ALABAMA DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION DIVISION

UNEMPLOYMENT BENEFIT PAYMENT AUDIT FORM

«PARTYADDRESS»

Mailed Date: «MAILEDDATE»
Name: «NAME»
Claim Date: «CLAIMDATE»
SSN: «SSN»
Your Quarterly Tax Report: «QT»

Employer Instructions

The total wages you show on this form may not equal the total you reported for the entire quarter. Please report GROSS Wages in whole dollars. **Although your payroll period may be different from the seven-calendar-day-week requested on this form, complete the form for the weeks specified using your daily wage records. The claim week is the calendar week Sunday through Saturday and includes the "Week Ending Date".** The claimant is responsible for reporting wages in those seven-day time frames.

We will use an optical character reader to enter this information into our computer system. Please use a black pen or #2 pencil when completing the form. Write numbers as clearly as possible. **Please do not staple or paper clip printouts to this document.**

When answering items 3, 4, 5, 6, and 7, fill in the entire box; avoid marking outside the border.

Please follow these steps to complete the audit form:

Item 1	Enter the first date of employment.
Item 2	Enter the last day actually worked (if applicable).
Item 3	Enter rate of pay and fill in the box associated with the pay rate.
Item 4	Fill the boxes for the corresponding work status.
Item 5	Fill in the appropriate box for availability of original records.
Item 6	Fill in the box for the pay period used and enter in the pay period ending date(s).
Item 7	Fill in all boxes that apply for the standard days in the work week.
Item 8	Fill in the total hours worked by the individual for the work week.
Item 9	Should your payroll records differ from the amount reported, enter the amount of gross wages paid in whole dollars (do not include cents) in the "Actual Gross Wages" column.
Item 10	Fill in any other "Other Pay" Paid this week.
Item 11	Enter in the "Type of Other Pay" column the appropriate number from the choices listed below:

1 - regular	2 – holiday pay	3 - vacation	4 – bonus
5 – sick leave	6 - pension	7 – worker's comp	8 – back pay
9 – other pay			

Example: Actual gross wages were $300.00 and the claimant was given a bonus. All information in this example, including dates, should only be used as a guide for completion.

Office Use	Week Begin Sun:	Week End Sat:	8. Total Hours Worked this Week	9. Actual Gross Wages (Whole dollars only)	10. Other pay Paid This Week	11. Type of Other Pay
1	01/26/2003	02/01/2003	40	300	100	4

Item 12   Sign and date the bottom of each audit form. Provide your title, printed name and telephone number.

Mail the completed form to the address at the bottom (reverse side) of the Unemployment Benefit Payment Audit Form. Return the completed form within 15 days of the mailing date of this form.

We are auditing the weeks printed on this form only, please don't add more weeks or change the dates shown.

Claimant Name: «CLIENTNAME» **Claimant SSN:** «SOCIALSECURITYNUMBER»

Employer Name: «EMPLOYERNAME» **Employer Acct:** «EAN»

1. Date employee began work: _____
 	
 2. Last day to work: _____
 	
 3. Rate of pay _____ Per: □ Hour □ Day
   □ Week □ Bi-Weekly □ Month □ Year
   □ Rate Change: _____ Effective Date: _____
 	
 4. Employee's work status (select one):
   □ Still working
       □ full time   □ on call
       □ part-time   □ seasonal employment
   □ Quit (employee voluntarily quit available work)
   □ Discharge (you fired this employee)
   □ Laid Off (reduction in force, lack of work, company down-sized)
 	
 If one of the above boxes is checked, please enter the date that this individual separated from your employment (m/dd/yyyy): _____
	5. The Original Records Will be Available if necessary:
	   □ Yes □ No
	 6. Pay Period Information (select one):
	   □ Monthly
	   □ Semi Monthly
	   □ Bi-Weekly
	   □ Weekly Day of the Week Period Ends: Saturday
	 7. Standard Days in Work Week (select all which apply):
	   □ S □ M □ T □ W □ Th □ F □ Sa
	 Type of other pay: 1=Regular; 2=Holiday; 3=Vacation; 4=Bonus;
	 5=Sick; 6=pension; 7=Workers Comp; 8=Back Pay;
	 9=Other (please explain)
	
	 _____

Office Use	Week Begin Sun:	Week End Sat:	8. Total Hours Worked this Week	9. Actual Gross Wages (whole dollars only)	10. Other Pay Paid This Week	11. Type of Other Pay
__«NUMBER»	«BWS»	«BWE»				

12. Employer Certification: I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge.

_____

Name of preparer   Signature   Title   Phone   Fax

Submit completed form to: Alabama Department of Labor
                              Benefit Payment Control   _____
                              649 Monroe Street   Email Address
                              Montgomery, Alabama 36131
                                                               Date Submitted: _____

ALABAMA DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION DIVISION

NEW HIRE UNEMPLOYMENT BENEFIT PAYMENT AUDIT FORM

«PARTYADDRESS»

Mailed Date: «MAILEDDATE»
Name: «NAME»
Claim Date: «CLAIMDATE»
SSN: «SSNLAST4»

Employer Instructions

Your Quarterly Tax Report: «QT»

The total wages you show on this form may not equal the total you reported for the entire quarter. Please report GROSS Wages in whole dollars. **Although your payroll period may be different from the seven-calendar-day-week requested on this form, complete the form for the week's specified using your daily wage records. The claim week is the calendar week Sunday through Saturday and includes the "Week Ending Date".** The claimant is responsible for reporting wages in those seven-day time frames.

We will use an optical character reader to enter this information into our computer system. Please use a black pen or #2 pencil when completing the form. Write numbers as clearly as possible. **Please do not staple or paper clip printouts to this document.**

When answering items 3, 4, 5, 6, and 7, fill in the entire box; avoid marking outside the border.

Please follow these steps to complete the audit form:

Item 1	Enter the first date of employment.
Item 2	Enter the last day actually worked (if applicable).
Item 3	Enter rate of pay and fill in the box associated with the pay rate.
Item 4	Fill the boxes for the corresponding work status.
Item 5	Fill in the appropriate box for availability of original records.
Item 6	Fill in the box for the pay period used and enter in the pay period ending date(s).
Item 7	Fill in all boxes that apply for the standard days in the work week.
Item 8	Fill in the total hours worked by the individual for the work week.
Item 9	Should your payroll records differ from the amount reported, enter the amount of gross wages paid in whole dollars (do not include cents) in the "Actual Gross Wages" column.
Item 10	Fill in any other "Other Pay" Paid this week.
Item 11	Enter in the "Type of Other Pay" column the appropriate number from the choices listed below:

1 - regular	2 – holiday pay	3 - vacation	4 – bonus
5 – sick leave	6 - pension	7 – worker's comp	8 – back pay
9 – other pay			

Example: Actual gross wages were $300.00 and the claimant was given a bonus. All information in this example, including dates, should only be used as a guide for completion.

Office Use	Week Begin Sun:	Week End Sat:	8. Total Hours Worked this Week	9. Actual Gross Wages (Whole dollars only)	10. Other pay Paid This Week	11. Type of Other Pay
1	01/26/2003	02/01/2003	40	300	100	4

Item 12   Sign and date the bottom of each audit form. Provide your title, printed name and telephone number.

Mail the completed form to the address at the bottom (reverse side) of the Unemployment Benefit Payment Audit Form. Return the completed form within 15 days of the mailing date of this form.

We are auditing the weeks printed on this form only, please don't add more weeks or change the dates shown.

Claimant Name: «CLIENTNAME» **Claimant SSN:** «SOCIALSECURITYNUMBER»

Employer Name: «EMPLOYERNAME» **Employer Acct:** «EAN»

1. Date employee began work: _____
2. Last day to work: _____
3. Rate of pay _____ Per: ☐ Hour ☐ Day
☐ Week ☐ Bi-Weekly ☐ Month ☐ Year
☐ Rate Change: _____ Effective Date: _____
4. Employee's work status (select one):
☐ Still working
☐ full time ☐ on call
☐ part-time ☐ seasonal employment
☐ Quit (employee voluntarily quit available work)
☐ Discharge (you fired this employee)
☐ Laid Off (reduction in force, lack of work, company down-sized)
If one of the above boxes is checked, please enter the date that this individual separated from your employment (m/dd/yyyy): _____

5. The Original Records Will be Available if necessary:
☐ Yes ☐ No
6. Pay Period Information (select one):
☐ Monthly
☐ Semi Monthly
☐ Bi-Weekly
☐ Weekly Day of the Week Period Ends: Saturday
7. Standard Days in Work Week (select all which apply):
☐ S ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa
Type of other pay: 1=Regular; 2=Holiday; 3=Vacation; 4=Bonus; 5=Sick; 6=pension; 7=Workers Comp; 8=Back Pay; 9=Other (please explain)
_____

Office Use	Week Begin Sun:	Week End Sat:	8. Total Hours Worked this Week	9. Actual Gross Wages (whole dollars only)	10. Other Pay Paid This Week	11. Type of Other Pay
__«NUMBER»	«BWS»	«BWE»				

12. Employer Certification: I hereby certify that the information I have provided on this form is true and correct to the best of my knowledge.

_____ _____ _____ _____ _____

Name of preparer Signature Title Phone Fax

Submit completed form to: Alabama Department of Labor
Benefit Payment Control
649 Monroe Street
Montgomery, Alabama 36131

_____

Email Address

Date Submitted: _____

Email Regarding Pending Audits

Please be advised that you have a pending Earnings Verification(s)(8605A or 8605NH) that require(s) your immediate attention. This e-mail notification has been sent, per your preference, however you will still receive the paper form, which has been mailed to the address on file for your account. You may proceed with on-line processing and submission of this request prior to receipt of paper copies.

RESPONSES TO THIS E-MAIL SHOULD ONLY BE TO REQUEST AN UPDATE/CHANGE IN THE E-MAIL ADDRESS TO BE USED TO ADVISE YOU OF PENDING AUDIT FORMS THAT REQUIRE YOUR ATTENTION. PLEASE INCLUDE THE ORIGINAL E-MAIL IN YOUR RESPONSE/ REQUEST TO UPDATE/CHANGE YOUR E-MAIL ADDRESS FOR OUR FUTURE NOTIFICATIONS TO YOU REGARDING PENDING AUDIT FORMS.

The Alabama Department of Labor offers two options for responding to a request for earnings verification.

PREFERRED:

1) You may log on to https://uisides.org/ to respond to the request. Use your FEIN, SEIN, and Identification Number/Access Code (included) to log in. You will select Earnings Verification as the exchange you need to use to submit your information.

OR

2) Complete the paper Form 8605-NH New Hire Audit Form or 8605A, Quarterly Cross Match Audit Form, which you should receive in one or two days, and mail it to the Alabama Department of Labor to the address on the back of the form or proceeding page (s).

Submitting the earnings verification electronically is preferred and may result in quicker processing.

Your immediate attention to this matter is required, as failure to reply may result in improper payments in unemployment benefits to claimants which could affect your tax rating.

All responses to the request for information/completion of the audit forms) MUST be communicated by using one of the two options listed above.

Thank you.
Alabama Department of Labor
Unemployment Compensation Division
Benefit Payment Control

Alabama
Department of Labor

SECURE SSL

Alabama New-Hire Registration

To complete your registration for electronic New-Hire reporting, simply enter the required information below and click the "Submit Registration" button.

* Required   Please complete all items or we may not be able to process your request.

* BusinessName:

* Mailing Address:

* City:

* State: AL

* Zip Code:

* Telephone Number (including area code):   Ex: (334) 555-5555

Fax NumberBox (Including area code):   Ex: (334) 555-5555

* Contact Person:

* Contact Person Title:

E-Mail Address: Required to receive email confirmation.

* Federal Employer ID Number:

Alabama UC Account: (10 Digits) This account is important but optional. Please provide if available!

Submit Registration

Alabama Department of Labor

SECURE SSL

Alabama New-Hire Electronic Filing System

Welcome to the New-Hire on-line data entry and upload page!

If you are currently registered with the Alabama Department of Labor to file New-Hire reports using any reporting method (such as diskette, magnetic media, or New-Hire forms (NH-1), you can begin by entering your registration information below. If you are not already registered as discussed above, you can register here.

Once you are registered, you will be granted access to submit New-Hire data online.

Norton SECURED
powered by Symantec

New-Hire Electronic Options

Registered Users Login Here

000000000000

Enter your 12 digit New-Hire Registration Number:
(9 digit Federal Employer Identification Number (FEIN) plus your 3 digit Alabama New-Hire unit designation. If you do not have a unit designation OR if you do not know your unit designation,. enter 3 zeros.)

TEST

Enter your full contact name:

(000) 000 - 0000

Enter your contact phone number:

Login

New Hire Registration Number does not exist.

Enter your new hire information via this online form for your company or multiple companies
Enter your new hire information via this online form for your company or multiple companies. (Requires registration with Alabama Department of Labor) All employers may enter new hires whether you are a single company or a company that reports New-Hires for multiple (other) companies or if you are an employer reporting hires for multiple FEINs.

Upload an ASCII text file containing your New Hires. (Requires registration with Alabama Department of Labor) Use this link to upload New Hire text files.

Register with Alabama Department of Labor.
This will return you to the online New-Hire registration form.

Alabama
Department of Labor

SECURE SSL

ASCII Text Files Reporting Instructions

Below are the instructions for uploading New-Hire data to the Alabama Department of Labor by an ASCII text file.

Create a New Hire Upload File following the format below. Proceed to upload and submit your file. Once the file is processed you will be redirected to a confirmation screen that will show completed and rejected records. If you are submitting test data then click the cancel button after viewing your completed and rejected records. If you are submitting live data in a file that is free of errors, confirm your results to complete your New Hire Upload Report.

ASCII text files should be submitted twice a month, not less than twelve (12) days and not more than sixteen (16) days apart.

Questions regarding the upload of ASCII text files should be directed to Ramona Jordan at (334) 206-6028.

ASCII TEXT FILE REPORTING FORMAT

FOR ALABAMA NEW HIRE DATA

PUNCTUATION MARKS SHOULD NOT BE USED IN ANY FIELDS, EXCEPT AS NOTED BELOW.

LOCATION	FIELD	LENGTH	DESCRIPTION & REMARKS
1-9	Social Security Number	9	Employee's Social Security Number **(DO NOT INSERT HYPHENS)**
10-19	Account Number**	10	Ten-digit UC Tax Account Number **(DO NOT INSERT HYPHENS)**
20-25	Activity Date	6	First day of work or date of job refusal **(MMDDYY)** NOTE: This date should be the first day the employee did or would have physically reported to worked
26	Indicator	1	Enter "N" - New Hire Enter "R" - Recall Enter "W" - Work Refusal
27-53	Employee's Name	27	Last/First/Middle Initial **(Insert slashes as shown)**
54-83	Employee's Street Address	30	Employee's Mailing Address
84-103	Employee's City Name	20	City Name of Employee's Address
104-105		2	State Name of Employee's Address

	Employee's State Name		
106-114	Employee's ZIP + 4 ZIP Code	9	Nine-Digit ZIP Code of Employee's Address (If Last 4 Digits Are Unknown, Enter 0's) **(DO NOT INSERT HYPHEN)**
115-123	Employer's FEIN	9	Nine-Digit Federal Identification Number **(DO NOT INSERT HYPHEN)**
124-143	Employer Name	20	**Employer's Name (Abbreviate when possible)**
144-157	Employer Address	14	**Employer's Address (Abbreviate when possible)**
158-168	Employer City	11	Employer's City
169-170	Employer State	2	Employer's State
171-175	Employer ZIP	5	Employer's 5 digit Zip Code
176-200	Blanks	25	In-House Use

** Alabama Department of Labor Unemployment Compensation Tax Account Number recorded in the upper right corner of the UCCR4 and UC10R forms. If not applicable, enter 0's.

NEW HIRE TEXT TAB DELIMITED – SAMPLE ONLY

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	SSN (9)NO HYPHENS	Account Number (10)NO HYPHENS	Activity Date (6)MM/DDYY	Indicator (1) "N"=NEW HIRE "R"=RECALL "W"=WORK REFUSAL	Name (27)INSERT SLASHES (LAST/ FIRST/MIDDLE INITIAL	Employee's Street Address (30)	Employee's City Name Name (20)	Employee's State (2)	Employee's Zip + 4 Zip Code (9)NO HYPHENS	Employer's FEIN (9)NO HYPHENS	Employer Name (20)	Employer Address (14)	Employer City (11)	Employer State (2)	Employer ZIP (5)	Blanks (25)
1																
2	111111111	9987654321	060420	R	Doe/Jane/T	333 No name Rd	Arab	AL	361173232	345678901	Big Hire	888 Come in St	Arab	AL	36117	
3	222222222	1234567890	071320	N	Smith/John/E	184 My Rd.	Opp	AL	361225847	582647913	BHAM	444 Here Lane	Opp	AL	36122	
4																
5																
6																
7																
8																
9																
10																
11																
12																

BLACK verbiage in Yellow highlighted area = type of info required in that cell

RED (#) = Maximum allowed spaces within that cell

★ NOTE: DO NOT include the sample data in rows 2 & 3

Multi-State Employers

Multi-State employers have two options on how to report New Hires.

1. They can report all new hires to a single state, chosen by the employer, in which the employer has employees.
2. Report new hires to the respective states in which each employee is working.

If an employer elects to report all new hires to a single state other than Alabama, the data cannot be used by Alabama to detect and/or reduce fraud associated with Mining and Reclamation. The data will only be used by the National New Hire Directory to locate non-custodial parents who are obligated to pay court-ordered child support.

Also, employers electing to report all new hires for all states to Alabama must report electronically via the internet at labor.alabama.gov/nh.

If a multi-state employer designates one state to report all new hires, the employer must notify the Secretary of Health and Human Services, in writing, as to which state the employer has designated to receive all of their new hire information.

The address of the Secretary is:

<div align="center">

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Enforcement
Multistate Employer Notification
P.O. Box 509
Randallstown, MD 21133
https://ocsp.acf.hhs.gov/OCSE/

For assistance in completing this form, call the Multistate Employer Help Desk at 410-277-9470
Fax 410-277-9235
(8:00am-5:00pm ET)

</div>

New Hire Compliance
General Information

Website: labor.alabama.gov/nh

    Or just log on the labor website, click the employer tab at the top of the page and from the drop- down menu, select new hire.

Useful Phone Numbers:

(334) 956-4000   (Option 5,-NewHire, then Option 2-Employer Compliance Letter
    For help with registration, reporting requirements, citations, and billing

(334) 206-6028   For help with file uploads

Anyone paid a wage must be reported within 7 days of the start to work date. If you frequently hire and particularly if you need to report a larger number of employees, suggest a file upload, you can report/upload files every 12-16 days. Single entry for smaller groups/option

Employers with 5 or more employees are required to report online. Fewer than 5, four or less, employers are encouraged to report online but may mail in W4's with additional (sheet) notations showing the date the employee began work, up-to-date address, any information not eligible on the W-4 form (SSN, name, etc.) and whether the employee is a new hire or recalled worker. This is governed by some of the smaller companies who may not have access to the Internet. However, for business owners, at your discretion, you can use your home Internet to report new hires and job refusals. Much easier to report online.

All newly hired and recalled workers must be reported following established guidelines.

We no longer issue the three-digit identifier codes. Logging in with your registration number still requires a 12-digit number. That number is now your federal employer identification number followed by three zeros (used instead of the old identifier number)

When reporting a new hire, **only your 9-digit fein number is required for entry in the formatted new hire form.** The 12-digit registration number is just for logging on/into the online reporting system.

All newly hired and recalled workers must be reported, even if they separated, no longer are with the company. We need the new-hire report if they worked a minimum of 30 minutes per the law. However, if report not submitted, 12 months after start to work date (activity date), system will reject/report no longer needed.

E-verify vs New Hire Reporting: Employers confuse E-verify and New-Hire. E-verify verifies if the employee is legally allowed to work in the country. New hire reporting is a wage tracking system designed to detect UC fraud, worker's comp fraud, food stamp fraud, and to locate non-custodial parents who are delinquent in child support obligations.

Selecting "Save New Hire Report" releases/submits the report to ADOL. Many employers will print the screen and forget to hit "Save New hire Report", not realizing there is a problem until they receive a warning citation or bill.

Confirmation pages- Employers are only given one chance to print off the confirmation page. If you exit the screen the confirmation page is no longer accessible. It will be a two-page list of who was entered/reported, number reported, and date.

Currently, **there is no means for an employer to check within the system to see who has been reported.** We highly encourage employers to remember to print the confirmation pages, as time restraints and workloads put us at a disadvantage when employers request reviews of long lists to see who they may have missed in prior reporting.

Leave of Absences: If an employee is granted a leave of absence that is at least 60 days or greater but is still getting paid, no need to report the employee upon their return to work.

If the employee is on a leave of absence for 60 days or more with no compensation, when the employee returns, a new hire report indicating recalled worker is required to prevent fines/adhere to the new hire law.

Job Refusals: Job refusals are a vital part of protecting your experience rating. The new hire reporting system allows for the reporting of job refusals. It is the last option in the drop- down menu of the New Hire reporting system.