

RETURN IMMEDIATELY TO:

Unemployment Help Center
P.O. Box 7905
Madison, WI 53707
Fax: 608-260-2444

Wisconsin Department of Workforce Development
Unemployment Insurance Division

UCB-719 URGENT REQUEST FOR WAGES

Mailed: 11/15/17

Due: 11/22/17 **1**

EMPLOYER:

CLAIMANT:

JOHN Q. EMPLOYER
1 CAPITOL ST
ANYWHERE WI 55555-5555

MARY CLAIMANT

VNC WK: **46/17**

SS#: **001-22-1234**

You are required by law to complete and return this form even if the claimant did not work for you. If you have online account access, and none of the eligibility issues in Part 3 apply, then this form can be completed electronically at <http://dwd.wisconsin.gov/uitax>. Log into your account and select "UCB-719." However, if any of the eligibility issues in Part 3 apply then this form must be completed and returned to the fax number or address shown above. **If we do not receive this report online, by fax or by mail as instructed by the due date, your account will be liable for any benefits erroneously paid based on information provided by the claimant.**

Part 1: Account Number Verification

The claimant reported working for you under Wisconsin UI Account Number: **123456** **2**
If the claimant worked for you under a different account number, provide that number here: _____
If the claimant never worked for you, and no eligibility issues under Part 3 apply, check this box: Not Our Employee

Part 2: Quarterly Wage Verification

Report all payments for any services performed in Wisconsin even if there is an eligibility issue (e.g. independent contractor or excluded employment). See reverse side Part 2 for instructions.

Part 3: Eligibility Issues

Mark any applicable boxes.

Part 2. Quarterly Wage Verification					Part 3. Eligibility Issues		
QTR	START	END	GROSS WAGES REPORTED	CORRECT GROSS WAGES**	REPORTED TO ANOTHER STATE (Provide State)	INDEPENDENT CONTRACTOR	EXCLUDED EMPLOYMENT
3/16	07/01/16	09/30/16			<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
4/16	10/01/16	12/31/16		3	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
1/17	01/01/17	03/31/17	\$ 1,752.31		<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
2/17	04/01/17	06/30/17			<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
3/17	07/01/17	09/30/17			<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>

**Wages must be reported in the quarter when they were paid, not when they were earned. You must report wages even if there is an eligibility issue.

4 **THE ABOVE WAGES WERE PREVIOUSLY REPORTED BY EITHER YOU OR THE FORMER ACCOUNT HOLDER. PLEASE DO NOT DUPLICATE THESE AMOUNTS. REPORT ONLY CORRECTIONS UNDER CORRECT GROSS WAGES.**

Part 4: Explanation of Eligibility Issues

Provide any relevant explanation (e.g. type of excluded employment): _____

What were the claimant's first and last days of work for you? **5** First Day of Work: Month Day Year Last Day of Work: Month Day Year

Complete this form online or sign, date and return this form by the due date to avoid incorrect charges to the UI Account Number shown above.

Signed for Employer: **6** Position: Date: Phone Number:

INSTRUCTIONS FOR COMPLETION:

If your reply to this form is returned incomplete, with incorrect information, or after the due date:

Your account will be charged for all benefits that are paid to the claimant in error because we did not have the correct information. Benefits paid in error include benefits paid from another employer's account and/or your own account - even if the claimant never worked for you.

Part 1: Account Number Verification:

If your account number is missing or incorrect then enter your correct Wisconsin UI account number. If your employer name is incorrect, cross out the name and print your correct employer name directly above it. If you change your name or address on the front of this form, we will pass the new information on to the Bureau of Tax and Accounting. They will contact you to verify that the change is authorized before making the change. As soon as that authorization is complete your address will be changed for future mailings.

If you are not the correct employer (the employee did not do any work for you and no eligibility issues in Part 3 apply) then check the box that says "Not our employee." If you know the correct employer's name and/or account number print any known information near the top of the form.

Part 2: Quarterly Wage Verification:

Where available, previously reported wage amounts have been pre-entered for each quarter in the "Gross Wages Reported" column. For quarters without pre-entered wages, enter the amount of wages paid to the claimant in that quarter in the "Correct Gross Wages" column. **You must report all payments for any services performed in the Correct Gross Wages column even if there is an eligibility issue** (e.g. independent contractor or excluded employment). Enter "\$0.00" for each quarter where no wages were paid. If the pre-entered wage amounts are incorrect then provide the correct amounts in the "Correct Gross Wages" column.

Note: If wages are entered in the "Correct Gross Wages" column that are different from what was previously reported on the employer's Quarterly Wage Reports then a Tax Report Adjustment (UCT-7842) may need to be submitted separately. For questions about adjusting your quarterly reports you can call the Bureau of Tax and Accounting's Inquiry Line at (608) 261-6700 or refer to the Handbook for Employers (UCB-201) which can be found at <http://dwd.wisconsin.gov/ui201>.

Part 3: Eligibility Issues:

Mark all boxes with an "X" for any eligibility issues that apply to the claimant. You may be contacted for additional information about any eligibility issues that require a fact-finding investigation. You must raise all eligibility issues that you were aware of as of the date that this form was mailed to you. For more information about eligibility issues, refer to the Handbook for Employers (UCB-201) which can be found at <http://dwd.wisconsin.gov/ui201>. You can also call the Employer Assistance Line at (414) 438-7705.

Part 4: Explanation of Eligibility Issues:

Provide any relevant explanation for any of the eligibility issues that you selected in Part 3 above (e.g. type of excluded employment). This will help our investigators focus their fact-finding investigations on the relevant issue(s) and can help reduce the number of questions you will need to be asked.

