

STATEMENT OF BENEFIT CHARGES

CORPORATE MANAGEMENT GROUP INC

 12000 WASHINGTON ST STE 350
 THORNTON CO 80241

1. Account Number	624474005
2. Fiscal Quarter	20171
3. Date Mailed	10/25/2016
4. Page	1

THIS IS NOT A REQUEST FOR PAYMENT. PLEASE READ THE REVERSE SIDE FOR AN EXPLANATION OF ITEMS.

5.	6.	7.	8.
Social Security Number	Benefit Year Ending	Claimant Name	Total Charges
134-48-1190	05/06/2017	MEINZINGER/THOMAS J	883.58

9. Total This Quarter	883.58
10. Total Year To Date	883.58

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BY:.....

STATEMENT OF BENEFIT CHARGES

This statement is mailed after the end of each fiscal quarter showing the amount of unemployment insurance (UI) benefits paid to a claimant during the quarter indicated. A statement is not issued if there has not been any activity on your account for the quarter

The fiscal quarter is shown in **ITEM 2** on the reverse side.

The fiscal year starts July 1 and ends June 30th the following year.

- 1st fiscal quarter – July, Aug., Sept.
- 2nd fiscal quarter – Oct., Nov., Dec.
- 3rd fiscal quarter – Jan., Feb., Mar.
- 4th fiscal quarter – Apr., May, June

The UI Program uses a fiscal quarter and year on this statement so that it may be compatible with other programs and rate notices that are also based upon a fiscal year.

THIS STATEMENT SHOWS:

ITEM 5	Social Security Number	If a social security number appears twice please check item 6. If there are two different benefit-year-ending dates, this will indicate that there were charges for a current and a prior claim in the same quarter.
ITEM 6	Benefit Year Ending	This date is 52 weeks from the date the claimant first filed for benefits. This is the last date the claimant may claim benefits.
ITEM 7	Claimant Name	Verify that each claimant listed has been in your employment. A charge on this statement could be based on wages paid by you as long as 30 months ago. Check your payroll records.
ITEM 8	Total Charges	This amount represents the total debits/credits to your account after all charges and adjustments have been made (a minus indicates a credit has been made to your account). DEBIT – charges to your account. CREDIT – charges previously made to your account have been subtracted.
ITEM 9	Total This Quarter	Total debit to your account once all debits and credits have been processed for the quarter. If your statement is more than one page the totals will be shown on the last page.
ITEM 10	Total Year To Date	This total represents the amount of charges for the four quarters within the fiscal year. This total is not carried over at the end of the fiscal year.

EXAMINE THIS STATEMENT TO INSURE THAT ALL PAYMENTS ARE PROPER

REDETERMINATION REQUESTS

If you wish to protest the accuracy of benefits charged to your account, a WRITTEN request for redetermination must be made WITHIN 60 CALENDAR DAYS from the mailing date of this statement. Regulations do not allow us to accept telephone inquiries. If no request is received, the charges will be considered to be correct and used to compute your future rate.

Protests are strictly limited to the accuracy of information contained on this statement (Reg. 11.1.13) and your request MUST SPECIFY IN DETAIL why you feel it is incorrect (Reg. 11.1.9). Please include your company name, address, e-mail address, and account number on all correspondence.

Mail your request to:

Colorado Department of Labor and Employment
Division of Unemployment Insurance
A-20 Unit
P O Box 400
Denver, CO 80201-0400