# THE ALABAMA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS

Payroll Regulations and Procedures for Reimbursable Employers

ADOL Audits and Record Keeping

Charlotte H. Lackey, Chief of Tax Alabama Department of Labor



# REIMBURSABLE EMPLOYERS



Non-Profit Entities

Governmental Entities

State Government

 Local Government (Cities, Counties, Municipalities)

## DIFFERENCES BETWEEN TAX RATED AND REIMBURSABLE EMPLOYERS

Tax rated employers pay a certain percentage (tax rate) of taxable wages into the Trust Fund regardless of whether there are any Unemployment claims.

Reimbursable employers only pay if claims are filed and paid. These entities reimburse the department dollar for dollar.



## REIMBURSEMENT OF BENEFIT CLAIMS.

Reimbursable employers are responsible for costs associated with any former employee who files for benefits.

This includes claimants who have left your employment for another job and subsequently file for benefits if the reimbursable employer is included in the base period.





ALABAMA DEPARTMENT OF LABOR UNEMPLOYMENT COMPENSATION DIVISION (334) 954-4741 (334) 956-7496

KAY IVEY . GOVERNOR FITZGERALD WASHINGTON . SECRETARY Statement of Benefit Cost

Advance Payment Governmental Employer

STATE OF ALABAMA

Any School District 123 Main Street Anytown AL 12345

Employer Account Number 0123456789 Mailed Date: 7/21/2022

16721829

|                       |                                 | Qua                   | arter: 2022 Q2                    |                                      |        |                       |  |
|-----------------------|---------------------------------|-----------------------|-----------------------------------|--------------------------------------|--------|-----------------------|--|
| Quarter Beginning: 4/ |                                 | 4/1/2022 Tota         |                                   | Benefit Cost:                        |        | \$518.75              |  |
| Quarter Endi          | uarter Ending: 6/30/2022 Number |                       | Number of                         | f Claimants:                         |        | 2                     |  |
|                       |                                 | E                     | Benefit Cost                      |                                      |        |                       |  |
| Claimant Name         | SSN                             | Benefit<br>Year Begin | Amount of Regular<br>Benefit Cost | Amount of Extended T<br>Benefit Cost |        | Total Benefit<br>Cost |  |
| Jane Doe              | XXX-XX-<br>1234                 | 2/21/2022             | \$262.00                          |                                      | \$0.00 | \$262.00              |  |
| John Doe              | XXX-XX-<br>2345                 | 11/22/2021            | \$256.75                          |                                      | \$0.00 | \$256.75              |  |

NOTE: These costs become final upon the employer for all purposes and in all proceedings whatsoever unless application for revision thereof is made within 30 days from the date mailed. This Form UC212-A, Statement of Benefit Cost, is not a bill, Government employers should not immediately pay the amount shown on this statement.

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649 Monroe Street • Montgomery, AL 36131 • labor.alabama.gov Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Dial 711 for TTY accessibility



#### QUARTERLY CHARGE STATEMEN

Each quarter charge statements are produced and provided to every employer who has incurred benefit charging.

Charge statements should be reviewed upon receipt. Charging equates to costs for reimbursable employers.

0029881146 Alabama Department of Labor Unemployment Compensation Division (334) 954-4741

(334) 956-7496



STATE OF ALABAMA FITZGERALD WASHINGTON • SECRETARY
Statement of Benefit Cost
Quarterly Billed Non-Profits

Any Non-Profit Entity 123 Elm Street Anytown AL 12345

0345678912 Mailed Date: 07/28/2022

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16721736

KAY IVEY . GOVERNOR

Employer Account Number

|                             |                           | Qu                      | arter: 2022 Q2                    |                      |        |                       |  |
|-----------------------------|---------------------------|-------------------------|-----------------------------------|----------------------|--------|-----------------------|--|
| Quarter Beginning: 4/1/2022 |                           | Total Benefit Cost:     |                                   | \$787.71             |        |                       |  |
| Quarter Endi                | Quarter Ending: 6/30/2022 |                         | Number of                         | Number of Claimants: |        | 8                     |  |
|                             |                           |                         | Benefit Cost                      |                      |        |                       |  |
| Claimant Name               | SS                        | N Benefit<br>Year Begin | Amount of Regular<br>Benefit Cost |                      |        | Total Benefit<br>Cost |  |
| John Smith                  | 1234                      | 3/28/2021               | \$50.00                           |                      | \$0.00 | \$50.00               |  |
| Mary Jones                  | 2345                      | 5/3/2020                | \$10.74                           |                      | \$0.00 | \$10.74               |  |
| Cindy Adams                 | XXX-XX<br>3456            | 4/5/2020                | (\$5.96)                          |                      | \$0.00 | (\$5.96               |  |
| Jacob Ladder                | XXX-XX<br>4567            | 3/22/2020               | (\$15.27)                         |                      | \$0.00 | (\$15.27              |  |
| Jerimiah Frog               | XXX-XX<br>5678            | 3/21/2021               | (\$40.00)                         |                      | \$0.00 | (\$40.00)             |  |
| Elmer Fudd                  | XXX-XX<br>9876            | - 3/29/2020             | (\$37.00)                         |                      | \$0.00 | (\$37.00)             |  |
| Bugs Bunny                  | 8765                      | - 2/27/2022             | \$53.00                           |                      | \$0.00 | \$53.00               |  |
| Clark Kent                  | 6543                      | - 2/27/2022             | \$772.20                          |                      | \$0.00 | \$772.20              |  |

NOTE: These costs become final upon the employer for all purposes and in all proceedings whatsoever unless application for revision thereof is made within 30 days from the date mailed. This Form UC212-A, Statement of Benefit Cost, is not a bill. Non-profit employers must pay the amount billed on CR-4-N.

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Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Dial 711 for TTY accessibility

# NON-PROFIT ENTITIES PAY ACTUAL COSTS/CHARGING QUARTERLY

CR4N 0029881146

ALABAMA DEPARTMENT OF LABOR UNEMPLOYMENT COMPENSATION DIVISION (334) 954-4701 (334) 956-7496

Notice of Payment Due Quarterly Billed Non-Profits

Any Non-Profit Entity 123 Elm Street Anytown AL 12345

Pursuant to the Statement of Benefit Cost, you are hereby notified that payment in the amount shown in Item 3 is due the Unemployment Compensation Trust Fund by virtue of your election to make payments in lieu of contributions as provided in Section 25.4-51 (6) (b)1 of the Unemployment Compensation Law of Alabama. Section 25.4-51 (6) (b)1 of the Law provides such payment must be made within 20 calendar days of the date notified (Item 2). Interest accrues at a rate of 1% per month on delinquent payments.

| 1. | Quarter Ending   | 6/30/2022                             |
|----|------------------|---------------------------------------|
| 2. | Date Notified    | 07/28/2022                            |
| 3. | Total Due*       | \$787.71                              |
|    | (Total Due exclu | des prior balance & interest, if anyl |

\*Payment must be made electronically at www.labor.alabama.gov

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LORIDA

Employer Account Number

0345678912 Mailed Date: 07/28/2022

## CALCULATION OF THE ADVANCE PAYMENT RATE

Each year Reimbursable Governmental employers are assigned an advance payment rate which is calculated based on the prior fiscal year.



SR-2-LO REV (10/2017)





152100457

ALABAMA DEPARTMENT OF LABOR UNEMPLOYMENT COMPENSATION DIVISION Kay Ivey • Governor Fitzgerald Washington • Secretary

Any School District 123 Main Street Anytown AL 12345

> Advance Payment Rate Notice Advance Payment Governmental Employer

STATE OF ALABAMA

Employer Account Number: 0123456789

|                        |         | Fiscal Year  | r:         |   |     |                    |
|------------------------|---------|--------------|------------|---|-----|--------------------|
| Legal Name:            | Any Sch | ool District | -          |   |     |                    |
| Fiscal Year Beginning: | •       |              | 10/1/2020  |   |     |                    |
| Fiscal Year Ending:    |         |              | 9/30/2021  |   |     |                    |
|                        |         |              |            |   |     |                    |
| Total Annual Benefit   | Cost    | Total Covere | ed Payroll | _ | Adv | vance Payment Rate |

The Rate shown in Item 4 applies only to Advance Payments due AFTER the "Fiscal Year Beginning" date shown above. Your Advance Payment Rate will also appear on Form CR-4G (REPORT OF PAYMENT TO UNEMPLOYMENT COMPENSATION TRUST FUND) which is posted quarterly to ADOL website. The Advance Payment is due by the 10th day of the first month of each quarter.

The amount shown in Item 2 represents the Total Benefit Costs charged to your account during the last CALENDAR YEAR. Item 3 represents Total Covered Payroll amounts reported by you for that year.

The Advance Payment Rate and the computations used in this notice become final for all purposes unless request for review is made within 30 days from the "DATE NOTIFIED" (Item 1) above. (sections 25-4-SI(b) and  $25\cdot4-54(h)$ , Code of Alabama, U175 as amended)

Mailed Date: 4/6/2020

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#### CALCULATION OF THE ADVANCE PAYMENT RATE

Total annual benefit costs are divided by the total annual payroll which equals the advance payment rate.





Alabama Department of Labor Unemployment Compensation Division Kay Ivey • Governor STATE OF ALABAMA FITZGERALD WASHINGTON • SECRETARY

Report of Payment to Unemployment Compensation Trust Fund

Advance Payment Governmental Employer Account

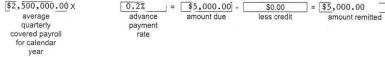
Any School District 123 Main Street Anytown AL 12345 Employer Account Number 0123456789

159911570

|                    | Tax Quarter: Q2     | 021Q1        |            |
|--------------------|---------------------|--------------|------------|
| Legal Name:        | Any School District | Employer ID: | 12-3456789 |
| Quarter Beginning: | 1/1/2021            | Due Date:    | 4/30/2021  |

This is to certify that the information contained in report is true and correct to the best of my knowledge and belief.

Signature:



This report must be signed and returned within 10 days of the quarter beginning date even if the amount due is \$0.00.

If remittance is due, make checks payable to: Alabama Department of Labor

Return this form to the address shown above.

Mailed Date: 2/2/2021

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#### QUARTERLY ADVANCE PAYMENT

Total annual payroll is divided by four to determine the average quarterly payroll.

Average quarterly payroll is multiplied by the advance payment rate to determine the quarterly advance payment due.

Advance payments are an off-set of possible fiscal year benefit cost.

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ALABAMA DEPARTMENT OF LABOR UNEMPLOYMENT COMPENSATION DIVISION

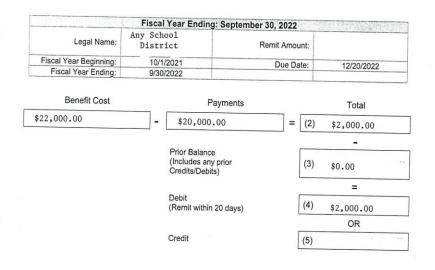
KAY IVEY • GOVERNOR STATE OF ALABAMA FITZGERALD WASHINGTON • SECRETARY

Annual Statement Advance Payment Governmental Employer Account (334) 954-4701

Any School District 123 Main Street Anytown AL 12345 Employer Account Number: 0123456789

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Any request for review of computation of the amounts shown on this notice must be made within 30 days from the date notified. Protest does not extend time for the payment of any balance due. (See section 25-4-54(h) Code of Alabama 1975 as amended.)

If Item 4 indicates a balance due, that amount must be remitted via electronic funds transfer to this Agency within 20 days from the "Date Notified". Interest accrues at a rate of 1% per month on delinquent payments.

If Item 5 indicates a credit, the credit may be used for future advance payments, or may be refunded upon request in writing made within 20 days from the notification date. (See Sections 25-4-54(h), 25-4-51 and 25-4-132 Code of Alabama 1975 as amended.)

| Date Notified: | 12/06/2022 |
|----------------|------------|
|----------------|------------|

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#### ANNUAL RECONCILIATION

Total annual benefit costs, minus annual advance payments paid to the department equals the annual amount due or the annual credit for the employer.



# PAYROLL AUDITS

U.S. Department of Labor mandates that the state agencies conduct compliance audits.

Any registered employer in the state of Alabama is subject.

Employers are selected for audits either randomly or for cause.





OFFICE OF THE GOVERNOR

KAY IVEY GOVERNOR December 14, 2022

Any School District 123 Main Street Anytown AL 12345

ACCT# 0123456789 Dear Employer:

STATE OF ALABAMA

DEPARTMENT OF LABOR

SECRETARY OF LABOR

FITZGERALD WASHINGTON

25-4-116 OF THE CODE OF ALABAMA

"Every employing unit shall keep true and accurate work records containing such information as is necessary for the administration of this chapter. Such records shall be open to inspection and be subject to being copied by the director or his authorized representatives at any reasonable time and as often as may be necessary.....'

LORIDA

Our computer programming has randomly selected your business for a record inspection. The authority for record inspection is Code of Alabama 1975, Section 25-4-116.

The inspection is scheduled for Thursday, March 2, 2023 at 1:00 PM, at your place of business. The inspection period covered is 2021. The inspection will be conducted in an efficient manner and every effort will be made to keep distractions from your normal business operation to a minimum

The following records are necessary for the inspection:

| PRIMARY REQUIRED                   | RECORDS THAT MAY BE         |
|------------------------------------|-----------------------------|
| RECORDS                            | NEEDED ON REQUEST           |
| W-2's & 1099's                     | Cash Disbursements          |
| New Hire Forms                     | Accounts Receivable         |
| UC-CR-4s                           | Accounts Payable            |
| 940 and 941's                      | Petty Cash                  |
| Federal & State Income Tax Returns | Contracts & Invoices        |
| Payroll records                    | Corporate Minutes           |
| General Ledger                     | Bank Statements/Check Stubs |
| Cancelled Checks/Check Register    | Financial Statements        |

Please call to confirm and/or reschedule the appointment time and place as soon as possible. We will be glad to address any questions or concerns you have prior to inspection.

Sincerely,

**UI Field Deputy** Phone & Fax 334-954-0000 Email Field Deputy@labor.alabama.gov

> 3216 4TH AVENUE SOUTH . BIRMINGHAM AL 35222 TELEPHONE 1-855-234-2856 AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM AUXILIARY AIDS AND SERVICES AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES DAIL 711 FOR TTY ACCESSIBILITY

## RECORDS NEEDED TO COMPLETE AUDITS

- W-2 forms & 1099 forms
- New Hire Forms
- Quarterly U.I. Tax Reports
- 941 forms & 940, if applicable
- Federal & State Tax returns, if applicable
- Payroll Records
- General Ledger
- Cancelled Checks/Check Stubs
- Cash Disbursements
- Accounts Receivable/Accounts Payable
- Petty Cash
- Contracts & Invoices
- Bank Statements
- Financial Statements
- Corporate/Board minutes



# WHAT IS THE PURPOSE OF A PAYROLL AUDIT?

- To ensure compliance with Unemployment Law
- To ensure all wages are properly reported in the quarter paid
- To ensure all wages are reported properly and detect any mathematical and/or data entry errors
- To ensure all workers are properly classified
- To ensure employers are properly registered and ownership is properly reflected







## CONTACT INFORMATION

Charlotte H. Lackey, Chief of Tax Phone: 334-954-7765 Email: charlotte.lackey@labor.alabama.gov

