



Pandemic Unemployment Insurance Request for Reconsideration

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Social Security Number (Required): \_\_\_\_\_

Form requirements

To correct earnings and/or add earnings not reflected on your Monetary Benefit Determination, follow the instructions below.

- Complete the chart below and return with any documentation that could be proof of earnings such as pay stubs, W-2s, 1099s, or if you are self-employed, proof of your annual net income for the most recently filed tax year.
• Do not send originals of your supporting documents as they cannot be returned.
• Photocopy all supporting documentation onto 8 1/2 by 11 single-sided paper.
• Write your name, Social Security Number, and your phone number on each page of the attachment.

You may submit by:

Fax to: 518-457-9378 or,

Mail to: New York State Department of Labor, PO Box 15130, Albany, NY 12212-5130

Table with 4 columns: First Quarter, Second Quarter, Third Quarter, Fourth Quarter. The table is currently empty.

Total amount of earnings: \_\_\_\_\_

Certification

I certify that the above information is true to the best of my knowledge and am aware that there are penalties for making false statements. I understand I will be notified of the results of my request.

Signature (Required) Date Area code Telephone number