

STATE OF NEW JERSEY
 DEPARTMENT OF LABOR
 BUREAU OF BENEFIT PAYMENT CONTROL
 PO BOX 946
 TRENTON, NEW JERSEY 08625-0946

FORM B187Q

SUCCESSOR

EMPLOYER ID NUMBER

PAGE QUARTER ENDING

DATE OF MAILING

**SEE REVERSE SIDE FOR
 IMPORTANT INFORMATION**

THIS IS NOT A BILL,

SOCIAL SECURITY NO.	CLAIMANT'S NAME LAST FIRST	DATE OF CLAIM			LOCAL OFFICE	BENEFIT WEEK ENDING			CHARGES/ CREDITS
		MO.	DAY	YR.		MO.	DAY	YR.	
SAMPLE									

PROMPT REVIEW OF YOUR CHARGES WILL ASSURE PROPER PAYMENT OF UNEMPLOYMENT BENEFITS

B187Q.1
 B187Q1(R-5/00)

REVIEW PROMPTLY - These charges will be used in determining your quarterly bill. The benefit week ending dates on the front of this form are the weeks for which the claimant was paid unemployment benefits?

NOTE: "CREDIT" next to a benefit week means your account is being credited for that amount. Please do not protest a CREDIT.

A claimant may file a claim as late as six calendar quarters after separation from your employ and your account can still be chargeable. Charges to your account can appear for benefit weeks occurring within a year of the date of claim. However, you may protest charges if:

- 1 The claimant was not separated due to lack of work and you previously had no knowledge of this claim, OR you previously returned the Notice to Employer of Monetary Determination (Form BC-3E), but have not received a response and the improper charge still appears. Give full details of your protest in the space below. Please provide the date the employee last worked and the reason for separation. Return this form, along with copies of all documentation received from, or sent to, the local Unemployment Claims Office.

- 2 You made an offer of work, while the claimant was collecting benefits, that the claimant failed to apply for or accept. Send in proof of the offer. Include the date of the offer, the reason for the refusal, how the claimant was made aware of the offer, the starting salary rate, the hours of work and the location of the job.

- 3 The claimant worked for you, or anyone else, during any week for which benefits were paid. Please provide the date claimant returned to work and the name and address of the company where the claimant worked. If the claimant returned to work for you, please attach a copy of the corresponding payroll records for the claimant.

Mail protests to:
CLAIMS CONTROL
BUREAU OF BENEFIT PAYMENT CONTROL
PO BOX 946
TRENTON, NJ 08625-0946

**RETAIN A COPY OF THIS FORM FOR YOUR FILES.
DO NOT RETURN THIS FORM UNLESS YOU ARE PROTESTING CHARGES.**

SOCIAL SECURITY NUMBER	REASON FOR PROTEST

I certify the above information is true and correct to the best of my knowledge and belief.

SIGNED _____ TITLE _____ DATE _____
PHONE# _____ EMPLOYER IDENTIFICATION NO. _____

YOU WILL BE NOTIFIED OF THE ACTION TAKEN ON YOUR PROTEST BY LETTER, OR BY CREDITS TO YOUR ACCOUNT ON A LATER FORM B-187Q.