



DIVISION OF UNEMPLOYMENT INSURANCE  
100 S Charles St, Tower 1, Suite 3100  
Baltimore, MD 21201

01/30/2026  
Claimant ID: 10737170

KELVIN PRINCE  
3503 BELLEVALE AVE  
BALTIMORE MD 21206-1650



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### CLAIMANT WAGE VERIFICATION LETTER

Claim ID: 6041142

Benefit Year Begin Date: 01/18/2026

**Due Date: 02/13/2026**

Wage Dispute Case ID: 2026-00279

MARYS MASONRY

, ,

Employer Federal ID: 99-99

Employer Phone:

Dear KELVIN PRINCE:

The Maryland Division of Unemployment Insurance (DUI) is requesting information in order to be able to process your application for Unemployment Insurance (UI) benefits. Please read the instructions carefully, as your response is required.

You reported that MARYS MASONRY (the "Employer"), paid your wages during the time periods listed on the next page. However, the Employer has not reported the wages to this office. Without the wage information, your claim for unemployment insurance benefits may not be paid. While we are attempting to obtain the wage information from the Employer, we may be able to proceed with your claim if you provide the information requested below.

Complete, sign, date, and return the next page, along with your proof that wages were paid to you. Please return this form before **02/13/2026** to allow us time to review and process your request for UI benefits. The quickest and easiest way to return this form is through the Action Item in your Claimant portal at <https://beacon.labor.md.gov/claimant>.

Otherwise, you can mail the form and any supporting documentation to:

Division of Unemployment Insurance  
Wage Assistance Unit  
PO Box 17559  
Baltimore, MD 21297

Please do not hesitate to contact us if you have any questions at 667-207-6520. If you have difficulty using a standard telephone, contact Maryland Relay at 711.

Sincerely,

Division of Unemployment Insurance

**In reference to the Employer listed on the first page please provide:**

1. Your first day of work \_\_\_\_/\_\_\_\_/\_\_\_\_ Your last day of work \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Enter the total gross wages that the Employer paid to you in the following time periods or check "no wages paid" if you were not paid wages during any time period listed.

October, November, December	2024	\$_____	No wages paid
January, February, March	2025	\$_____	No wages paid
April, May, June	2025	\$_____	No wages paid
July, August, September	2025	\$_____	No wages paid
October, November, December	2025	\$_____	No wages paid

3. Which of the documents listed below will you be providing to support wage payment history (Please attach with form, if applicable / available):

- Form 1099       Tax return       Employer letter       IRS W2 form  
 Non-payroll check stubs       Written agreement between you and the Employer  
 Payroll check stubs       Canceled checks       Copies of time records

4. Job location where services were last performed, if different than the Employer address listed above \_\_\_\_\_

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5. Employer's contact address, if different than listed above: \_\_\_\_\_

6. Telephone to contact the Employer, if different than above: \_\_\_\_\_

I, \_\_\_\_\_ (print name), declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Babel Notice**

**¡IMPORTANTE!** Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (667) 207-6520** para pedir asistencia en traducir y entender la información en este documento.

\_\_\_\_\_  
(667) 207-6520

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**IMPORTANT!** Le présent document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos avantages. Il est essentiel que vous compreniez les informations figurant dans ce document, et nous vous fournirons gratuitement les informations dans la langue de votre choix. **Appelez au (667) 207-6520** pour obtenir de l'aide pour la traduction et la compréhension des informations contenues dans le présent document.

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\_\_\_\_\_  
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\_\_\_\_\_  
. (667) 207-6520

**LÝ QUAN TRÍNG!** Tài liệu này chứa **thông tin quan trọng** về quyền hành, trách nhiệm và/hoặc quyền lợi của quý vị. Vì vậy, thông tin trong tài liệu này là rất quan trọng, và

chúng tôi s cung c p mi n phí cho quý v thông tin này b ng ngôn ng mà quý v a dùng.  
Hãy g i (667) 207-6520 c h tr v vi c thông d ch và hi u thông tin trong tài li u  
này

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