



Division of Unemployment Insurance
 Employer Contributions Operations
 P. O. Box 9953
 Wilmington, DE 19809-0953
 (302) 761-8482

STATEMENT OF BENEFIT WAGES CHARGED TO EMPLOYER'S MERIT RATING ACCOUNT
(THIS IS NOT A BILL)

The employees whose names are listed in Column 2 have been paid benefits in the period covered by this report, and your merit rating account has been charged with the benefit wages listed in Column 3. This amount represents the benefit wages the employee received from you in this base period. Title 19, Delaware Code, Section 3350 provides that the total amount of the employee's base period benefit wages shall be charged to the account of their employer when the employee receives their first check in a benefit year. The employee's benefit year begins with the date shown in Column 4.

SOCIAL SECURITY ACCOUNT NUMBER	EMPLOYEE NAME	BENEFIT WAGES	DATE OF CLAIM MO DAY YR
1	2	3	4

A NEGATIVE AMOUNT REPRESENTS A REVERSAL OF PREVIOUS CHARGES

Notice of Rehire Credit Program

You may be eligible for a rehire credit against a benefit wage charge if you rehire an individual whose name appears on this statement. Call (302) 761-8482 for information or to request a rehire credit application form.

EMP. ACCT. # DATE OF NOTICE PG. # FIRST BENEFIT CHECK ISSUED DURING PERIOD: TO:

* PLEASE SEE BACK OF PAGE FOR ADDITIONAL INFORMATION *

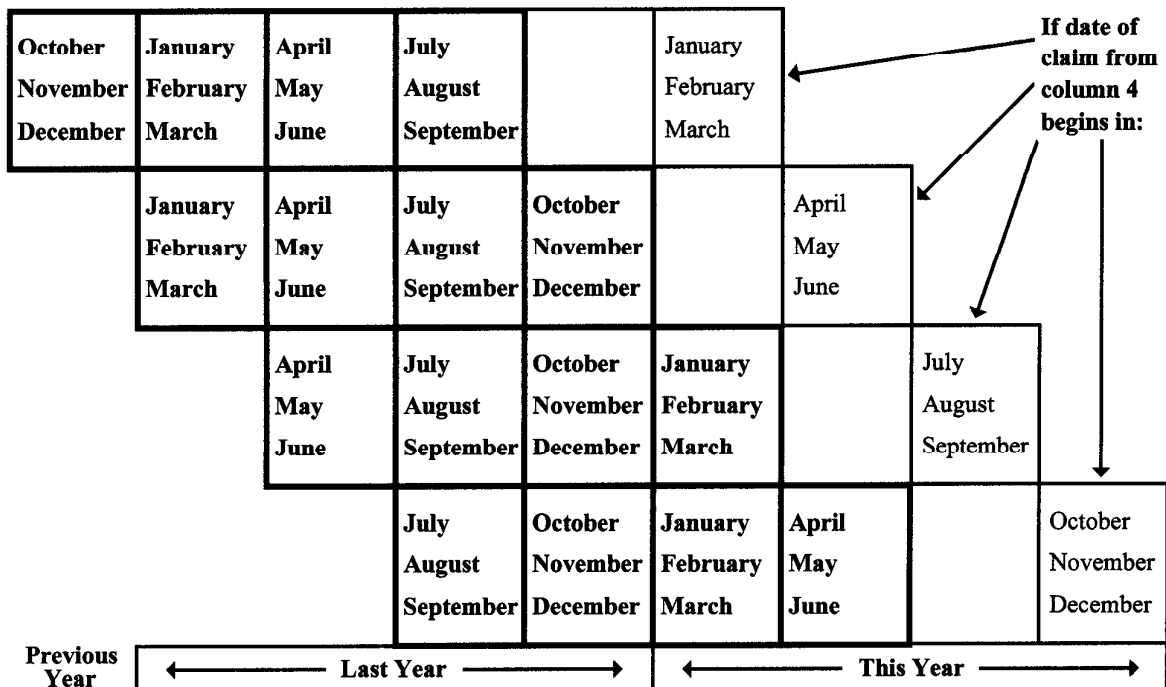
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By Statute, this notification shall become conclusive and binding unless you request redetermination within fifteen days from the date of this notice. Any such request must be in writing and must include your employer account number and the name and social security number of the employee.

You may not request redetermination in any case if you have a final decision charging your account from a Claims Deputy, an Appeals Referee, the Unemployment Insurance Appeal Board or a Court Decision. A charge in appeal status at any level mentioned above will be deleted if the charge decision is reversed and that decision becomes final.

In the event you failed to return separation information on form UC-119 or UC-119C, your account has been charged in accordance with Title 19, Delaware Code, Section 3317(b). No review will be made of such cases.

For further clarification, read the upper portion of your statement on the reverse and the base period illustration below. Any questions regarding this matter should be directed to Employer Contributions Operations at (302) 761-8482. Please mark all correspondence "Attn: Assessments".



THE BASE PERIOD is the first four of the last five completed calendar quarters and is controlled by the date of claim shown in column (4) on the front of this form.

* PLEASE RETAIN FOR YOUR RECORDS *