WASHINGTON ST STE 350
THORNTON, CO 80241-0000

1. Date Mailed 05/06/2016	2. Due Date 05/18/2016
3. First day of claim 05/08/2016	4. Social Security Number 134-48-1190
5. Person who signed up for Unemployment Benefits MEINZINGER/THOMAS J	
6. Employer Account Number 624474005	
7. Amount your Account May be Charged 1,402.99	
8. Check this box if this person did not work for you. ☐ In a separate envelope, you will receive a Notice of Unemployment Insurance Claim, Wages Reported, and Possible Charges form. The form provides details about the amount you may be charged if we pay benefits based on this employment. Follow the instructions on that form if you need to request that wages for this person be corrected.	

9. Why is this person no longer working for you? (Check one.) ☐ No Work at this Time/Laid Off ☐ Quit (complete Items 17 and 20) ☐ Fired (complete Items 18 and 20) ☐ Strike (complete Item 20) ☐ Other Reasons (complete Item 20)		10. Please check if appropriate: This person was hired full-time (32 hours or more) and is now working reduced hours. ☐ This person was hired part-time and continues to work part-time. ☐	
11. First Day Worked (mm/dd/yyyy) 		13. Rate of Pay \$ ☐ Hour ☐ Month ☐ Week ☐ Year	
12. Last Day Worked (mm/dd/yyyy) 		14. Number of Regularly Scheduled Hours per Week	
15. Did you pay this person vacation pay, wages in lieu of notice, or any other payment because his or her employment ended? (Do not include information about this person's final wages.) ☐ Yes ☐ No			
Type of Payment	Gross Amount (Before Taxes)	Date Paid	Number of Weeks Days Hours
	\$		
	\$		
	\$		
	\$		
16. Did this person receive a pension or retirement into which you paid? (Answer No if you did not pay into the pension or retirement.) ☐ Yes ☐ No		How is/was the pension paid? ☐ Lump Sum Gross Amount _____ Date Paid _____ ☐ Monthly Monthly Amount \$ _____ First Date Paid _____	



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MAY 09 2016

BY: _____

Employer Account Number 624474005	Due Date 05/18/2016	First Day of Claim 05/08/2016	First Four Letters of Last Name MEIN	Social Security Number 134-48-1190
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17. **REASON FOR SEPARATION: QUIT**

If the employee quit or resigned, check off the **primary reason** why (attach additional sheets or documentation if needed).

- | | | |
|---|---|--|
| ☐ No Reason Given | ☐ Move for Spouse's Job | ☐ Physically or Mentally Unable to Work |
| ☐ Another job | ☐ Change in Hours or Pay | ☐ Enter a Drug-Treatment Program |
| ☐ Move for Personal Reasons | ☐ Dissatisfied with Working Conditions | ☐ Domestic Violence |
| ☐ Return to School | ☐ Problems with Supervisor or Other Employee | ☐ Voluntary Retirement |
| ☐ Personal or Family Medical Problem | ☐ Transportation Problems | ☐ Other Reasons (attach explanation) |

- a. Did the employee provide you with notice or inform you why he or she was quitting? Yes ☐ No ☐.
- b. Did the employee discuss any concerns with you prior to quitting? Yes ☐ No ☐. If **Yes**, what were those concerns, and how did you address the concerns? _____
- c. Was there a final incident that motivated the employee to quit? Yes ☐ No ☐. If **Yes**, what happened and when? _____
- d. Had the employee's hours, pay, or work responsibilities changed prior to quitting? Yes ☐ No ☐. If **Yes**, why? _____
- e. If the employee resigned due to health, did you request, and did he or she provide, you with medical documentation? ☐ Yes ☐ No ☐.
- f. Please include a detailed statement explaining why the employee quit. Attach additional sheets if necessary.

18. **REASON FOR SEPARATION: DISCHARGE**

If the employee was discharged, check off the **primary reason** why (attach additional sheets or documentation if needed).

- | | | |
|---|--|---|
| ☐ Attendance (Absenteeism or Tardiness) | ☐ Violation of a Company Rule or Policy | ☐ Careless or Shoddy Work |
| ☐ Incarceration | ☐ Inadequate Job Skills | ☐ Insubordination |
| ☐ Taking Unauthorized Vacation or Leave | ☐ Rude or Offensive Behavior | ☐ Damage to Employer's Property |
| ☐ Theft/Unauthorized Removal of Property | ☐ Substance Abuse/Fail Drug or Alcohol Test | ☐ Loss of License or Certification |
| ☐ Failed to Meet Established Standards | ☐ Threats or Assault | ☐ Other Reasons (attach explanation) |

- a. What and when was the *final incident* that caused you to discharge this employee? _____
- b. Was the employee aware of company rules, policies, and performance expectations prior to the discharge? Yes ☐ No ☐
- c. Did the employee have the necessary education, skills, experience, and physical capabilities to perform the job? Yes ☐ No ☐
- d. Was the employee made aware of the job's requirements and the employer's expectations prior to the discharge? Yes ☐ No ☐
- e. Was the employee previously warned about performance, attendance, rule or policy problems prior to discharge? Yes ☐ No ☐
- f. If the employee had been previously warned, how and when was he or she warned? What is the name and the title of the individual who made the warning? What was the employee specifically told, and how did he or she respond to the warning?
- g. Was the employee given the opportunity to change his or her behaviors to meet expectation prior to discharge? Yes ☐ No ☐
- h. Please include a detailed statement explaining why the employee was discharged. Attach additional sheets if necessary.

19. **If you are a temporary help contracting firm**, please complete this box, and attach additional documentation if necessary.

At the time of hire, did you give the employee written notice to contact you for other work when the assignment was over? Yes ☐ No ☐

On what date did this person finish his or her last assignment? _____

Did this person request a new assignment when the last assignment was finished? Yes ☐ No ☐

If **Yes**, on what date? _____ Did you offer this person a new assignment? Yes ☐ No ☐ If **Yes**, on what date? _____

If offered a new assignment, did this person accept it? ☐ Yes ☐ No

If **Yes**, on what date? _____ If **No**, what reason did the person give? _____

20. **Additional Information:** If you would like to include additional information, please attach additional sheets to this form.

AFFIRMATION: The information provided is true, correct, and complete to the best of my knowledge and belief.

I understand there are severe penalties, including fines and jail, for not telling the truth.

Name of Person to Contact for Additional Information	Title	E-mail Address
Phone Number (with area code)	Signature of Person Who Completed Form	Date
The person who completed and signed this form is: ☐ The employer ☐ An employer representative		

