



SIDES E-Response Screen Shots – Benefit Charges

State Information Data Exchange System (SIDES)

October 31, 2019

Revision History

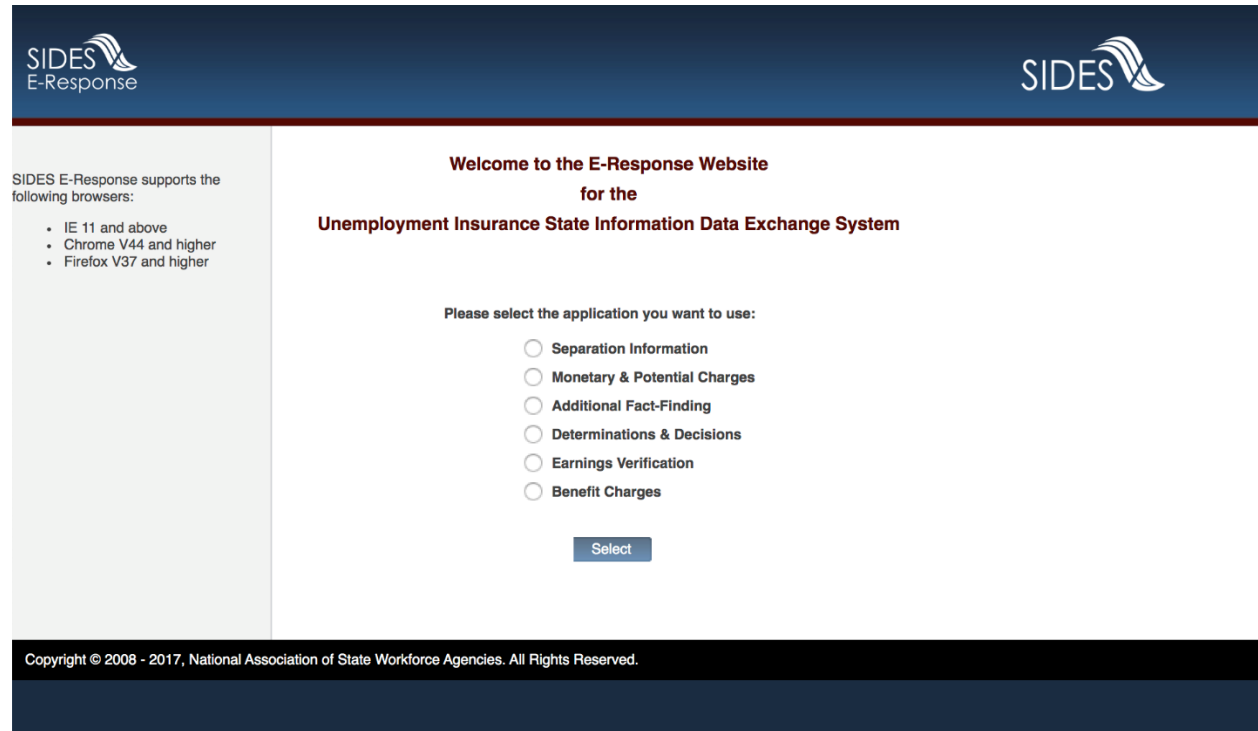
Date	Version	Description	Author
09/22/2016	1.0	First Draft	Jason Holzbach/David Zemel
03/16/2017	2.0	Updated Screen Shots	SIDES Team
10/31/2019	3.0	Updated Screen Shots	SIDES TEam

Version 3.0 – Benefit Charges Screen Guide – 10-31-2019

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1 Select E-Response Website



The screenshot shows the SIDES E-Response website interface. At the top, there is a dark blue header with the SIDES E-Response logo on the left and right. Below the header, the main content area is white. On the left side, there is a grey sidebar with text and a list of supported browsers. The main content area contains a welcome message, a list of application options with radio buttons, and a 'Select' button. At the bottom, there is a dark blue footer with copyright information.

SIDES E-Response supports the following browsers:

- IE 11 and above
- Chrome V44 and higher
- Firefox V37 and higher

**Welcome to the E-Response Website
for the
Unemployment Insurance State Information Data Exchange System**



Please select the application you want to use:

- Separation Information
- Monetary & Potential Charges
- Additional Fact-Finding
- Determinations & Decisions
- Earnings Verification
- Benefit Charges

Select

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2 Login Page



[Users Guide](#)

[Help with E-Response](#)

* indicates a Required Field

All values entered into the FEIN/PIN fields are case SenSiTive

Note: Dashes and/or other punctuation should be omitted from the Federal Employer Identification Number.

Benefit Charges Application Response Entry

To view and respond to your benefit charge notice(s), please login using the instructions provided by the State Agency.

*State:

*Federal Employer Identification Number:

*State Employer Identification Number:


*Identification Number/Access Code (PIN):

[Return to the Main E-Response Selection Page](#)

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10/2018 - Build 5790back

3 Notice of Benefit Charges Page



FEIN: 99-9999999
 SEIN: 999999999

[Sign out](#)

Search by Date:

[📅](#)

[Search](#)

Notice of Benefit Charges

[🔍](#)

Benefit Charges Notices for PIN:

Order by: Date Due ▾ Ascending ▾

Date Sent: 10/30/2019 Date Due: 11:59 PM Eastern on 11/14/2019	Response Status: Not Started View Notice	View/Print
Date Sent: 10/30/2019 Date Due: 11:59 PM Eastern on 11/14/2019	Response Status: Not Started View Notice	View/Print
Date Sent: 10/30/2019 Date Due: 11:59 PM Eastern on 11/14/2019	Response Status: Not Started View Notice	View/Print
Date Sent: 10/30/2019 Date Due: 11:59 PM Eastern on 11/14/2019	Response Status: Submitted Create Amendment	View/Print View/Print - Submitted 10/30/2019 View/Print - Submitted 10/30/2019 View/Print - Submitted 10/30/2019
Date Sent: 10/31/2019 Date Due: 11:59 PM Eastern on 11/21/2019	Response Status: Not Started View Notice	View/Print

Benefit Charges Notices for other PINs with this FEIN:

No Benefit Charges Notices found on other PINs.

Users Guide

SIDES E-Response supports the following browsers:

- IE 11 and above
- Chrome V44 and higher
- Firefox V37 and higher

Please Note: The system has regularly scheduled maintenance from 12:00:01 AM ET Sunday - 04:00:00 AM ET Sunday.

You should not work on your responses during this window as the system may go down unexpectedly.

Select a Benefit Charges Notice to view. Then, if necessary, create a response to the Benefit Charges. Or, select a Benefit Charges Response to edit, delete or view/print.

Select "**View Notice**" to view the Benefit Charges.

Select "**Edit Response**" to edit information to a response that has not yet been submitted.

Select "**Delete Response**" to delete a response that has not yet been submitted.

Select "**Edit Amended Response**" to edit information on an amendment in progress.


Select "**Delete Amended Response**" to delete an amended response that has not yet been submitted.


Note: Notices remain on the SIDES Employer Website for 35 days.

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Search Results Page

FEIN: 99-9999999
SEIN: 999999999Sign out

Search by Date:
10/31/2019 

[Users Guide](#)
SIDES E-Response supports the following browsers:

- IE 11 and above
- Chrome V44 and higher
- Firefox V37 and higher

Please Note: The system has regularly scheduled maintenance from 12:00:01 AM ET Sunday - 04:00:00 AM ET Sunday.

You should not work on your responses during this window as the system may go down unexpectedly.

Select a Benefit Charges Notice to view. Then, if necessary, create a response to the Benefit Charges. Or, select a Benefit Charges Response to edit, delete or view/print.

Select **"View Notice"** to view the Benefit Charges.

Select **"Edit Response"** to edit information to a response that has not yet been submitted.

Select **"Delete Response"** to delete a response that has not yet been submitted.

Select **"Edit Amended Response"** to edit information on an amendment in progress.


Select **"Delete Amended Response"** to delete an amended response that has not yet been submitted.

Note: Notices remain on the SIDES Employer Website for 35 days.

Search Results

Notice of Benefit Charges:

Order by:

Date Sent: 10/31/2019	Response Status: Not Started	 View/Print
Date Due: 11:59 PM Eastern on 11/21/2019	<input type="button" value="View Notice"/>	

Benefit Charges Notices for other PINs for this FEIN:


No Benefit Charges Notices found on other PINs.

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4 State and Employer Identification Page with no attachments

FEIN: 99-9999999
SEIN: 999999999Sign out

Users GuideTPA - Third Party Administrator◀

Employer Name: First Test Company **Charging State:** ST **Employer Type:** Taxable Employer **Date of Notice:** 10/31/2019
Charge Period: 11/01/2018 - 11/09/2018 **Protest Due Date:** 11/21/2019

State and Employer Identification

Requesting State		Employer Information	
State:	ST	Employer Name:	First Test Company
Agency:	Test Office 1	State Employer Account Number:	1
Experience Rating Method:	Benefit Wage Ratio	Predecessor Employer Account Number:	8001001
		Federal Employer Identification No.:	12-3456789
		Employer Account Type:	Taxable Employer

Charge Statement Information	
Charge Statement Start Date:	11/01/2018
Charge Statement End Date:	11/09/2018
Number of Individuals with Charges:	10
Total Dollar Amount Charged:	\$4,320.00

Employer Status

Check here if TPA receiving this notice does NOT represent this employer.

Save Main Menu Next >
Go to Page State and Employer Identification Go

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3.0

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5 Delete an In Progress Response Page

The screenshot shows the SIDES E-Response interface. At the top left is the SIDES E-Response logo. At the top right, it displays FEIN: 99-9999999 and SEIN: 999999999, along with a 'Sign out' button. A 'Users Guide' link is visible on the left side. The main heading is 'Delete an In Progress Response'. Below this, a message states: 'You have chosen to delete the Benefit Charges Response for:'. The response details are: 'Date Sent: 10/31/2019' and 'Date Due: 11/21/2019'. A note follows: 'Please Note: This will NOT impact any responses already submitted to the State Unemployment Insurance Office.' At the bottom of the main content area are two buttons: 'Cancel' and 'Delete'. The footer contains the copyright information: 'Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.' and the version number '2.2'.

SIDES
E-Response

FEIN: 99-9999999
SEIN: 999999999

Sign out

Users Guide

Delete an In Progress Response

Use this screen to delete a response that has NOT yet been submitted.

You have chosen to delete the Benefit Charges Response for:


Date Sent: 10/31/2019
Date Due: 11/21/2019

Please Note: This will NOT impact any responses already submitted to the State Unemployment Insurance Office.

Cancel Delete

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6 State and Employer Identification Page with attachments

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
TPA - Third Party Administrator

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

State and Employer Identification

Requesting State

State: **ST**
Agency: **Test Office 4**
Experience Rating: **Reserve Ratio**
Method:

Employer Information

Employer Name: **Fourth Test Company**
State Employer Account Number: **8000001**
Federal Employer Identification No.: **30-1416817**
Employer Account Type: **Reimbursable Employer**

Charge Statement Information

Charge Statement Start Date: **06/09/2019**
Charge Statement End Date: **06/16/2019**
Number of Individuals with Charges: **1**
Total Dollar Amount Charged: **(\$4,320.00)**
Reserve Balance: **\$100.00**

Employer Status

Check here if TPA receiving this notice does NOT represent this employer.

Invoice			
Document Name	Document Extension	Size	
TypeofDocument1	RTF	1	Download

Save

Main Menu

Next >


Go to Page State and Employer Identification Go

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3.0

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7 Benefit Charge Page with no details

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)

Review the benefit charges for each individual below. You must individually protest the one(s) by clicking the button to the right.

Employer Name: First Test Company **Charging State:** ST **Employer Type:** Taxable Employer **Date of Notice:** 10/31/2019
Charge Period: 11/01/2018 - 11/09/2018 **Protest Due Date:** 11/21/2019

Benefit Charges

Order by:

SSN: 123456701	Name: Jenna A Edwards	Benefit Year Beginning: 03/01/2017	Base Period: 03/01/2016 - 03/07/2017	Program Code: Regular State UI Benefits	Dollar Charged: \$432.00	Number of Week Charged: 1	<input type="button" value="Protest"/>
SSN: 123456702	Name: Jenna B Edwards	Benefit Year Beginning: 03/01/2017	Base Period: 03/01/2016 - 03/07/2017	Program Code: Regular State UI Benefits	Dollar Charged: \$432.00	Number of Week Charged: 1	<input type="button" value="Protest"/>
SSN: 123456703	Name: Jenna C Edwards	Benefit Year Beginning: 03/01/2017	Base Period: 03/01/2016 - 03/07/2017	Program Code: Regular State UI Benefits	Dollar Charged: \$432.00	Number of Week Charged: 1	<input type="button" value="Protest"/>
SSN: 123456704	Name: Jenna D Edwards	Benefit Year Beginning: 03/01/2017	Base Period: 03/01/2016 - 03/07/2017	Program Code: Regular State UI Benefits	Dollar Charged: \$432.00	Number of Week Charged: 1	<input type="button" value="Protest"/>
SSN: 123456705	Name: Jenna E Edwards	Benefit Year Beginning: 03/01/2017	Base Period: 03/01/2016 - 03/07/2017	Program Code: Regular State UI Benefits	Dollar Charged: \$432.00	Number of Week Charged: 1	<input type="button" value="Protest"/>

Go to Page

8 Benefit Charge Page with View Details

SIDES
E-Response
FEIN: 99-9999999
SEIN: 999999999
Sign out

[Users Guide](#)

Review the benefit charges for each individual below. You must individually protest the one(s) by clicking the button to the right.

Benefit Charges

Order by: Benefit Year Begin Date Ascending

SSN: 067822503	Unit/Subaccount Number: 136585	View Details
Name: PRISCILLA R RIDDLE		Protest
Benefit Year Beginning: 12/30/2018		
Base Period: 07/01/2017 - 07/07/2018	Program Code: Regular State UI Benefits	
Dollar Charged: \$324.14	Number of Week Charged: 9	
Base Period Wages: \$1,297.00	Claim Number: 0100	

SSN: 515984601	Unit/Subaccount Number: 136585	View Details
Name: BLAKE T HEGEMAN		Protest
Benefit Year Beginning: 01/20/2019		
Base Period: 10/01/2017 - 10/07/2018	Program Code: Regular State UI Benefits	
Dollar Charged: \$470.00	Number of Week Charged: 1	
Base Period Wages: \$27,209.21	Claim Number: 0100	

SSN: 515944235	Unit/Subaccount Number: 136585	View Details
Name: JOHN F ROBINSON		Protest
Benefit Year Beginning: 06/02/2019		
Base Period: 01/01/2018 - 01/07/2019	Program Code: Regular State UI Benefits	
Dollar Charged: \$938.00	Number of Week Charged: 2	
Base Period Wages: \$41,013.05	Claim Number: 0100	

< Back
Main Menu
Next >

Go to Page Benefit Charges Go

9 Benefit Charge Weekly Charge Page

SIDES
E-Response
FEIN: 99-9999999
SEIN: 999999999
Sign out

[Users Guide](#)
 Employer Name: Fourth Test Company Charging State: ST Employer Type: Reimbursable Employer Date of Notice: 10/31/2019
 Charge Period: 06/09/2019 - 06/16/2019 Protest Due Date: 11/25/2019

Benefit Charge Weekly Charge

SSN: 555463001 Unit/Subaccount Number: 15 Question
 Name: Joseph H Garcia
 Benefit Year Beginning: 12/26/2017 Type of Employer: Last and Lag Quarter Employer
 Base Period: 12/25/2016 - 12/31/2017 Program Code: Regular State UI Benefits
 Dollar Charged: (\$4,320.00) Number of Week Charged: 10


Week Ending Date:	01/01/2018	01/08/2018	01/15/2018	01/22/2018	01/29/2018	02/05/2018	02/12/2018
Total Amount Paid:	(\$432.00)	(\$432.00)	(\$432.00)	(\$432.00)	(\$432.00)	(\$432.00)	(\$432.00)
Percent Charged:	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Amount Charged:	(\$432.00)	(\$432.00)	(\$432.00)	(\$432.00)	(\$432.00)	(\$432.00)	(\$432.00)
Dependency Amount Included:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UI Office Code:							
Charge Code:	23 - Overpayment established (credit)	23 - Overpayment established (credit)	23 - Overpayment established (credit)	23 - Overpayment established (credit)	23 - Overpayment established (credit)	23 - Overpayment established (credit)	23 - Overpayment established (credit)

Week Ending Date:	02/19/2018	02/26/2018	03/05/2018				
Total Amount Paid:	(\$432.00)	(\$432.00)	(\$432.00)				
Percent Charged:	100 %	100 %	100 %				
Amount Charged:	(\$432.00)	(\$432.00)	(\$432.00)				
Dependency Amount Included:	\$0.00	\$0.00	\$0.00				
UI Office Code:							
Charge Code:	23 - Overpayment	23 - Overpayment	23 - Overpayment				

Back

10 Individual Benefit Charge Page

10.1 Individual Benefit Charge Page – Reason 10



FEIN: 99-9999999
SEIN: 999999999

Sign out

Users Guide
* Indicates a Required Field

Employer Name: Fourth Test Company Charging State: ST Employer Type: Reimbursable Employer Date of Notice: 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 Protest Due Date: 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

* Question Reason 10 - Claimant was working for this company during this period.


* Provide the date the claimant began working, or the last date the claimant worked.

* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.2 Individual Benefit Charge Page – Reason 11

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia		
Benefit Year Beginning:	12/26/2017	Type of Employer:	Last and Lag Quarter Employer
Base Period:	12/25/2016 - 12/31/2017	Program Code:	Regular State UI Benefits
Dollar Charged:	(\$4,320.00)	Number of Week Charged:	10

* Question Reason 11 - Claimant was working for some other employer during this period.


* Provide any information pertaining to the claimant's other employment, i.e. company name, start date, etc.

* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.3 Individual Benefit Charge Page – Reason 20

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)

* Indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia		
Benefit Year Beginning:	12/26/2017	Type of Employer:	Last and Lag Quarter Employer
Base Period:	12/25/2016 - 12/31/2017	Program Code:	Regular State UI Benefits
Dollar Charged:	(\$4,320.00)	Number of Week Charged:	10

* Question Reason

* On what date did you request the claimant to return to work? Why did the claimant not return?


* Do you have any attachments which support your question? Yes No

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10.4 Individual Benefit Charge Page – Reason 30

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		


* Question Reason

* Why is the claimant not able to or available to return to work?

* Do you have any attachments which support your question? Yes No

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10.5 Individual Benefit Charge Page – Reason 40

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)

* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia		
Benefit Year Beginning:	12/26/2017	Type of Employer:	Last and Lag Quarter Employer
Base Period:	12/25/2016 - 12/31/2017	Program Code:	Regular State UI Benefits
Dollar Charged:	(\$4,320.00)	Number of Week Charged:	10

* Question Reason 40 - Claimant worked for employer less than the time period or earnings required to be a chargeable employer. ▾

* Provide the dates of employment and total earnings.


* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.6 Individual Benefit Charge Page – Reason 41

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

* Question Reason **41 - Charges are for a period of claimant ineligibility based upon a previously issued determination/decision.**


* Provide information pertaining to the determination/decision. (i.e. mailing date, docket number) Note: Attach supporting document below.

* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.7 Individual Benefit Charge Page – Reason 42

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)

* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

* Question Reason 42 - A notice of claim was not received.

Question Reason Narrative


* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.8 Individual Benefit Charge Page – Reason 43

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

* Question Reason 43 - Determination of eligibility not received.


Question Reason Narrative

* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.9 Individual Benefit Charge Page – Reason 44

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

* Question Reason 44 - Employer is exempt from charges due to circumstances of separation.

* Provide the reason for separation and details surrounding the separation.


* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.10 Individual Benefit Charge Page – Reason 46

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

* Question Reason 46 - Credit has been previously identified and approved, but not received.


* Provide information pertaining to the credits. (Date of notice, etc.) Note: Attach supporting document below.

* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.11 Individual Benefit Charge Page – Reason 50

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

* Question Reason 50 - Wages reported are incorrect.


* Provide corrected wages.

* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.12 Individual Benefit Charge Page – Reason 51

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		


* Question Reason **51 - Employer has no record of anyone ever having worked for them under this name or social security number.**

Question Reason Narrative

* Do you have any attachments which support your question? Yes No

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10.13 Individual Benefit Charge Page – Reason 60

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

* Question Reason 60 - Charges are being questioned due to a pending protest/appeal of eligibility determination.


* Provide information pertaining to the protest/appeal. (Date protest/appeal filed)

* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.14 Individual Benefit Charge Page – Reason 70

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

* Question Reason 70 - Employer questions charges for statutory reasons NOT listed above.


* Explain why you are questioning the charges.

* Do you have any attachments which support your question? Yes No

< Back Cancel Save Delete Next >

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10.15 Individual Benefit Charge Page – With Attachments

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
* Indicates a Required Field

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Question Individual Benefit Charge

SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia		
Benefit Year Beginning:	12/26/2017	Type of Employer:	Last and Lag Quarter Employer
Base Period:	12/25/2016 - 12/31/2017	Program Code:	Regular State UI Benefits
Dollar Charged:	(\$4,320.00)	Number of Week Charged:	10

* Question Reason 60 - Charges are being questioned due to a pending protest/appeal of eligibility determination.

* Provide information pertaining to the protest/appeal. (Date protest/appeal filed)

Test Comment

* Do you have any attachments which support your question? Yes No

WARNING - Acceptable file formats are: csv, pdf, rtf, tiff (tif), .txt. The total size of all attachments (up to 5) is limited to a maximum of 5 megabytes. Scanned PDFs have the possibility of being very large but by decreasing the dpi size, scanning it in as PDF text or removing some of the extended features of a PDF the size can be greatly reduced. Another option would be to scan it in as a TIFF (TIF) document instead of a PDF.

[Add Attachments](#)

[< Back](#) [Cancel](#) [Save](#) [Delete](#) [Next >](#)

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10.16 Individual Benefit Charge Page – Delete Protest

SIDES
E-Response

FEIN: 99-9999999
SEIN: 999999999

Sign out

Users Guide

Employer Name: First Test Company Charging State: ST Employer Type: Taxable Employer Date of Notice: 11/01/2019
Charge Period: 11/01/2018 - 11/09/2018 Protest Due Date: 11/22/2019

Delete Individual Protest


You have chose to delete the individual protest for SSN 123456703. The protest Individual Benefit Charges Screen will be deleted if you continue and the protest will be removed from the system.

Cancel Continue

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12 Benefit Charges Page with a charge protested

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)

Review the benefit charges for each individual below. You must individually question the one(s) by clicking the button to the right.

Employer Name: Fourth Test Company **Charging State:** ST **Employer Type:** Reimbursable Employer **Date of Notice:** 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 **Protest Due Date:** 11/25/2019

Benefit Charges

Order by:

SSN:	555463001	Unit/Subaccount Number:	15	View Details
Name:	Joseph H Garcia			Edit
Benefit Year Beginning:	12/26/2017	Type of Employer:	Last and Lag Quarter Employer	Pending
Base Period:	12/25/2016 - 12/31/2017	Program Code:	Regular State UI Benefits	
Dollar Charged:	(\$4,320.00)	Number of Week Charged:	10	

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[Main Menu](#)

[Next >](#)


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13 Benefit Charge Summary Page

FEIN: 99-9999999
SEIN: 999999999Sign out

[Users Guide](#)
Questions associated with these records are ready to submit to the state. Select BACK to review or NEXT to proceed.

Employer Name: Fourth Test Company Charging State: ST Employer Type: Reimbursable Employer Date of Notice: 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 Protest Due Date: 11/25/2019

Question Benefit Charges Summary

These Questions will be submitted with this response.


SSN:	555463001	Unit/Subaccount Number:	15
Name:	Joseph H Garcia	Type of Employer:	Last and Lag Quarter Employer
Benefit Year Beginning:	12/26/2017	Program Code:	Regular State UI Benefits
Base Period:	12/25/2016 - 12/31/2017	Number of Week Charged:	10
Dollar Charged:	(\$4,320.00)		

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14 Benefit Charge Summary Page – Agent/Attorney

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SEIN: 999999999Sign out

[Users Guide](#)
Protests associated with these records are ready to submit to the state. Select BACK to review or NEXT to proceed.

Employer Name: First Test Company Charging State: ST Employer Type: Taxable Employer Date of Notice: 11/01/2019
Charge Period: 11/01/2018 - 11/09/2018 Protest Due Date: 11/22/2019

Protest Benefit Charges Summary

* Do you have an agent or attorney to represent you at the hearing?
You are NOT required to have an attorney or agent representing you.

These Protests will be submitted with this response.


SSN:	123456703	Benefit Year Beginning:	03/01/2017
Name:	Jenna C Edwards	Program Code:	Regular State UI Benefits
Base Period:	03/01/2016 - 03/07/2017	Number of Week Charged:	1
Dollar Charged:	\$432.00		

[< Back](#) [Cancel](#) [Save](#) [Main Menu](#) [Next >](#)

Go to Page [Go](#)

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15 Supplemental Information Page

FEIN: 99-9999999
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[Users Guide](#)

Employer Name: First Test Company Charging State: ST Employer Type: Taxable Employer Date of Notice: 11/01/2019
Charge Period: 11/01/2018 - 11/09/2018 Protest Due Date: 11/22/2019

Supplemental Protest Information

Attorney

*Attorney Name:
*Address 1:
Address 2:
*City:
*State:
*Zip:
*Telephone:

Please list the Date and/or Times that you are unavailable to participate in a hearing:

If an interpreter is requested, please list the language(s) needed:


Please list any special needs requested:

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16 Amended Response Page



FEIN: 99-9999999
SEIN: 999999999

[Users Guide](#)
* indicates a Required Field

Employer Name: Fourth Test Company Charging State: ST Employer Type: Reimbursable Employer Date of Notice: 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 Protest Due Date: 11/25/2019

Amended Response

Amended Response Number: 1


* Enter the reason for the amended response and a brief description of the information changed.

[< Back](#) [Cancel](#) [Save](#) [Main Menu](#) [Next >](#)

Go to Page: [Go](#)

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17 Preparer Information Page



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SEIN: 999999999

[Sign out](#)

[Users Guide](#)

* indicates a Required Field

Employer Name: Fourth Test Company Charging State: ST Employer Type: Reimbursable Employer Date of Notice: 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 Protest Due Date: 11/25/2019

Preparer Information

Save completed successfully.

Enter Information:

Employer TPA/Employer Representative

* Who is providing this response?

* What is the TPA/Employer Representative company name?

* Name of the person preparing this response?

* Job title of the person preparing this response?

* Preparer's telephone number plus extension? (Only digits, omit parenthesis, dashes or spaces)

* Preparer's e-mail address?

Preparer's Fax number? (Only digits, omit parenthesis, dashes or spaces)

[< Back](#) [Cancel](#) [Save](#) [Main Menu](#) [Next >](#)

Go to Page [Go](#)

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18 Submission Page with no errors

SIDES
E-Response

FEIN: 99-9999999
SEIN: 999999999

Sign out

[Users Guide](#)

If you need to make a correction prior to submission, press the BACK button until you reach the appropriate screen to amend, or click on the error message and you will be taken to the page where the correction needs to be made.

Employer Name: Fourth Test Company Charging State: ST Employer Type: Reimbursable Employer Date of Notice: 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 Protest Due Date: 11/25/2019


Submission

[View/Print](#)

[< Back](#) [Main Menu](#) [Submit to State](#)

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19 Submission Confirmation Page



FEIN: 99-9999999
SEIN: 999999999

[Sign out](#)

[Users Guide](#)

Employer Name: Fourth Test Company Charging State: ST Employer Type: Reimbursable Employer Date of Notice: 10/31/2019
Charge Period: 06/09/2019 - 06/16/2019 Protest Due Date: 11/25/2019

Submission Confirm

You have chosen to submit your Benefit Charges Response to the State Unemployment Insurance Office.

Do you want to submit this response?

[No - Return to Main Menu](#) [Yes - Submit to State](#)

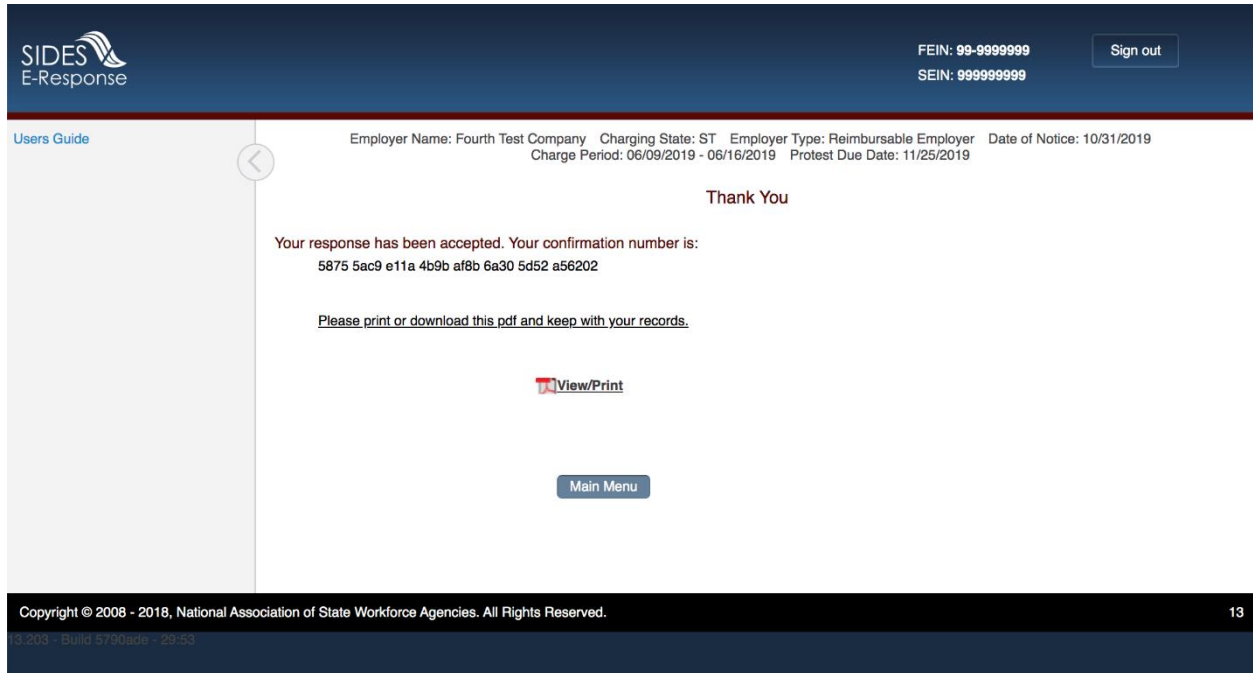
[After submitting this response, please wait for the confirmation number.](#)

[-< Back](#)

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21 Confirmation Page



The screenshot shows the SIDES E-Response Confirmation Page. At the top left is the SIDES E-Response logo. At the top right, it displays FEIN: 99-9999999 and SEIN: 999999999, with a 'Sign out' button. Below the header, there is a 'Users Guide' link on the left and a navigation arrow. The main content area displays the following information: Employer Name: Fourth Test Company, Charging State: ST, Employer Type: Reimbursable Employer, Date of Notice: 10/31/2019, Charge Period: 06/09/2019 - 06/16/2019, and Protest Due Date: 11/25/2019. A 'Thank You' message follows, stating 'Your response has been accepted. Your confirmation number is: 5875 5ac9 e11a 4b9b af8b 6a30 5d52 a56202'. Below this, a link says 'Please print or download this pdf and keep with your records.' There is a 'View/Print' button with a PDF icon, and a 'Main Menu' button at the bottom. The footer contains copyright information: 'Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.' and the page number '13'.

23 Submission Page with errors



FEIN: 99-9999999
SEIN: 999999999

Sign out

Employer Name: First Test Company Charging State: ST Employer Type: Taxable Employer Date of Notice: 11/01/2019
Charge Period: 11/01/2018 - 11/09/2018 Protest Due Date: 11/22/2019

Submission

[View/Print](#)

Please correct the following errors:

- [Supplemental Protest Information - Attorney Name is required.](#)
- [Supplemental Protest Information - Attorney Name is required.](#)
- [Supplemental Protest Information - Attorney Address is required.](#)
- [Supplemental Protest Information - Attorney Address are required.](#)
- [Supplemental Protest Information - Attorney City is required.](#)
- [Supplemental Protest Information - Attorney City is required.](#)
- [Supplemental Protest Information - Attorney Zip is required.](#)
- [Supplemental Protest Information - Attorney Zip is required.](#)
- [Supplemental Protest Information - Attorney Telephone is required.](#)
- [Supplemental Protest Information - Attorney Telephone is required.](#)

[< Back](#) [Main Menu](#) [Submit to State](#)

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24 Protest Benefit Charge Summary Page – No Protest

This page will be presented if the user has not selected any benefit charges to protest.

SIDES E-Response FEIN: 99-9999999 SEIN: 999999999 Sign out

Employer Name: First Test Company Charging State: ST Employer Type: Taxable Employer Date of Notice: 11/01/2019
Charge Period: 11/01/2018 - 11/09/2018 Protest Due Date: 11/22/2019

Protest Benefit Charges Summary

* Do you have an agent or attorney to represent you at the hearing?
You are NOT required to have an attorney or agent representing you.

No Protest Benefit Charges for Response

< Back Cancel Save Main Menu Next >

Go to Page Go

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26 Thank You Page

This page is presented if the user clicks the Next button while on the Benefit Charges Summary page with no charges protested/appealed/questioned.

The screenshot shows the SIDES E-Response interface. At the top left is the SIDES E-Response logo. At the top right, it displays FEIN: 99-9999999 and SEIN: 999999999, along with a 'Sign out' button. Below the header, there is a 'Users Guide' section on the left with a left-pointing arrow icon. The main content area displays the following information: Employer Name: Fourth Test Company, Charging State: ST, Employer Type: Reimbursable Employer, Date of Notice: 10/31/2019, Charge Period: 06/09/2019 - 06/16/2019, and Protest Due Date: 11/25/2019. Below this information is a 'Thank You' message, a 'View/Print' button, and a note: 'No information will be sent to the state unemployment agency. If a change to the appeal is requested, please contact the state directly.' At the bottom of the main content area are two buttons: '< Back' and 'Main Menu'. The footer contains the copyright notice 'Copyright © 2008 - 2018, National Association of State Workforce Agencies. All Rights Reserved.' and the page number '11'. A small version number '13.203 - Build 5790ade - 29-45' is visible in the bottom left corner of the footer area.