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|  | **NEW HAMPSHIRE EMPLOYMENT SECURITY  REQUEST FOR WAGE INFORMATION** |
| JFS-84400 |  |

|  |  |  |
| --- | --- | --- |
| Claimant's Name | Benefit Year Ending Date | Social Security Number  xxx-xx-XXXX |

Date Issued:

XX/XX/XXXX

Return To:

|  |  |
| --- | --- |
|  | BENEFIT PAYMENT CONTROL 45 SOUTH FRUIT STREET CONCORD NH 03301-4857  Phone: (603) 228-4071  Fax: (603) 229-4390 |

Your company reported to the State of New Hampshire New Hire Reporting Program that the individual identified above was hired on XX/XX/XXXX.

Please complete and return this form by XX/XX/XXXX.

To reply, please mail or fax form to the contact information shown above. If you have any questions, please contact the Benefit Payment Control Unit at the above number.

**Instructions: Please complete the form in the format provided below by calendar week, Sunday through Saturday. Failure to properly complete the form as requested may result in a request for additional payroll documentation.**

Column B: Enter wages earned or hours worked for each day of the week listed in Column A for the

individual identified above.

Column C: Enter total gross wages earned for each week in column A and the date on which the wages

were paid. If a worker earned vacation and/or holiday pay during the same week that he/she had earnings, enter the vacation and/or holiday separately in the space(s) provided.

NOTE: Enter earnings in Columns B and C for the day and for the week, respectively, when earned, not when paid.

REMARKS: Indicate if the worker's name and/or social security number on this form differs from your

records or if the worker did not work during the weeks in question. Report any Unemployment Compensation eligibility issues (e.g., quit, discharge, refusal of work, severance pay, etc.).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** CALENDAR WEEK  ENDING DATES  FOR WHICH WAGES  ARE REQUESTED  FOR THE WORKER | **B.** ENTER BELOW, WAGES EARNED OR HOURS WORKED, FOR EACH  DAY THAT WORKER ACTUALLY WORKED DURING THE CALENDAR  WEEKS LISTED IN COLUMN A | | | | | | | **C.** TOTAL FOR CALENDAR WEEK | | | | **FOR  OFFICE  USE ONLY** |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | GROSS  WAGES | VACATION  PAY | HOLIDAY  PAY | DATE  PAID |
| XX/XX/XXXX |  |  |  |  |  |  |  |  |  |  |  |  |

D. Enter period of employment (below) beginning on or after XX/XX/XXXX and reason for separation. (If reason for separation is other than lack of work, please provide additional details in Item F. REMARKS or attach additional documentation if needed. )

Period of Employment:

**--CONTINUED ON REVERSE--**

Si usted no puede leer esto, llame por favor a 1-800-266-2252 para una traduccion.

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|  |  |  |
| --- | --- | --- |
| Claimant's Name | Benefit Year Ending Date | Social Security Number  XXX-XX-XXXX |

First day worked Last day worked

Reason for Separation: (Please Circle) Lack of work Discharge/Fired Voluntary Quit

This worker's rate of pay was:

$ per

Amount Hour/Week

Method of Payment: (Please Circle) Check Cash Direct Deposit

Title/Position

1. If you have any knowledge or information that during the above weeks this individual was working for another employer, was self-employed, refused work offered by you or another employer, or was not able to work, explain completely in Item F, REMARKS.

|  |  |  |
| --- | --- | --- |
| 1. REMARKS {if necessary, attach additional sheet(s)} **Check if the individual** | **did not work during these weeks** | |
|  |
| **EMPLOYER'S CERTIFICATION:** I certify that the wage and employment data shown above have been taken from our payroll records. I further certify that all information given is true to the best of my knowledge and belief. | | |
| Employer's Name | Title | Date |
| Signature | Telephone Number  **( )** | Fax Number  **( )** |
| Print your name | Email address | |

**-- COMPLETE AND RETURN ALL PAGES --**

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