

BENEFITS ARE REDUCED BY \$000 ACCORDING TO YOUR REQUEST TO WITHHOLD FEDERAL INCOME TAX. THIS AMOUNT WAS FORWARDED ON YOUR BEHALF TO THE INTERNAL REVENUE SERVICE. YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$000. UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK. DETACH THIS STUB FOR YOUR RECORD

**CONTINUED CLAIM**

12-11-11

ANSWER ALL QUESTIONS. SEE SECTION A. ON BACK FOR EXAMPLES OF HOW TO COMPLETE YOUR ANSWERS. Each question is explained in your booklet, *A Guide to Benefits and Employment Services*.


Begins Ends	1ST WEEK		Begins Ends	2ND WEEK	
	01-01-12	01-07-12		01-08-12	01-14-12
	YES	NO	YES	NO	

COMPLETE AND MAIL THIS FORM ON 01-15-12

- Were you too sick or injured to work?  YES  NO  
 If yes, enter the number of days (1 through 7) you were unable to work.  (1-7)  (1-7)
- Was there any reason (other than sickness or injury) that you could not have accepted full-time work each workday?  YES  NO
- Did you look for work?  YES  NO  
 IF MARKED 'X', YOU MUST COMPLETE SEC. B., WORK-SEARCH RECORD, ON REVERSE.
- Did you refuse any work?  YES  NO
- Did you begin attending any kind of school or training?  YES  NO
- Did you work or earn any money, WHETHER YOU WERE PAID OR NOT?  YES  NO  
 (If yes, you MUST COMPLETE items a. and b. below.)  
 a. Enter earnings before deductions here. \$    \$     
 b. Report employment or 'source' of earnings information below:

	DATE LAST WORKED	TOTAL HOURS WORKED	EMPLOYER NAME AND MAILING ADDRESS - INCLUDE ZIP CODE	REASON NO LONGER WORKING (OR WRITE "STILL WORKING")
1ST WEEK				
2ND WEEK				

- If you want federal income tax withheld for the week(s) shown above, mark this block.
- If you had a change of mailing address or phone number, mark this block and complete Sec. D on reverse.

  
 NORCAL AUTHORIZATION CENTER  
 PO BOX 989057  
 WEST SACRAMENTO CA 95798-9057

I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work by USCIS. I signed this form after the latest date for which I am claiming benefits.

**X**  
(your signature is required)