

PASCHEN S N NIELSEN-ASSOC LLC  
Claimant Name: gregory W. muno



02/03/2025  
SSN:xxx-xx-1201

This notice is being sent to you because you are the Chargeable Employer for whom the claimant worked for 30 days (not necessarily consecutively) from the beginning of the claimant's Base Period to the "Date of Claim." You will be charged for any benefits paid to him/her. There is no connection between the amount that you paid the claimant and the amount you will be charged. The claimant's benefits are based on his/her wages during the first four of the last five completed calendar quarters (Base Period) prior to the claimant's "Benefit Year Begin." You will be charged for the benefits paid even if the wages you paid the claimant are not used in calculating his/her benefits. If the claimant worked for you for less than 30 days, you can be charged because you were the single employer that paid the claimant enough wages to requalify the claimant after a disqualifying separation from a previous employer. Rules on charging can be found at 56 Ill. Adm. Code 2765.325 et seq. [See [www.ides.illinois.gov](http://www.ides.illinois.gov) under rules.]

**FOR INFORMATION REGARDING YOUR RIGHTS UNDER ILLINOIS' UNEMPLOYMENT INSURANCE ACT, INCLUDING INFORMATION ON HOW TO OBTAIN FREE LEGAL SERVICES, AND THE EXACT LANGUAGE OF THE ACT AND IDES RULES, PLEASE VISIT THE AGENCY'S WEBSITE AT [www.ides.illinois.gov/UIRights](http://www.ides.illinois.gov/UIRights).**

If you wish to protest the claimant's right to benefits because he/she received vacation pay in connection with his/her separation. In your response, you must indicate the period covered by the vacation pay and the amount of the pay. Your protest must be filed by the "Reply Due Date" or within 10 days of the date that the vacation pay is paid or becomes payable. If the payment was made for an announced period of vacation or inventory shutdown, it is not necessary to make this designation.

**Appeal Rights**

If your protest is not postmarked, faxed, or successfully submitted via SIDES by the "Reply Due Date", you will not have the right to appeal a determination that is not in your favor. However, you can protest at any time that the claimant was not able, available or actively seeking work, giving details. You can also protest anytime that the claimant was not unemployed or that the claimant is receiving a retirement pension. In those cases, you would have the right to appeal a determination for periods after the date that you filed your protest. Even if your protest is late, we will still consider any information that you provide. However, you will not be able to appeal our determination.

Keep your business information up to date.

To make a change of address for forms such as Notice of Claim (ADJ030F) and Statement of Benefit Charges (BEN 118), visit [www.mytax.illinois.gov](http://www.mytax.illinois.gov) and make required changes or submit a Notice of Change (UI-50A) available at [www.ides.illinois.gov](http://www.ides.illinois.gov). **NOTE:** All agents must have power of attorney on file to request a change of address.

**Please complete, sign and return this form by 02/13/2025, to the Agency at the address listed above.**

**NOTE: If you choose to fax your protest, it is not necessary to mail as well.**

**IF YOU ARE RESPONDING TO THIS NOTICE, PLEASE PLACE ADDITIONAL DOCUMENTS BEHIND ANY BAR-CODED PAGE.**

<b>Please select one of the following and complete all other related information:</b>			
<input checked="" type="checkbox"/> did not employ the claimant for 30 days			
Start Date: ____/____/____		End Date: ____/____/____	
Total Number of Days Worked: _____			
<input type="checkbox"/> Leased employee (Please identify leasing Agency Name and Address)			
Agency Name			
Address 1		Address 2 (Apt., Floor, Suite, etc.)	
City		State	Zip Code
<input type="checkbox"/> Claimant never worked for me <input type="checkbox"/> Claimant is not unemployed *NOTE: Claimant may still be eligible if working part-time			
I certify that the information contained herein is true and correct.			
Name (printed):		Signature:	
Title:		Contact Name (if different):	
Date:		Telephone Number:	