

STATE OF NEW JERSEY
 DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
 P.O. BOX 951
 TRENTON, NEW JERSEY 08625-0951

SUMMARY OF ACCOUNT

CLAIMANT ID #:
 DATE:
 BALANCE DUE:

Dear Claimant:

You currently have an overpayment "Balance Due" with the Department of Labor and Workforce Development (LWD) which is indicated above. The "Balance Due" reflects your overpayment as of the date of this notice. Payments received on or after the date of this notice have not reduced the "Balance Due." If you have any questions about your overpayment, you may write to the address shown above and include a copy of this notice.

If you do not have a formal agreement to pay your debt with installment payments, see the formal payment chart below to determine the minimum acceptable amount for a formal payment agreement. Complete the LWD Payment coupon and remit this with your first monthly installment payment. **In accordance with New Jersey law (R.S. 43:21-1 et seq.), a formal agreement does not prevent the withholding (offset) of current or future benefits.**

Your overpayment balance may be subject to submission to the Treasury Offset Program (TOP) of the Internal Revenue Service (IRS) pursuant to Title 31 of the Code of Federal Regulations 285.8. The IRS may reduce your eligible Federal Income Tax refund by the amount of your debt. The offset process will continue each year until your debt is satisfied. For more information visit, <http://lwd.doL.state.nj.us/labor/ui/content/overpayment.html>.

Each "Refund Issue Date" listed below is an overpayment on a different claim.

REFUND ISSUE DATE ¹	BENEFITS OVERPAID	FINES	INTEREST ²	AMOUNT PAID	AMOUNT ³ DUE
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1) This is the date it was first determined that you were overpaid benefits on the claim. 2) If there is interest listed, a judgment was obtained against you. 3) Each "Amount Due" is included in the "Balance Due."

HOW DO I AVOID COLLECTION ACTIVITY AGAINST ME?

You can avoid collection actions against you (shown on the reverse side of this document) by entering into a formal payment agreement and making monthly installment payments. To make a formal payment agreement, refer to the Formal Payment Chart below. You must enter an "X" in the check-off box to accept the formal payment agreement amount. Individuals that have previously entered into a formal payment agreement need not check off this box. Complete both sides of the LWD Payment Coupon and mail it with your first payment. Formal Agreements are accepted only when they are accompanied by a payment of the agreed amount.

Note: A Judgment has already been filed against you if interest charges appear. If a Judgment has already been filed then a formal agreement does not remove the Judgment. Once filed, a Judgment can only be satisfied by payment in full of all principal, fines and interest due on your debt.

REPAYMENT OPTIONS

Complete the front and back of the LWD Payment Coupon below. Remit payment coupon with your payment in the enclosed envelope. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO:

NJ EMPLOYMENT SECURITY AGENCY
 or

ELECTRONIC PAYMENTS MAY BE MADE AT: https://www1.state.nj.us/TYTR_LBR_Claims/jsp/Login.jsp

Formal Payment Chart

If Your Total Debt Is:		
From:	To:	You Pay
0	\$500.00	\$35.00
\$500.01	\$1,500.00	\$50.00
\$1,500.01	\$2,500.00	\$69.00
\$2,500.01	\$3,500.00	\$72.00
\$3,500.01	\$4,500.00	\$93.00
\$4,500.01	\$5,500.00	\$114.00
\$5,500.01	\$6,500.00	\$135.00
\$6,500.01	\$7,500.00	\$156.00
\$7,500.01	\$8,500.00	\$177.00
\$8,500.01	\$10,000.00	\$208.00
\$10,000.01	\$11,000.00	\$229.00
\$11,000.01	\$12,000.00	\$250.00
\$12,000.01	\$13,000.00	\$270.00
\$13,000.01	\$14,000.00	\$291.00
\$14,000.01	\$15,000.00	\$312.00
\$15,000.01	\$16,000.00	\$333.00
\$16,000.01	\$17,000.00	\$354.00
\$17,000.01	\$18,000.00	\$375.00
\$18,000.01	\$19,000.00	\$395.00
\$19,000.01	\$20,000.00	\$416.00
>20,000.01		\$500.00

LWD PAYMENT COUPON

Amount Enclosed \$

Claimant ID #:

LWD Benefit Payment Control
 PO Box 650
 Trenton, NJ 08646-0650

I agree to pay the formal agreement amount listed on the Formal Repayment Chart.

I Have Moved.

PLEASE USE ENCLOSED RETURN ENVELOPE

STATE OF NEW JERSEY
 DEPARTMENT OF LABOR AND
 WORKFORCE DEVELOPMENT
 LWD BENEFIT PAYMENT CONTROL
 PO BOX 650
 TRENTON, NEW JERSEY 08646-0650
 RETURN SERVICE REQUESTED

PRESORTED
 FIRST-CLASS MAIL
 U.S. POSTAGE PAID
 TRENTON, N.J.
 PERMIT NO. 21