

DEVAL L. PATRICK GOVERNOR TIMOTHY P. MURRAY LT. GOVERNOR

THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT DEPARTMENT OF WORKFORCE DEVELOPMENT DIVISION OF UNEMPLOYMENT ASSISTANCE



JOANNE F. GOLDSTEIN SECRETARY MICHAEL TAYLOR DIRECTOR

JUDITH L. CICATIELLO DIRECTOR

SAMPLE FORM

March 19, 2010

NOTICE OF EMPLOYERS UNEMPLOYMENT INSURANCE CONTRIBUTION RATE STATEMENT OF ACCOUNT BALANCE THIS IS NOT A BILL



Your 2010 UI CONTRIBUTION RATE is:	1.570%
Your 2010 WORKFORCE TRAINING RATE is:	0.060%
Your 2010 UHI CONTRIBUTION BATE is:	0.000%

HOW YOUR 2010 CONTRIBUTION RATE IS COMPUTED:

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	1.	Your beginning ACCOUNT BALANCE as of 10/1/2008:	\$79,120.03
	2.	Plus CONTRIBUTIONS PAID through 10/31/2009:	\$11,250.23
	3.	Minus the BENEFIT CHARGES to your account:	\$3,131.74
	4.	Minus the REFUNDS to your account:	\$0.00
!	5.	Minus the SOLVENCY ASSESSMENT on your account ("UI TAXABLE WAGES" x 1.22 *):	\$6,665.88
	6.	Any ACCOUNT BALANCE ADJUSTMENTS (+ or -):	\$0.00
		Includes Voluntary Contribution payment of \$0.00	•
	7.	Any transfer of EXCESS RESERVES (+ or -):	\$0.00
	8.	These amounts equal your ACCOUNT BALANCE as of 9/30/2009:	\$80,572.64
	9.	Your account balance is divided by your reported "UI TAXABLE WAGES" as of 9/30/2009	\$546,384.00
	10.	This results in RESERVE PERCENTAGE of 14.74%	
	11.	This percentage has been applied to 2010 Experience Rate Schedule E	
	12.	Your 2010 UI Contribution Rates is:	1.570%
		Your 2010 Workforce Training Fund Rate is:	0.060%
		Your 2010 UHI Contribution Rate is:	0.000%

This account is eligible for a Voluntary Contribution. Please log into your account to see Voluntary Contribution options available to lower your rate.

REQUESTS FOR REVIEW: Employers who want to request a review of the 2010 Contribution Rate assigned must request it in writing. The request must be postmarked by 6/20/2010.

BENEFTT CHARGES: Charges not protested thirty days after mailing of the Statement of Benefit Charges are final. Any inquiry regarding a timely protest should include claimant's name and social security account number and be directed to the Employer Charge Department, 19 Staniford Street, Boston, MA 02114.

* Solvency Adjustment Factor