

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
OFFICE OF UNEMPLOYMENT INSURANCE OPERATIONS
UNEMPLOYMENT BENEFIT PAYMENT**

JFS-81110 11/10/2016

Claimant's Name BRIAN D. BOK		Claimant ID 213033445	Social Security Number 293-80-2125
Date 06/22/2020	Deposit Transaction Number 17420219880	Total Remaining Benefits \$0.00	Amount Deposited \$***600.00

EACH ITEM BELOW APPLIES TO YOUR CLAIM - MAINTAIN THIS STUB AS YOUR RECORD OF PAYMENT

WEEK ENDING	FED ADDL COMP	EARNINGS	INCOME	GROSS AMOUNT PAYABLE	OVER- PAYMENT OFFSET	CHILD SUPPORT	FEDERAL TAX	NET PAYABLE AMOUNT
06/20/2020	\$600.00	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$600.00

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The deposit amount shown on this stub should be deposited into your bank account within 3 working days beyond the date shown. Verify funds have been deposited into your account prior to using.

- CONTINUED ON NEXT PAGE -

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.

FUND 29	DATE 06/22/2020	DEPOSIT TRANS. NO. 17420219880	25-174 41 440
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OFFICE OF UNEMPLOYMENT COMPENSATION

ADVICE OF DEPOSIT ONLY
CREDIT FROM THE UNEMPLOYMENT COMPENSATION BENEFIT ACCOUNT
Six Hundred and 00/100 Dollars

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

TO THE
ACCOUNT
OF

BRIAN D. BOK
18664 COUNTY ROAD H
HOLGATE, OH 43527-9504

\$***600.00

WHEN FILING A CLAIM FOR A WEEK OF UNEMPLOYMENT, ALWAYS REPORT THE GROSS EARNINGS (BEFORE ANY DEDUCTIONS) FOR ALL WORK PERFORMED DURING THE WEEK (REGARDLESS OF WHEN YOU ARE PAID). REPORT ALL OFFERS OF WORK ANY ILLNESS OR DISABILITY THAT WOULD PREVENT YOU FROM WORKING, AND ANY APPLICATION FOR OR RECEIPT OF WORKERS COMPENSATION.

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I had certified, and again certify by my acceptance of this electronic deposit into my designated bank account, that I did not work or earn wages during the benefit week(s) paid by this deposit except as I reported. I also know penalties are provided if I am paid benefits based on my false statement.