

<b>REQUEST FOR WAGE INFORMATION ON COMBINED WAGE CLAIM (CWC)</b>  <b>STATE OF NEW JERSEY</b> <b>WORKFORCE NEW JERSEY - INCOME SUPPORT</b> <b>DIVISION OF UI OPERATIONS</b> <b>COMBINED WAGE SECTION</b> <b>PO BOX 078</b> <b>TRENTON, NEW JERSEY 08625-0078</b>	3. CLAIMANT'S S.S. NO.	4. DATE OF CLAIM
	5. CLAIMANT'S NAME	
	6. CLAIMANT'S WORK NAME (IF DIFFERENT)	

SAMPLE

7. CITY OF EMPLOYMENT

8. DATE OF MAILING OF THIS FORM (IB42HR)

**NOTICE**

THIS FORM IS A REQUEST FOR WAGE INFORMATION ON A CLAIM FILED IN ANOTHER STATE UNDER THE COMBINED WAGE PROGRAM. THE INFORMATION IS REQUIRED FOR TRANSFER OF WAGES TO THE PAYING STATE. IT MUST BE COMPLETED AND RETURNED WITHIN TEN DAYS FROM THE DATE OF MAILING IN ITEM 8. FAILURE TO COMPLY WILL RESULT IN A PENALTY.  
LRA 43:21-16 (8/11)

**COMPLETE AND RETURN IMMEDIATELY TO THE ADDRESS GIVEN BELOW.**

2. YOUR N.J. EMPLOYER IDENTIFICATION NO.

9. ENTER YOUR N.J. EMPLOYER ID. NUMBER IF NUMBER IN ITEM 2 DOES NOT AGREE WITH YOUR RECORDS.

10. TO THE EMPLOYER: THIS CLAIMANT HAS APPLIED FOR UNEMPLOYMENT BENEFITS UNDER THE COMBINED WAGE PLAN, STATING HE/SHE HAS IN YOUR EMPLOY AT SOME TIME BETWEEN \_\_\_\_\_ AND \_\_\_\_\_

11. FOR EACH PERIOD LISTED IN ITEM 11A, ENTER THE TOTAL AMOUNT OF GROSS WAGES (INCLUDING ALL GRATUITIES, VACATION, SICK AND HOLIDAY PAY, COMMISSIONS AND BONUSES) FOR SERVICES PERFORMED IN THE STATE OF NEW JERSEY.

A. IF CLAIMANT DID NOT WORK IN NEW JERSEY, PLEASE STATE WHERE SERVICES WERE PERFORMED. \_\_\_\_\_

B. IF YOU ARE NOT REQUIRED TO PAY CONTRIBUTIONS ON CLAIMANTS WAGES, STATE REASON. \_\_\_\_\_

11A.	PERIOD		TOTAL WEEKS WORKED	TOTAL GROSS WAGES
	FROM	TO		

12. NEW JERSEY BASE YEAR  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**FOR NEW JERSEY WAGES ONLY**  
FOR EACH PERIOD INDICATED, ENTER THE NUMBER OF CALENDAR WEEKS THAT THE CLAIMANT EARNED AN AMOUNT EQUAL TO OR MORE THAN THE CORRESPONDING BASE WEEK AMOUNT LISTED. IN ADDITION, FOR EACH PERIOD LISTED, ENTER THE TOTAL GROSS WAGES PAID. "IF PERIOD" IS NOT ENTERED, IT IS NOT NECESSARY TO COMPLETE THIS PORTION OF THE FORM.

12A.	PERIOD		BASE WEEK AMOUNT	NO. OF CALENDAR WEEKS THAT EARNINGS EQUAL OR EXCEED BASE WEEK AMT.	TOTAL GROSS WAGES
	FROM	TO			

**NOTE: YOU MAY FAX THIS COMPLETED FORM TO (609)-984-4358.**  
**IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR COMBINED WAGE SECTION AT : (609) 984-2289.**

I CERTIFY THAT THE INFORMATION SUBMITTED BY ME IN THIS REPORT IS TRUE AND CORRECT.

SIGNED: \_\_\_\_\_

OFFICIAL POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

RETURN ONE COPY TO  
STATE OF NEW JERSEY  
UNEMPLOYMENT INSURANCE  
COMBINED WAGE SECTION  
PO BOX 078  
TRENTON, NEW JERSEY 08625-0078  
FAX (609) 984-4358