SIDES E-Response Screen Shots – Benefit Charges

State Information Data Exchange System (SIDES)

October 31, 2019
<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Description</th>
<th>Author</th>
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<td>1. Select E-Response Website .......................................................... 1</td>
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<tr>
<td>2. Login Page ............................................................................. 2</td>
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<tr>
<td>3. Notice of Benefit Charges Page ..................................................... 3</td>
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<tr>
<td>4. State and Employer Identification Page with no attachments ............. 5</td>
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<tr>
<td>5. Delete an In Progress Response Page .............................................. 6</td>
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<td>6. State and Employer Identification Page with attachments ................... 7</td>
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<td>7. Benefit Charge Page with no details ............................................. 8</td>
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<td>8. Benefit Charge Page with View Details .......................................... 9</td>
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<td>9. Benefit Charge Weekly Charge Page ............................................. 10</td>
<td></td>
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<tr>
<td>10. Individual Benefit Charge Page ................................................ 11</td>
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<tr>
<td>10.1 Individual Benefit Charge Page – Reason 10 .................................... 11</td>
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<tr>
<td>10.2 Individual Benefit Charge Page – Reason 11 .................................. 12</td>
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<td>10.3 Individual Benefit Charge Page – Reason 20 .................................. 13</td>
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<td>10.4 Individual Benefit Charge Page – Reason 30 .................................. 14</td>
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<td>10.7 Individual Benefit Charge Page – Reason 42 .................................. 17</td>
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<td>10.8 Individual Benefit Charge Page – Reason 43 .................................. 18</td>
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<td>10.11 Individual Benefit Charge Page – Reason 50 ................................ 21</td>
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<td>10.13 Individual Benefit Charge Page – Reason 60 ................................ 23</td>
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<td>10.14 Individual Benefit Charge Page – Reason 70 ................................ 24</td>
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<td>10.15 Individual Benefit Charge Page – With Attachments .................... 25</td>
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<td>10.16 Individual Benefit Charge Page – Delete Protest ......................... 26</td>
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<td>12. Benefit Charges Page with a charge protested .................................. 27</td>
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<tr>
<td>13. Benefit Charge Summary Page .................................................. 28</td>
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<td>14. Benefit Charge Summary Page – Agent/Attorney ................................. 28</td>
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<td>15. Supplemental Information Page .................................................. 29</td>
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<td>16. Amended Response Page .......................................................... 30</td>
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<td>17. Preparer Information Page ......................................................... 31</td>
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<tr>
<td>18. Submission Page with no errors .................................................. 32</td>
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<td>19. Submission Confirmation Page .................................................... 33</td>
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<td>21. Confirmation Page .................................................................. 34</td>
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<tr>
<td>23. Submission Page with errors ....................................................... 35</td>
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<tr>
<td>24. Protest Benefit Charge Summary Page – No Protest ....................... 36</td>
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</tr>
<tr>
<td>26. Thank You Page .................................................................... 37</td>
<td></td>
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</tr>
</tbody>
</table>
1 Select E-Response Website

Welcome to the E-Response Website for the Unemployment Insurance State Information Data Exchange System

Please select the application you want to use:
- Separation Information
- Monetary & Potential Charges
- Additional Fact-Finding
- Determinations & Decisions
- Earnings Verification
- Benefit Charges

Select
2 Login Page

2.1 Login Page

To view and respond to your benefit charge notice(s), please login using the instructions provided by the State Agency.

*State: Select One

Federal Employer Identification Number:

State Employer Identification Number:

Identification Number/Access Code (PIN):

Cancel  Login

Return to the Main E-Response Selection Page
3 Notice of Benefit Charges Page

Notice of Benefit Charges

Benefit Charges Notices for PIN:

<table>
<thead>
<tr>
<th>Date Sent</th>
<th>Response Status</th>
<th>View Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/30/2019</td>
<td>Not Started</td>
<td></td>
</tr>
<tr>
<td>10/30/2019</td>
<td>Not Started</td>
<td></td>
</tr>
<tr>
<td>10/30/2019</td>
<td>Submitted</td>
<td></td>
</tr>
</tbody>
</table>

Benefit Charges Notices for other PINs with this FEIN:

No Benefit Charges Notices found on other PINs.
Search Results Page

Search by Date: 10/31/2019

Notice of Benefit Charges:

Order by: Date Due Ascending

Date Sent: 10/31/2019
Date Due: 11:59 PM Eastern on 11/01/2019
Response Status: Not Started

View Notice

Benefit Charges Notices for other PINs for this FEIN:
No Benefit Charges Notices found on other PINs.

Return

Users Guide
SIDES E-Response supports the following browsers:
- IE 11 and above
- Chrome V44 and higher
- Firefox V37 and higher

Please Note: The system has regularly scheduled maintenance from 12:00:01 AM ET Sunday - 04:00:00 AM ET Sunday.

You should not work on your responses during this window as the system may go down unexpectedly.

Select a Benefit Charges Notice to view. Then, if necessary, create a response to the Benefit Charges. Or, select a Benefit Charges Response to edit, delete or view/print.

Select "View Notice" to view the Benefit Charges.

Select "Edit Response" to edit information to a response that has not yet been submitted.

Select "Delete Response" to delete a response that has not yet been submitted.

Select "Edit Amended Response" to edit information on an amendment in progress.

Select "Delete Amended Response" to delete an amended response that has not yet been submitted.

Note: Notices remain on the SIDES Employer Website for 30 days.
4 State and Employer Identification Page with no attachments

State and Employer Identification

Requesting State
State: ST
Agency: Test Office 1
Experience Rating Method: Benefit Wage Ratio

Employer Information
Employer Name: First Test Company
State Employer Account Number: 1
Predecessor Employer Account Number: 8001001
Federal Employer Identification No.: 12-3456789
Employer Account Type: Taxable Employer

Charge Statement Information
Charge Statement Start Date: 11/01/2018
Charge Statement End Date: 11/08/2018
Number of individuals with Charges: 10
Total Dollar Amount Charged: $4,320.00

Employer Status
Check here if TPA receiving this notice does NOT represent this employer.

Save Main Menu: Next >
Go to Page: State and Employer Identification 1 Go
5 Delete an In Progress Response Page

You have chosen to delete the Benefit Charges Response for:

Date Sent: 10/31/2019
Date Due: 11/21/2019

Please Note: This will NOT impact any responses already submitted to the State Unemployment Insurance Office.
6 State and Employer Identification Page with attachments
## 7 Benefit Charge Page with no details

![Benefit Charge Page Screenshot](image)

### User Guide

Review the benefit charges for each individual below. You must individually protest the one(s) by clicking the button to the right.

### Benefit Charges

<table>
<thead>
<tr>
<th>SSN: 123456701</th>
<th>Name: Jenna A Edwards</th>
<th>Benefit Year Beginning: 03/01/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Period:</td>
<td>03/01/2016 - 09/07/2017</td>
<td>Program Code: Regular State UI Benefits</td>
</tr>
<tr>
<td>Dollar Charged:</td>
<td>$452.00</td>
<td>Number of Week Charged: 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSN: 123456702</th>
<th>Name: Jenna B Edwards</th>
<th>Benefit Year Beginning: 03/01/2017</th>
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<tbody>
<tr>
<td>Base Period:</td>
<td>03/01/2016 - 03/07/2017</td>
<td>Program Code: Regular State UI Benefits</td>
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<td>Dollar Charged:</td>
<td>$452.00</td>
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<table>
<thead>
<tr>
<th>SSN: 123456703</th>
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<tbody>
<tr>
<td>Base Period:</td>
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<tr>
<td>Dollar Charged:</td>
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<td>Number of Week Charged: 1</td>
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<table>
<thead>
<tr>
<th>SSN: 123456704</th>
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<thead>
<tr>
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<td>03/01/2016 - 09/07/2017</td>
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<tr>
<td>Dollar Charged:</td>
<td>$452.00</td>
<td>Number of Week Charged: 1</td>
</tr>
</tbody>
</table>
8 Benefit Charge Page with View Details

Benefit Charges

Order by: Benefit Year Begin Date Ascending

SSN: 067825203 Unit/Subaccount Number: 136585
Name: PRISCILLA R RIDDLE
Benefit Year Beginning: 10/05/2018
Base Period: 07/01/2017 - 07/07/2018 Program Code: Regular State UI Benefits
Dollar Charged: $224.14 Number of Week Charged: 9
Base Period Wages: $1,297.00 Claim Number: 0100

SSN: 515964601 Unit/Subaccount Number: 136585
Name: BLAKE T HEDMAN
Benefit Year Beginning: 01/02/2019
Base Period: 10/01/2017 - 10/07/2018 Program Code: Regular State UI Benefits
Dollar Charged: $470.00 Number of Week Charged: 1
Base Period Wages: $27,202.21 Claim Number: 0100

SSN: 51594435 Unit/Subaccount Number: 136585
Name: JOHN F RUBINSON
Benefit Year Beginning: 05/05/2019
Base Period: 01/01/2018 - 05/07/2019 Program Code: Regular State UI Benefits
Dollar Charged: $910.00 Number of Week Charged: 2
Base Period Wages: $41,013.05 Claim Number: 0100
## 9 Benefit Charge Weekly Charge Page

![Benefit Charge Weekly Charge](image)

**Benefit Charge Weekly Charge**

<table>
<thead>
<tr>
<th>Week Ending Date</th>
<th>Total Amount Paid</th>
<th>Percent Charged</th>
<th>Amount Charged</th>
<th>Dependency Amount Included</th>
<th>UI Office Code</th>
<th>Charge Code</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>01/01/2018</td>
<td>(432.00)</td>
<td>100 %</td>
<td>(432.00)</td>
<td>$0.00</td>
<td>23 -</td>
<td>Overpayment (credit)</td>
</tr>
<tr>
<td>01/08/2018</td>
<td>(432.00)</td>
<td>100 %</td>
<td>(432.00)</td>
<td>$0.00</td>
<td>23 -</td>
<td>Overpayment (credit)</td>
</tr>
<tr>
<td>01/15/2018</td>
<td>(432.00)</td>
<td>100 %</td>
<td>(432.00)</td>
<td>$0.00</td>
<td>23 -</td>
<td>Overpayment (credit)</td>
</tr>
<tr>
<td>01/22/2018</td>
<td>(432.00)</td>
<td>100 %</td>
<td>(432.00)</td>
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<td>01/29/2018</td>
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<td>(432.00)</td>
<td>$0.00</td>
<td>23 -</td>
<td>Overpayment (credit)</td>
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<tr>
<td>02/05/2018</td>
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<td>100 %</td>
<td>(432.00)</td>
<td>$0.00</td>
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<td>100 %</td>
<td>(432.00)</td>
<td>$0.00</td>
<td>23 -</td>
<td>Overpayment (credit)</td>
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**Benefit Charge Weekly Charge**

<table>
<thead>
<tr>
<th>Week Ending Date</th>
<th>Total Amount Paid</th>
<th>Percent Charged</th>
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<th>Dependency Amount Included</th>
<th>UI Office Code</th>
<th>Charge Code</th>
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<td></td>
</tr>
<tr>
<td>02/19/2018</td>
<td>(432.00)</td>
<td>100 %</td>
<td>(432.00)</td>
<td></td>
<td>23</td>
<td>Overpayment</td>
</tr>
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<td>02/26/2018</td>
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<td>100 %</td>
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<td>23</td>
<td>Overpayment</td>
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<td>03/05/2018</td>
<td>(432.00)</td>
<td>100 %</td>
<td>(432.00)</td>
<td></td>
<td>23</td>
<td>Overpayment</td>
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**Benefit Charge Weekly Charge**

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<th>Week Ending Date</th>
<th>Total Amount Paid</th>
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<th>Amount Charged</th>
<th>Dependency Amount Included</th>
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<th>Charge Code</th>
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</thead>
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<td></td>
</tr>
<tr>
<td>02/19/2018</td>
<td>(432.00)</td>
<td>100 %</td>
<td>(432.00)</td>
<td></td>
<td>23</td>
<td>Overpayment</td>
</tr>
<tr>
<td>02/26/2018</td>
<td>(432.00)</td>
<td>100 %</td>
<td>(432.00)</td>
<td></td>
<td>23</td>
<td>Overpayment</td>
</tr>
<tr>
<td>03/05/2018</td>
<td>(432.00)</td>
<td>100 %</td>
<td>(432.00)</td>
<td></td>
<td>23</td>
<td>Overpayment</td>
</tr>
</tbody>
</table>
10 Individual Benefit Charge Page

10.1 Individual Benefit Charge Page – Reason 10

[Image of the Individual Benefit Charge Page – Reason 10]
10.2 Individual Benefit Charge Page – Reason 11

- SSN: 555463001
- Name: Joseph H Garcia
- Benefit Year Beginning: 12/25/2017
- Base Period: 12/25/2016 - 12/31/2017
- Dollar Charged: $(4,330.06)
- Unit/Subaccount Number: 15
- Number of Week Charged: 10
- Type of Employer: Last and Largest Quarter Employer
- Program Code: Regular State UI Benefits

Question Reason:
11. Claimant was working for some other employer during this period.

Provide any information pertaining to the claimant's other employment, i.e. company name, start date, etc.

Do you have any attachments which support your question? [ ] Yes [ ] No

< Back Cancel Save Delete Next >
10.3 Individual Benefit Charge Page – Reason 20

**Question Individual Benefit Charge**

- **SSN:** 555463001
- **Unit/Subaccount Number:** 15
- **Name:** Joseph H Garcia
- **Benefit Year Beginning:** 12/25/2017
- **Type of Employer:** Lost & Lay Quarter Employer
- **Base Period:** 12/25/2016 - 12/24/2017
- **Program Code:** Regular State UI Benefits
- **Dollar Charged:** ($4,330.00)
- **Number of Week Charged:** 10

**Question Reason:** 20 - Claimant refused to return to work for the employer when requested

**On what date did you request the claimant to return to work? Why did the claimant not return?**

**Do you have any attachments which support your question?**

Options: Yes, No

**Buttons:**
- < Back
- Cancel
- Save
- Delete
- Next >
10.4 Individual Benefit Charge Page – Reason 30

[Image of the Individual Benefit Charge Page]

- SSN: 555463001
- Name: Joseph H Garcia
- Benefit Year Beginning: 12/25/2017
- Base Period: 12/25/2016 - 12/31/2017
- Dollar Charged: $(4,530.00)

- Question Reason: 30 - Claimant is not able to or is not available for work.

- Why is the claimant not able to or available to return to work?

- Do you have any attachments which support your question? □ Yes □ No

[Buttons: < Back, Cancel, Save, Delete, Next>]

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10.5 Individual Benefit Charge Page – Reason 40

**Question Individual Benefit Charge**

- **SSN:** 55546000
- **Name:** Joseph H Garcia
- **Benefit Year Beginning:** 12/25/2017
- **Base Period:** 12/25/2016 - 12/31/2017
- **Dollar Charged:** ($4,500.00)
- **Unit/Subaccount Number:** 15
- **Type of Employer:** Lost and Lay Quarter Employer
- **Program Code:** Regular State UI Benefits
- **Number of Week Charged:** 10

**Question Reason:**

40 - Claimant worked for employer less than the time period or earnings required to be a chargeable employer.

**Provide the dates of employment and total earnings.**

**Do you have any attachments which support your question?**

[ ] Yes [ ] No

[< Back] [Cancel] [Save] [Delete] [Next >]
10.6 Individual Benefit Charge Page – Reason 41

- **Question Reason**: Charges are for a period of claimant ineligibility based upon a previously issued determination/decision.

- **Provide information pertaining to the determination/decision.** (i.e. mailing date, docket number) Note: Attach supporting document below.

- **Do you have any attachments which support your question?**

  - [ ] Yes
  - [ ] No
10.7 Individual Benefit Charge Page – Reason 42

- Employer Name: Fourth Test Company
- Charging State: ST
- Employer Type: Reimbursable Employer
- Date of Notice: 10/31/2019
- Charge Period: 06/01/2019 - 06/30/2019
- Protest Due Date: 11/25/2019

**Question Individual Benefit Charge**

<table>
<thead>
<tr>
<th>Item</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN:</td>
<td>505463001</td>
</tr>
<tr>
<td>Name:</td>
<td>Joseph H Garcia</td>
</tr>
<tr>
<td>Benefit Year Beginning:</td>
<td>12/25/2017</td>
</tr>
<tr>
<td>Base Period:</td>
<td>12/25/2016 - 12/31/2017</td>
</tr>
<tr>
<td>Dollar Charged:</td>
<td>($4,320.00)</td>
</tr>
<tr>
<td>Unit/Subaccount Number:</td>
<td>15</td>
</tr>
<tr>
<td>Type of Employer:</td>
<td>Last and Leg Quarter Employer</td>
</tr>
<tr>
<td>Program Code:</td>
<td>Regular State Unemployment Benefits</td>
</tr>
<tr>
<td>Number of Week Charged:</td>
<td>10</td>
</tr>
</tbody>
</table>

- **Question Reason**: 42 - A notice of claim was not received.

- **Question Reason Narrative**

- **Do you have any attachments which support your question?**
  - [ ] Yes
  - [ ] No

[Back] [Cancel] [Save] [Delete] [Next >]
### 10.8 Individual Benefit Charge Page – Reason 43

![Individual Benefit Charge Page – Reason 43](image.png)

**SSN:** 565432301  
**Name:** Joseph H Garcia  
**Benefit Year Beginning:** 12/25/2017  
**Base Period:** 12/25/2016 - 12/31/2017  
**Dollar Charged:** $4530.00  
**Unit/Subaccount Number:** 15  
**Type of Employer:** Last and Leg Quarter Employer  
**Program Code:** Regular State UI Benefits  
**Number of Week Charged:** 10

**Question Reason:** 43 - Determination of eligibility not received.

**Question Reason Narrative**

**Do you have any attachments which support your question?**  
- [ ] Yes  
- [ ] No

[< Back  
Cancel  
Save  
Delete  
Next >]
10.9 **Individual Benefit Charge Page – Reason 44**

**Employer Name:** Fourth Test Company  
**Charging State:** ST  
**Employer Type:** Reimbursable Employer  
**Date of Notice:** 10/31/2019  
**Charge Period:** 06/01/2019 - 06/15/2019  
**Protest Due Date:** 11/25/2019

**SSN:** 565463001  
**Unit/Subaccount Number:** 15  
**Name:** Joseph H Garcia  
**Benefit Year Beginning:** 12/25/2017  
**Base Period:** 12/25/2016 - 12/31/2017  
**Dollar Charged:** ($4,325.00)  
**Type of Employer:** Last and Leg Quarter Employer  
**Program Code:** Regular State UI Benefits  
**Number of Week Charged:** 10

**Question Reason:**  
**44 - Employer is exempt from charges due to circumstances of separation.**

Provide the reason for separation and details surrounding the separation.

**Do you have any attachments which support your question?**  
[ ] Yes  
[ ] No

[< Back  
[ Cancel  
[ Save  
[ Delete  
[ Next >
10.10 Individual Benefit Charge Page – Reason 46

- SSN: 555463001
- Name: Joseph H Garcia
- Benefit Year Beginning: 12/25/2017
- Base Period: 12/25/2016 - 12/31/2017
- Dollar Charged: ($4,330.00)
- Unit/Subaccount Number: 15
- Type of Employer: Lost and Lay Quarter Employer
- Program Code: Regular State UI Benefits
- Number of Week Charged: 10

Question Individual Benefit Charge

- Question Reason: 46 - Credit has been previously identified and approved, but not received.

Provide information pertaining to the credits. (Date of notice, etc.) Note: Attach supporting document below.

- Do you have any attachments which support your question? □ Yes □ No

< Back Cancel Save Delete Next >
10.11 Individual Benefit Charge Page – Reason 50

**SSN:** 565432001  
**Name:** Joseph H Garcia

**Benefit Year Beginning:** 12/25/2017  
**Base Period:** 12/25/2016 - 12/31/2017

**Dollar Charged:** ($4,500.00)  
**Unit/Subaccount Number:** 15

**Type of Employer:** Last and Lag Quarter Employer  
**Program Code:** Regular State UI Benefits

**Date of Notice:** 10/31/2019  
**Protest Due Date:** 11/25/2019

**Question Reason:** 50 - Wages reported are incorrect.

**Provide corrected wages.**

**Do you have any attachments which support your question?**  
[ ] Yes  [ ] No

[ < Back  Cancel  Save  Delete  Next > ]
10.12 Individual Benefit Charge Page – Reason 51

**Question Individual Benefit Charge**

- SSN: 555463001
- Name: Joseph H Garcia
- Benefit Year Beginning: 12/25/2017
- Base Period: 12/25/2016 - 12/31/2017
- Dollar Charged: ($4,520.00)
- Unit/Subaccount Number: 15
- Type of Employer: Last and Lag Quarter Employer
- Program Code: Regular State UI Benefits
- Number of Week Charged: 10

**Question Reason**

- S1 - Employer has no record of anyone ever having worked for them under this name or social security number.

**Question Reason Narrative**

- Do you have any attachments which support your question?  Yes  No

[Next >]
10.13 Individual Benefit Charge Page – Reason 60

- Employer Name: Fourth Test Company
- Charging State: ST
- Employment Type: Reimbursable Employer
- Charge Period: 06/01/2019 - 06/15/2019
- Date of Notice: 10/31/2019
- Protest Due Date: 11/25/2019

**Question Individual Benefit Charge**

- SSN: 555463001
- Unit/Subaccount Number: 15
- Name: Joseph H Garcia
- Benefit Year Beginning: 12/25/2017
- Base Period: 12/25/2016 - 12/31/2017
- Dollar Charged: $54,500.00
- Type of Employer: Lost and Lay Quarter Employer
- Program Code: Regular State UI Benefits
- Number of Week Charged: 10

- **Question Reason**: 60 - Charges are being questioned due to a pending protest/appeal of eligibility determination.

- Provide information pertaining to the protest/appeal. (Date protest/appeal filed)

- Do you have any attachments which support your question? [Yes] [No]

[< Back  Cancel  Save  Delete  Next >]
10.14 Individual Benefit Charge Page – Reason 70

**Question Individual Benefit Charge**

- **SSN:** 555555555
- **Name:** Joseph H Garcia
- **Benefit Year Beginning:** 12/25/2017
- **Base Period:** 12/25/2016 - 12/31/2017
- **Unit/Subaccount Number:** 15
- **Type of Employer:** Last and Leg Quarter Employer
- **Program Code:** Regular State UI Benefits
- **Dollar Charged:** ($4,300.00)
- **Number of Week Charged:** 10

**Question Reason:** Employer questions charges for statutory reasons NOT listed above.

**Explain why you are questioning the charges.**

**Do you have any attachments which support your question?**
- [ ] Yes
- [ ] No

**Buttons:**
- < Back
- Cancel
- Save
- Delete
- Next >
10.15 Individual Benefit Charge Page – With Attachments

**Question Individual Benefit Charge**

- **SSN**: 505463001
- **Name**: Joseph H Garcia
- **Benefit Year Beginning**: 12/25/2017
- **Base Period**: 12/25/2016 - 12/31/2017
- **Dollar Charged**: ($4,320.00)
- **Type of Employer**: Last and Lag Quarter Employer
- **Program Code**: Regular State UI Benefits
- **Number of Week Charged**: 10

**Question Reason**: Charges are being questioned due to a pending protest/appeal of eligibility determination.

**Provide information pertaining to the protest/appeal. (Date protest/appeal filed)**

Test comment.

**Do you have any attachments which support your question?**

- Yes
- No

**WARNING**: Acceptable file formats are: .csv, .pdf, .tif, .tiff, .tif. The total size of all attachments is limited to a maximum of 5 megabytes. Scanned PDFs have the possibility of being very large but by decreasing the dpi, saving it as a .PDF text or removing some of the extended features of a PDF the size can be greatly reduced. Another option would be to scan it in as a .TIFF (.TIF) document instead of a .PDF.
10.16 Individual Benefit Charge Page – Delete Protest

You have chosen to delete the individual protest for SSN 123456700. The protest Individual Benefit Charges Screen will be deleted if you continue and the protest will be removed from the system.

Cancel  Continue
12 Benefit Charges Page with a charge protested
13 Benefit Charge Summary Page

14 Benefit Charge Summary Page – Agent/Attorney
15 Supplemental Information Page
17 Preparer Information Page
18 Submission Page with no errors
19 Submission Confirmation Page

Employer Name: Fourth Test Company
Charging State: ST
Employer Type: Reimbursable Employer
Charge Period: 05/05/2019 - 06/15/2019
Date of Notice: 10/31/2019
Date of Due Date: 11/22/2019

You have chosen to submit your Benefit Charges Response to the State Unemployment Insurance Office.

Do you want to submit this response?

[Button] No - Return to Main Menu
[Button] Yes - Submit to State

After submitting this response, please wait for the confirmation number.
21 Confirmation Page

Your response has been accepted. Your confirmation number is:
5875 212c9e11a 40b9 a8f0 8a20 5d7a56502

Please print or download this pdf and keep with your records.
23 Submission Page with errors

Please correct the following errors:

- Supplemental Protest Information - Attorney Name is required.
- Supplemental Protest Information - Attorney Address is required.
- Supplemental Protest Information - Attorney City is required.
- Supplemental Protest Information - Attorney State is required.
- Supplemental Protest Information - Attorney Zip is required.
- Supplemental Protest Information - Attorney Telephone is required.
24 Protest Benefit Charge Summary Page – No Protest

This page will be presented if the user has not selected any benefit charges to protest.
26 Thank You Page

This page is presented if the user clicks the Next button while on the Benefit Charges Summary page with no charges protested/appealed/questioned.