



Phone: TTY:
 Fax:

www.ides.state.il.us

Date Mailed:
 Claimant Name:
 Claimant SSN:

Request for Verification of Earnings Reportable Under F.I.C.A.

The claimant named above has filed a claim for benefits under the Illinois Unemployment Insurance Act and has named you as a former employer.

A determination as to the worker's eligibility for such benefits is dependent upon whether or not the wages he/she received from you for employment since _____ have been, or will be, reported under the provisions of the Federal Insurance Contributions Act for Federal Social Security Tax Purposes.

Please complete, sign, and return both pages of this document to the Illinois Department of Employment Security at the address or fax # shown above. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet.

Employer's Statement / Wage Information

Please list the wages by the week (Sunday through Saturday) for the period of time this claimant worked for you. The weeks are indicated below.

Period of Time: Sunday	Through	Saturday	Gross Wages Earned
	Through		\$

Claimant's Wages: (Check One)

Claimant's wages have been or will be reported under the provisions of the Federal Insurance Contributions Act for (for Social Security Tax purposes).

Claimant's wages have not been and will not be reported under the provisions of the Federal Insurance Contributions Act (for Social Security Tax purposes).

Why is the claimant no longer employed by you: (Check One)

Laid Off

Voluntary Leave

Discharged (Please explain)

Other (Please explain)

Disclosure Notice

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to reply may result in erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

Signature:	
Signature:	Date:
Name (printed):	Telephone Number:
Title:	Extension: