

STATE OF NEW JERSEY  
DEPARTMENT OF LABOR  
DIVISION OF TEMPORARY DISABILITY INSURANCE  
BUREAU OF STATE PLAN DISABILITY BENEFITS  
PO BOX 387  
TRENTON, N.J. 08625-0387

NOTICE OF DISABILITY BENEFITS CHARGED OR CREDITED

EMP. ID. NO.

000 00 0000000

PAGE NO.

MAILING DATE

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02 24 00

SAMPLE

THIS IS NOT A BILL

SEE REVERSE SIDE FOR  
IMPORTANT INFORMATION

Social Security Number	Claimant's Last Name	Date of Disability	Comp. Period Ending	Amount Charged/Credited	Taxable Amount F.I.C.A.	Taxable Amount F.I.T.	Employee F.I.C.A. Withheld	Employee Medicare Withheld	Federal Tax Withheld	Amount Paid
		12-03-99	02-17-00	370.00	61.64	61.64	3.82	0.90	0.00	365.28

**EMPLOYER TOTALS**

AMOUNT CHARGED OR CREDITED	TAXABLE AMOUNT F.I.C.A.	TAXABLE AMOUNT F.I.T.	EMPLOYEE'S F.I.C.A. TAX	EMPLOYEE'S MEDICARE TAX	FEDERAL TAX WITHHELD	AMOUNT PAID
370.00	61.64	61.64	3.82	0.90	0.00	365.28
3,563.00	<--- Subtotal of charges for claims processed under the <u>DISABILITY AUTOMATED BENEFIT SYSTEM (DABS)</u> . You may continue to receive charges on form DS7CR1.					