NEW YORK STATE

DEPARTMENT OF LABOR
Unemployment Insurance Division
PO Box 15122
ALBANY,N.Y. 12212-5122
www.labor.ny.gov

Need help avoiding layoffs? You may be eligible for the Shared Work Program. Keep your trained full-time, part-time and seasonal staff. They can receive partial UI benefits while working reduced hours. Visit www.labor.ny.gov/sharedwork.

NOTICE OF EXPERIENCE RATING CHARGES

VERATEX INC
534 W 42ND ST APT 8
NEW YORK NY 10036-6221

DATE MAILED 06/02/23

EMPLOYER REG. NO. 33-60096 2

THIS IS NOT A BILL

PLEASE REVIEW PROMPTLY

BENEFIT PAYMENTS MADE TO THE CLAIMANTS LISTED HAVE BEEN CHARGED TO YOUR ACCOUNT, EACH PAYMENT IS FOR FOUR EFFECTIVE DAYS(ONE WEEK) UNLESS OTHERWISE INDICATED. TO HELP PROTECT YOUR ACCOUNT AND THE UNEMPLOYMENT INSURANCE FUND:

1. Verify that each claimant was employed by you.
2. If you failed to respond to information requested in the Notice of Potential Charges(FORM LO 400) or any other subsequent request for information about a claim in a timely or adequate manner, the law prohibits the relief of charges under most circumstances.
3. If you have any information you were not aware of when you received the Notice of Potential Charges that might affect the claimant's benefit rights, we must receive your response within ten calendar days of the date of this notice in order to be relieved of charges. Please write to the NYS Department of Labor, PO Box 15122, Albany, NY 12212-5122 or fax to (518) 485-6172.
4. If you have work available, please contact the claimant directly. Should the claimant refuse the job or not report to work, please write to the NYS Department of Labor, PO Box 15130, Albany, NY 12212-5130 or fax to (518) 485-7377. If you are unable to contact the claimant or would like assistance in meeting your hiring needs, contact the DOL Employment Service nearest you.
5. A (P) printed next to the amount of benefits paid shows that a pension reduction is already being made. If you are aware that a claimant is receiving a pension to which you contributed and no reduction is shown, please write to the address in #4 above or fax to (518) 485-7377.
6. If you object to any of these charges for other reasons, write to the Liability and Determination Section at the address in the header or fax to: (518) 485-6172. Provide the claimant's name, SS#, week ended dates, and reason(s) you believe the charges are incorrect.

IF YOU DISAGREE WITH THIS DETERMINATION, YOU MAY REQUEST A HEARING WITHIN 30 DAYS FROM THE MAILING DATE OF THIS NOTICE.

SOCIAL SEC. ACCOUNT #	NAME	WK ENDED MO	DY	YR	AMOUNT	EFF DAY	DOL OFF
XXX-XX-5410	W CHANG	4	30	3	504.00		831
XXX-XX-5410	W CHANG	5	14	3	504.00		831
XXX-XX-5410	W CHANG	5	07	3	504.00		831
XXX-XX-5410	W CHANG	5	21	3	504.00		831

2023 CHARGES TO DATE $5,040.00 $2016.00 TOTAL

THESE CHARGES WILL BE USED IN DETERMINING
YOUR CONTRIBUTION RATE FOR CALENDAR YEAR 2024.
A CR SYMBOL CANCELS A PREVIOUS CHARGE.
AN ASTERISK (*) IS AN ADJUSTMENT.

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