State of Arkansas Division of Workforce Services

FIRE Unit P.O. Box 8046

Little Rock, AR 72203-8046 (501) 682-6155

Fax (501) 320-1730 [adws.fire@arkansas.gov](mailto:adws.fire@arkansas.gov)

**Asa Hutchinson**

*Governor*

**Charisse Childers, Ph.D.**

*Director*

<<[data.getClaimantName()]>> **AUDIT NOTICE**<<[data.getAddressLine1()]>><<[data.getCity()]>>,<<[data.getState()]>>,  
<<[data.getZip()]>><<if[data.getZipExt() != (data.getZipExt() == “”?”” : “null”)]>>,  
<<[data.getZipExt()]>><</if>> Mailing Date of Notice: <<[data.getMailingDate()]>>

Social Security No: <<[data.getSocialSecurityNo()]>>

Benefit Year: <<[data.getBenefitYear()]>>

An audit of your claim indicates that while you were working you failed to report your earnings as indicated on the back. Any amounts shown as “Revised Amount” earnings or hours were taken from your employer’s records. This information indicates a potential disqualification under the laws of the State of Arkansas. Such a disqualification, if imposed, could be very severe. If it is determined that you willfully misrepresented material facts or failed to report earnings or hours in order to obtain benefits you were not entitled to receive, a fraud determination will be issued . Therefore, it is important that you provide your explanation for these differences. This office will consider your written explanation. Telephone responses are not accepted.

**Mail or fax your reply within 7 days of the mailing date above to either the address or facsimile number below.** DO NOT DELAY in sending in any reply you wish to make; if you do not reply within 7 days, a determination will be made on the available information in our files. **FAILURE TO RESPOND TO THIS NOTICE WILL NOT PREVENT A DETERMINATION FROM BEING ISSUED.** If insufficient

space is provided below for your complete response, attach an additional page with your name and social security number on the top left, but do not write on the back of any page.

Questions regarding completing this notice, but not the content of your statement, may be directed to 501-682-6155 or [ADWS.FIRE@arkansas.gov,](mailto:ADWS.FIRE@arkansas.gov) if made within 7 days of the mail date of this letter.

**Reply to Arkansas Division of Workforce Services**

**FIRE Unit** *Provide your telephone number and make any address corrections here:*

**PO BOX 8046** Telephone number:

**Little Rock, AR 72203** Mailing address:

**Facsimile: 501-320-1730**

1. Do you agree or disagree with the revised amount hours and earnings listed on the back? Agree  Disagree 
2. If you disagree with the revised amount earnings listed, explain why you disagree and attach all documentation supporting your position to this notice:
3. Why did you fail to correctly report your weekly earnings via your weekly certifications for this time period?

Signature Date

<<image [data.getBarcodeImage()]>>

<<[data.getBarcodeString()]>>

*An Equal Opportunity Employer*

Arkansas Division of Workforce Services FIRE Unit

Mailing Date of Notice: Social Security No:

<<[data.getMailingDate()]>>

<<[data.getSocialSecurityNo()]>>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Originally  Reported By You | Revised  Amount | |  |
| Benefit Week | Earnings | Hours | Earnings | Employer Name |
| <<foreach [d in data.getEarnings()]>><<[d.getBenefitWeek()]>> | <<[d.getOriginalEarnings()]>> | <<[d.getHours()]>> | <<[d.getRevisedEarnings()]>> | <<[d.getEmployerName()]>><</foreach>> |

Text, letter

Description automatically generated