

## North Carolina Department of Commerce Division of Employment Security Unemployment Insurance



999999

## **Payments made for Calendar Year**

Mail Date: February 24, 2017

Claimant ID: 1234567

JOHN DOE 700 Main Street RALEIGH, NC 27000

Dear MR. JOHN DOE,

Per your written request, the following information is submitted for your review:

Benefit payments funded **Begining Date>** through **Ending Date>** in the amount of **Amount>**.

Benefit overpayment established **Date>** in the amount of **Amount>**.

Repayment of benefit overpayment received: 2017 in the amount of \$563.00

Balance of overpayment <br/>
<br/>
<br/>
Balofoverpay>

This is not an official tax document.

If we can be of further assistance, please feel free to contact us at 919.707.1338.

Sincerely,

**Benefits Integrity Section**