

TABLE: ar191

ETA 191 - STATEMENT OF EXPENDITURES AND ADJUSTMENTS OF FEDERAL FUNDS FOR
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES AND EX-SERVICE
MEMBERS

State:

Quarter Ending:

Section A: Summary Statement of Expenditures and Adjustments

		UCFE		UCX
		-----		-----
1. Benefit Expenditures	\$	c1	\$	c2
2. Adjustments Assigned to Agencies:				
(a) Cancellations	\$(c3) \$(c4)
(b) Restoration of Overpayments	\$(c5) \$(c6)
(c) Other--Explain in Comments	\$	c7	\$	c8
3. Total Assigned Expenditures and Adjustments (Items 1 and 2; these totals must match the totals reported in Section B.)	\$	c9	\$	c10
4. Expenditures and Adjustments Not Assigned to Agencies:				
(a) Penalties and Interest	\$(c11) \$(c12)
(b) Other--Explain in Comment	\$	c13	\$	c14
5. Total Expenditures and Adjustments Not Assigned to Agencies (Items 4a and 4b)	\$	c15	\$	c16
6. Grand Total--All Expenditures and Adjustments (Items 3 and 5)	\$	c17	\$	c18

TABLE: ar191sb

ETA 191 - STATEMENT OF EXPENDITURES AND ADJUSTMENTS OF FEDERAL FUNDS FOR
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES AND EX-SERVICE
MEMBERS

State:

Quarter Ending:

Section B: Detailed Statement of Expenditures and Adjustments by
Federal (civilian) and Military Agencies

(1)	(2)	(3)
Agency Code	Agency Title	Expenditures And Adjustments
c1		\$ c2

TABLE: ar203

ETA 203 – DISTRIBUTION OF CHARACTERISTICS OF THE INSURED UNEMPLOYED
 State: **St** Report Period Ended: **rptdate** Sample/Population: **c1**

SEX	Male	Female	INA				
	c2	c3	c4				
ETHNICITY	Hispanic or Latino	Not Hispanic or Latino	INA				
	c40	c41	c42				
RACE	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	INA	
	c43	c44	c45	c46	c47	c48	
AGE	<22	22-24	25-34	35-44	45-54	55-59	60-64
	c12	c13	c14	c15	c16	c17	c18
	>= 65	INA					
	e19	e20					
INDUSTRY	Agricult./Forestry/ Fishing/Hunting	Mining	Utilities	Construction	Manufacturing	Wholesale Trade	Retail Trade
	c49	c50	c51	c52	c53	c54	c55
	Transportation & Warehouse	Information	Finance & Insurance	Real Estate, Rental & Leasing	Professional/Scientific/ Tech. Services	Management of Companies & Enterprises	Admin & Support/ Waste Mgmt./ Remedia. Serv.
	c56	c57	c58	c59	c60	c61	c62
	Educational Services	Health Care & Social Assistance	Arts, Entertainment & Recreation	Accommodation and Food Services	Other Services (except Public Administration)	Public Administration	INA
	e63	e64	e65	e66	e67	e68	e69
	Management	Business & Financial Ops.	Computer & Math	Architecture & Engineering	Life, Physical & Social Sciences	Community & Social Services	Legal
	c70	c71	c72	c73	c74	c75	c76
	Education, Training & Library	Arts, Design, Entertainment Sports & Media	Healthcare Practitioner & Technical	Healthcare Support	Protective Services	Food Prep. & Serving Related	Build. & Grounds Cleaning & Maintenance
c77	c78	c79	c80	c81	c82	c83	
Personal Care & Services	Sales & Related	Office & Admin. Support	Farming, Fishing & Forestry	Construction & Extraction	Installation, Maintenance & Repair	Production	
c84	c85	c86	c87	c88	c89	c90	
Transportation & Material Moving	Military Specific	INA					
c91	c92	c93					

TABLE : ar204

ETA 204, Experience Rating Report

REPORT PERIOD ENDED:

REGION:

STATE:

Rate Year End: c1

Computation Date: c2

Rating System: c3

Section A: All Subject Accounts: Number & Amounts of Total & Taxable Payroll

No. As of: c4	Payroll 12 mo. End: c5	LINE NO.	(1)	Total (2)	Taxable (3)
RESERVE RATIO STATES ONLY.					
1. Taxable Accts. Total		101	C6	C7	C8
a. Eligible		102	C9	C10	C11
B. Ineligible		103	C12	C13	C14
2. Reimbursable Accts		104	C15	C16	
3. Sub. Act.(+ or 0 bal.)		201	C17	c18	C19
a. Eligible		202	C20	C21	C22
B. Ineligible		203	C23	C24	C25
4. Sub. Act. (- balance)		204	C26	C27	C28
a. Eligible		205	C29	C30	C31
B. Ineligible		206	C32	C33	C34

SECTION B. Summary of Benefits Paid, Charged, and Noncharged

	Line No.	
6. Total Benefits (or Benefit Wages) Paid During		
12 months ending: c35	301	C36
7. Taxable Employer Accounts	302	C37
A. Charged	303	C38
1. Active	304	C39
2. Inactive	305	C40
B. Noncharged	306	C41
8. Reimbursable Employer Accounts	307	C42
a. Charged	308	C43
B. Noncharged	309	C44

TABLE: ar204b
 ETA 204, EXPERIENCE RATING REPORT
 SECTION C: BENEFIT RATIO METHOD OF TAXATION

EXPERIENCE FACTOR		AVG. TAX RATE (1)	No. OF ACCOUNTS (2)	TOTAL PAYROLL (000) (3)	TAXABLE PAYROLL (000) (4)	BENEFITS CHARGED (5)	EST. CONTRIBUTIONS (000) (6)
MORE THAN	EQUAL TO OR LESS THAN						
ELIGIBLE - REGULARLY RATED BY FACTOR							
c1		c2	c3	c4	c5	c6	c7
0	0.1						
0.1	0.2						
0.2	0.3						
0.3	0.4						
0.4	0.5						
0.5	0.6						
0.6	0.7						
0.7	0.8						
0.8	0.9						
0.9	1						
1	1.1						
1.1	1.2						
1.2	1.3						
1.3	1.4						
1.4	1.5						
1.5	1.6						
1.6	1.7						
1.7	1.8						
1.8	1.9						
1.9	2						
2	2.1						
2.1	2.2						
2.2	2.3						
2.3	2.4						
2.4	2.5						
2.5	2.6						
2.6	2.7						
2.7	2.8						
2.8	2.9						
2.9	3						
3	3.1						
3.1	3.2						
3.2	3.3						
3.3	3.4						
3.4	3.5						
3.5	3.6						
3.6	3.7						
3.7	3.8						
3.8	3.9						
3.9	4						
4	4.1						
4.1	4.2						

EXPERIENCE FACTOR		AVG. TAX RATE (1)	No. OF ACCOUNTS (2)	TOTAL PAYROLL (000) (3)	TAXABLE PAYROLL (000) (4)	BENEFITS CHARGED (5)	EST. CONTRIBUTIONS (000) (6)
MORE THAN	EQUAL TO OR LESS THAN						
ELIGIBLE - REGULARLY RATED BY FACTOR							
c1		c2	c3	c4	c5	c6	c7
4.2	4.3						
4.3	4.4						
4.4	4.5						
4.5	4.6						
4.6	4.7						
4.7	4.8						
4.8	4.9						
4.9	5						
5	5.1						
5.1	5.2						
5.2	5.3						
5.3	5.4						
5.4	5.5						
5.5	5.6						
5.6	5.7						
5.7	5.8						
5.8	5.9						
5.9	6						
6	6.1						
6.1	6.2						
6.2	6.3						
6.3	6.4						
6.4	6.5						
6.5	6.6						
6.6	6.7						
6.7	6.8						
6.8	6.9						
6.9	7						
7	7.1						
7.1	7.2						
7.2	7.3						
7.3	7.4						
7.4	7.5						
7.5	7.6						
7.6	7.7						
7.7	7.8						
7.8	7.9						
7.9	8						
8	8.5						
8.5	9						
9	9.5						
9.5	10						
10	10.5						
10.5	11						
11	11.5						
11.5	12						

Appendix A

EXPERIENCE FACTOR		AVG. TAX RATE (1)	No. OF ACCOUNTS (2)	TOTAL PAYROLL (000) (3)	TAXABLE PAYROLL (000) (4)	BENEFITS CHARGED (5)	EST. CONTRIBUTIONS (000) (6)
MORE THAN	EQUAL TO OR LESS THAN						
ELIGIBLE - REGULARLY RATED BY FACTOR							
c1		c2	c3	c4	c5	c6	c7
12	12.5						
12.5	13						
13	13.5						
13.5	14						
14	14.5						
14.5	15						
15	∞						
+995	Subtotal Eligible Regularly Rated						
+996	Eligible Special Rate						
+997	Total Eligible						
+998	Total Ineligible						
+999	Total All Subject Accounts						

TABLE: ar204r

ETA 204, EXPERIENCE RATING REPORT
SECTION C: RESERVE RATIO METHOD OF TAXATION

EXPERIENCE FACTOR		AVG. TAX RATE (1)	No. OF ACCOUNTS (2)	TOTAL PAYROLL (000) (3)	TAXABLE PAYROLL (000) (4)	BENEFITS CHARGED (5)	EST. CONTRIBUTIONS (000) (6)
MORE THAN	EQUAL TO OR LESS THAN						
ELIGIBLE - REGULARLY RATED BY FACTOR							
c1		c2	c3	c4	c5	c6	c7
-999	-∞	-80					
-80	-60						
-60	-40						
-40	-20						
-20	-19						
-19	-18						
-18	-17						
-17	-16						
-16	-15						
-15	-14						
-14	-13						
-13	-12						
-12	-11						
-11	-10						
-10	-9						
-9	-8						
-8	-7						
-7	-6						

Appendix A

EXPERIENCE FACTOR		AVG. TAX RATE (1)	No. OF ACCOUNTS (2)	TOTAL PAYROLL (000) (3)	TAXABLE PAYROLL (000) (4)	BENEFITS CHARGED (5)	EST. CONTRIBUTIONS (000) (6)
MORE THAN	EQUAL TO OR LESS THAN						
-6	-5						
-5	-4.5						
-4.5	-4						
-4	-3.5						
-3.5	-3						
-3	-2.5						
-2.5	-2						
-2	-1.5						
-1.5	-1						
-1	-0.5						
-0.5	0						
0	0.5						
0.5	1						
1	1.5						
1.5	2						
2	2.5						
2.5	3						
3	3.5						
3.5	4						
4	4.5						
4.5	5						
5	5.5						
5.5	6						
6	6.5						
6.5	7						
7	7.5						
7.5	8						
8	8.5						
8.5	9						
9	9.5						
9.5	10						
10	10.5						
10.5	11						
11	11.5						
11.5	12						
12	12.5						
12.5	13						
13	13.5						
13.5	14						
14	14.5						
14.5	15						
15	16						
16	17						
17	18						
18	19						
19	20						
20	25						
25	30						

Appendix A

EXPERIENCE FACTOR		AVG. TAX RATE (1)	No. OF ACCOUNTS (2)	TOTAL PAYROLL (000) (3)	TAXABLE PAYROLL (000) (4)	BENEFITS CHARGED (5)	EST. CONTRIBUTIONS (000) (6)
MORE THAN	EQUAL TO OR LESS THAN						
30	25						
25	40						
40	45						
45	∞						
+995	Subtotal Eligible Regularly Rated						
+996	Eligible Special Rate						
+997	Total Eligible						
+998	Total Ineligible						
+999	Total All Subject Accounts						

TABLE: arertx
ETA 205 - AVERAGE EMPLOYER CONTRIBUTION RATES

State:	Report for Tax Year Ending:
Taxable c1	Total c2

TABLE: ar207

ETA 207 - NONMONETARY DETERMINATION ACTIVITIES

REPORT FOR PERIOD ENDING: REGION: STATE:

SECTION A. DETERMINATIONS, REDETERMINATIONS & DENIALS

Item.	Line No	Single Claimant Totals			Multiclaimgant Totals			
		Total Determ. & Redeterm.	Total Determ.	Total Redeterm.	Total Multiclaimgant	Labor Dispute	Other	
		(1)	(2)	(3)	(4)	(5)	(6)	
STATE UI	Determ.	101	C1	C2	C3	C4	C5	C6
	Denials	102	C7	C8	C9	C10	C11	C12
UCFE No UI	Determ.	103	C13					
	Denials	104	C14					
UCX No UI	Determ.	105	C15					
	Denials	106	C16					

Section B. DETERMINATIONS INVOLVING SEPARATION ISSUES, SINGLE CLAIMANT

Item	Line No.	Total Separat. Issues	Voluntary Leaving	Discharge for Misconduct	Other	
		(7)	(8)	(9)	(10)	
State UI	Determ.	201	C17	C18	C19	C20
	Denials	202	C21	C22	C23	C24
UCFE No UI	Determ.	203	C25	C26	C27	C28
	Denials	204	C29	C30	C31	C32

SECTION C. DETERMINATIONS INVOLVING NONSEPARATION ISSUES

Item	Line No.	Total Nonseparation Issues	Able, Avail & Activ Seeking	Disqualify-ing or Deduct. Income	Refusal of Suitable Work	Report Require Call-ins & other	Refusal Profil. Referrals	Other (aliens, athlete, school)	
		(11)	(12)	(13)	(14)	(15)	(16)	(17)	
State UI	Determ.	301	C33	C34	C35	C36	C37	C45	C38
	Denials	302	C39	C40	C41	C42	C43	C46	C44

Appendix A

TABLE: ae207

ETA 207 - NONMONETARY DETERMINATION ACTIVITIES (EB)

REPORT FOR PERIOD ENDING:		R EGION:		STATE:	
SECTION A. DETERMINATIONS, REDETERMINATIONS & DENIALS					
Item.		Single Claimant Totals			
		Total Determ. & Redeterm			
	Line No.	(1)			
STATE UI	Determ.	101	C1		
	Denials	102	C2		
UCFE No UI	Determ.	103	C3		
	Denials	104	C4		
UCX No UI	Determ.	105	C5		
	Denials	106	C6		
Section B. DETERMINATIONS INVOLVING SEPARATION ISSUES, SINGLE-CLAIMANT					
Item		Total Separation Issues	Voluntary Leaving	Discharge for Misconduct	Other
	Line No.	(7)	(8)	(9)	(10)
State UI	Determ.	201	C 8	C 9	C10
	Denials	202	C11	C12	C13
					C14
SECTION C. DETERMINATIONS INVOLVING NONSEPARATION ISSUES					
Item		Total Nonseparation Issues	Able, Available & Actively Seeking	Refusal of Suitable Work	Other (aliens, athlete, school)
	Line No.	(11)	(12)	(14)	(17)
State UI	Determ.	301	c16	c17	c18
	Denials	302	c19	c20	c21
					c22

TABLE: ac207

(EUC PROGRAM IS NO LONGER OPERATIONAL BUT HISTORICAL DATA IS AVAILABLE.)

ETA 207 - NONMONETARY DETERMINATION ACTIVITIES (EUC)

QUARTER ENDING: REGION: STATE:

SECTION A. DETERMINATIONS, REDETERMINATIONS & DENIALS									
Item.	Line No.	Total Determ. & Redeterm.	Single Claimant Totals						
STATE UI	Determ.	101	C1						
	Denials	102	C2						
UCFE No UI	Determ.	103	C3						
	Denials	104	C4						
UCX No UI	Determ.	105	C5						
	Denials	106	C6						
SECTION B. DETERMINATIONS INVOLVING SEPARATION ISSUES, SINGLE CLAIMANT									
Item	Line No.	Total Separat. Issues	Voluntary Leaving	Discharge for Misconduct	Other				
State UI	Determ.	201	C7	C8	C9	C10			
	Denials	202	C11	C12	C13	C14			
SECTION C. DETERMINATIONS INVOLVING NONSEPARATION ISSUES									
Item	Line No.	Total Nonseparation Issues	Able, Available & Actively Seeking	Disqualifying or Deduct. Income	Refusal of Suitable Work	Reporting Require. Call-ins & other	Other (aliens, athlete, school)		
State UI	Determ.	301	C15	C16	C17	C18	C19	C20	
	Denials	302	C21	C22	C23	C24	C25	C26	

Appendix A

TABLE: ar218
ETA 218 - BENEFIT RIGHTS AND EXPERIENCE

REPORT FOR PERIOD ENDING: _____ REGION: _____ STATE: _____

SECTION A. MONETARY DETERMINATIONS							
LINE NO.	Total (1)	DETERMINATIONS		NUMBER OF CLAIMANTS ESTABLISHING BENEFIT YEARS			
		Insufficient Wage Credits (2)	Sufficient Wage Credits (3)	Total (4)	Maximum Weekly Benefit (5)	Maximum Benefit & Duration (6)	
100	c1	c2	c3	c4	c5	c6	

SECTION B: POTENTIAL DURATION FOR DETERMINATIONS ESTABLISHING BENEFIT YEARS AND ACTUAL DURATION FOR CLAIMANTS WHO RECEIVED FINAL PAYMENTS

LINE NO.	ITEM	NUMBER BY WEEKS OF DURATION							
		Total (7)	Less 10 Weeks (8)	10-14 Weeks (9)	15-19 Weeks (10)	20-21 Weeks (11)	22-23 Weeks (12)	24-25 Weeks (13)	
101	Potential	c9	c10	c11	c12	c13	c14	c15	
102	Actual	c16	c17	c18	c19	c20	c21	c22	

LINE NO.	ITEM	NUMBER BY WEEKS OF DURATION					Number at Maximum Duration (19)	Average Weeks Duration (20)
		26-27 Weeks (14)	28-29 Weeks (15)	30-31 Weeks (16)	32-33 Weeks (17)	34Wks & Over (18)		
103	Potential	c23	c24	c25	c26	c27	c28	c29
104	Actual	c30	c31	c32	c33	c34	c35	c36

TABLE: ae218
ETA 218 - BENEFIT RIGHTS AND EXPERIENCE (EB)

REPORT FOR PERIOD ENDING: _____ REGION: _____ STATE: _____

SECTION A. MONETARY DETERMINATIONS			
	TOTAL	WITH INSUFFICIENT WAGE CREDITS	WITH SUFFICIENT WAGE CREDITS
DETERMINATIONS	c1	c2	c3

TABLE: ac218
(EUC PROGRAM IS NO LONGER OPERATIONAL BUT HISTORICAL DATA IS AVAILABLE.)
ETA 218 - BENEFIT RIGHTS AND EXPERIENCE (EUC)

REPORT FOR PERIOD ENDING: _____ REGION: _____ STATE: _____

SECTION A. MONETARY DETERMINATIONS			
	TOTAL	WITH INSUFFICIENT WAGE CREDITS	WITH SUFFICIENT WAGE CREDITS
DETERMINATION	c1	c2	c3

TABLE: ar227

ETA 227 - OVERPAYMENT DETECTION AND RECOVERY ACTIVITIES

STATE:		REPORT FOR PERIOD ENDING:			OMB Approval No. 1205-0173 Expires: 11/30/2003	
A. OVERPAYMENTS ESTABLISHED — CAUSES						
Cause	Line No.	No. Schemes (1)	Number of Cases		Dollar Amounts	
			UI	UCFE/UCX	UI	UCFE/UCX
			(2)	(3)	(4)	(5)
Fraud — Total	101		C1	C2	C3	C4
Multi Claimant Schemes	102	C183	C184	C185	C186	C187
Nonfraud — Total	103		C27	C28	C29	C30
Reversals	104		C5	C6	C7	C8
SESA Errors	105		C9	C10	C11	C12
Employer Errors	106		C13	C14	C15	C16
Claimant Errors	107		C17	C18	C19	C20
Other	108		C23	C24	C25	C26
Penalty	109				C21	C22
Total — Fraud, Nonfraud, and Penalty	110		C31	C32	C33	C34

B. OVERPAYMENTS ESTABLISHED — METHODS OF DETECTION						
Method	Line No.	No. Cases Inv. (6)	Fraud		Nonfraud	
			No. Cases	Dollars	No. Cases	Dollars
			(7)	(8)	(9)	(10)
Controllable — Total	201		C188	C189	C190	C191
Wage/Benefit Crossmatch	202	C75	C76	C77	C78	C79
IB Crossmatch	203	C159	C160	C161	C162	C163
New Hires Systems	204	C192	C193	C194	C195	C196
Multi-Claimant Scheme Systems	205	C164	C165	C166		
Special Project	206	C197	C198	C199	C200	C201
Other	207		C116	C117	C118	C119
Noncontrollable — Total	208		C202	C203	C204	C205
Total – Controllable and Noncontrollable	209		C131	C132	C133	C134

Appendix A

A. Facsimile of Form, continued (page 2 of 3)

ETA 227 - OVERPAYMENT DETECTION AND RECOVERY ACTIVITIES

State:		Report for Period Ending:				
C. RECOVERY/RECONCILIATION						
Item	Line No.	Dollar Amount				
		Fraud		Nonfraud		
		UI	UCFE/UCX	UI	UCFE/UCX	
		(11)	(12)	(13)	(14)	
Outstanding at Beginning of Period	301	C35	C36	C37	C38	
Recovered - Total	302	C206	C207	C208	C209	
Cash	303	C39	C40	C41	C42	
	Benefit Offset	304	C43	C44	C45	C46
	State Income Tax Offset	305	C210	C211	C212	C213
	By Other States	306	C214	C215	C216	C217
	Other	307	C218	C219	C220	C221
Waived	308			C49	C50	
Written-Off	309	C55	C56	C57	C58	
Additions	310	C59	C60	C61	C62	
Subtractions	311	C67	C68	C69	C70	
Outstanding at End of Period	312	C71	C72	C73	C74	
Receivables Removed at End of Period	313	C222	C223	C224	C225	
Overpayments Considered Collectible at End of Period	314	C155	C156	C157	C158	
Recovered for Other States	321	C230	C231	C232	C233	
D. CRIMINAL/CIVIL ACTIONS						
Item	Line No.	State/Local Courts		Federal (OIG)		
		UI	UCFE/UCX			
		(15)	(16)	(17)		
Number Fraud Cases Pending Prosecution at Beginning of Period	401	C135	C136	C137		
Number of Fraud Cases Referred for Prosecution during the Period	402	C138	C139	C140		
Number Cases Prosecution Refused	403	C141	C142	C143		
Number Convictions Obtained	404	C144	C145	C146		
Number Cases Referred for Civil Action	405	C147	C148			
Number Civil Actions Obtained	406	C149	C150			

A. Facsimile of Form, continued (page 3 of 3)

ETA 227 - OVERPAYMENT DETECTION AND RECOVERY ACTIVITIES

State	Report for Period Ending
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E. AGING OF BENEFIT OVERPAYMENT ACCOUNTS			
Accounts Receivable	Line No.	Dollar Amounts	
		UI	UCFE/UCX
		(18)	(19)
90 days or less	501	C169	C170
91 - 180 days	502	C171	C172
181 - 270 days	503	C173	C174
271 - 360 days	504	C175	C176
361 - 450 days	505	C177	C178
451 days or more	506	C179	C180
Total Accounts Receivable	507	C181	C182

Comments:

Appendix A

TABLE: ac227

(EUC PROGRAM IS NO LONGER OPERATIONAL BUT HISTORICAL DATA IS AVAILABLE)
ETA 227, Overpayment Detection/Recovery (EUC)

Region Code:		State:		Report for Period Ended:					
SECTION A: NUMBER AND AMOUNTS OF OVERPAYMENTS ESTABLISHED									
Item	Ln. No.	Number of Cases		Dollar Amounts					
		UI (1)	JCFE/X (2)	UI (3)	JCFE/X (4)				
Total Fraud Overpayments	101	c1	e2	e3	e4				
Reversals (JAVA)	102								
SESA Errors	103								
Nonfraud Overpayments	104								
Employer Errors	105								
Claimant Errors	106								
Admin. Penalty	107								
Other	108								
Total Nonfraud Overpayments	109	c5	e6	e7	e8				
Total Fraud & Nonfraud Overpay.	109								
SECTION B: RECONCILIATION OF OVERPAYMENT ACTIVITIES									
Item	Ln. No.	Number of Cases				Dollar Amounts			
		Fraud		Nonfraud		Fraud		Nonfraud	
		UI (5)	FE/X (6)	UI (7)	FE/X (8)	UI (9)	FE/X (10)	UI (11)	FE/X (12)
Outstand. Beg.	201					e9	e10	e11	e12
Recover. Cash	202					e13	e14	e15	e16
Recover. Off.	203					e17	e18	e19	e20
Waived	204			e21	e22			e23	e24
Written Off	205	c25	e26	e27	e28	e29	e30	e31	e32
Additions	206					e33	e34	e35	e36
Subtractions	207	c37	c38	c39	c40	c41	c42	c43	c44
Outstand. End.	208					c45	c46	c47	c48
Allow. Doubt.	209					c49	c50	c51	c52
Collectable	210					c53	c54	c55	c56

TABLE: ar2103

(Data no longer collected but historical data is available.)

ETA 2103 - ADDITIONAL UI CONTINGENCY STAFFYEARS

STATE:		REPORT DATE:			
Fiscal Year	Quarters	QTR 1	QTR 2	QTR 3	QTR 4
1.	IC Est. Wkld.	c1	c2	c3	c4
2.	IC MPU	c5	c6	c7	c8
3.	CW Est. Wkld.	c9	c10	c11	c12
4.	CW MPU	c13	c14	c15	c16
5.	NM Est. Wkld.	c17	c18	c19	c20
6.	NM MPU	c21	c22	c23	c24
7.	AP Est. Wkld.	c25	c26	c27	c28
8.	AP MPU	c29	c30	c31	c32
<hr/>					
Fiscal Year	Quarters	QTR 1	QTR 2	QTR 3	QTR 4
9.	Contingency CPSY	c33	c34	c35	c36
10.	Contingency Supp%	c37	c38	c39	c40
11.	Other Positions	c41	c42	c43	c44
12.	Other Dollars	c45	c46	c47	c48
13.	Contingency \$ Adv	c49	c50	c51	c52

Appendix A

TABLE: ar2112

ETA 2112 - UI Financial Transaction Summary Unemployment Fund

A. REPORT PERIOD ENDED:		B. REGION CODE		C. STATE CODE	
ITEM	LINE NO	NET TOTALS (Sum of cols. D, E & F)	CLEARING ACCOUNT	UNEMPLOYMENT TRUST FUND ACCOUNT	BENEFIT PAYMENT ACCOUNT
A	B	C	D	E	F
BALANCE FORWARD	01	c1	c2	c3	c4
DEPOSITS					
Total Deposits	10	c5	c6	c7	c8
Net UI Contribs.	11	c9	c10		
Penalty/Interest	12	c11	c12		
U.S. Treas. Inter.	13	c13		c14	
Title IX Amortization	14	c15	c16		
Title IX-Distribution	15	c90		c91	
Intra-Acct. Transfer	16	c17		c19	c20
Interstate Benefits	17	c21	c22	c23	c24
UCX Advance/Reimb.	18	c25		c26	
Reimb. Local Gov't	19	c27	c28		
Reimb. State Gov't.	20	c29	c30		
Remib. Non-profit	21	c31	c32		
Fed share EB	22	c33		c34	
FEC Activity	23	c35		c36	
UCFE Advance/Reimb	24	c37		c38	
From Other Sources	25	c39	c40	c41	c42
From Other Sources	26	c43	c44	c45	c46
DISBURSEMENTS					
Total Disburs.	30	c47	c48	c49	c50
Net UI Benefits	31	c51			c52
Net State Share EB	32	c53			c54
Reimb. Local Gov't.	33	c55		c92	c56
Reimb. State Gov't.	34	c57		c93	c58
Reimb. Non-profit	35	c59		c94	c60
UCX Net Payments	36	c61			c62
Fed. Share (Reg.)	37	c63			c64
Fed. Share (EB)	38	c65			c66
FEC Activity	39	c67			c68
Interstate Benef.	40	c69			c70
Title IX (Reed)	41	c71		c72	
To Special Funds	42	c73	c74		
UCFE Net Payments	43	c75			c76
Intra-Acct Trans.	44	c77	c78	c79	
Other (Explain)	45	c81	c82	c83	c84
BAL. CLOSE MONTH	46	c85	c86	c87	c88
Other Withholding	50	c95		c96	c97

TABLE: ac2112ETA 2112 - DISBURSEMENTS FOR THE EMERGENCY UNEMPLOYMENT
COMPENSATION PROGRAM (EUC)

REPORT FOR PERIOD ENDING:	REGION:	STATE:
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Benefits Paid for Initials Filed On or Before 7-4-92

1. Regular:	c1
2. UCFE:	c2
3. UCX:	c3
4. Other:	c4

Benefits Paid for Initials Filed From 7-4-92 Through 3-6-93

5. Total:	c5
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Benefits Paid for Initials Filed After 3-7-93 through 10-2-93

6. Total:	c6
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Benefits Paid for Initials Filed After 10-2-93

7. Total:	c7
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Appendix A

TABLE: ar538

ETA 538, ADVANCE WEEKLY INITIAL AND CONTINUED CLAIMS REPORT

REPORT FOR PERIOD ENDING:	REGION:	STATE:
Week Number: c1	Reflected Week Ending: c2	
Initial Claims, Intrastate & Interstate Taken Directly	c3	
Intrastate Continued Weeks Claimed :	c4	
Interstate Liable Continued Weeks Claimed :	c5	

TABLE: ar539

ETA 539 - CLAIMS AND EXTENDED BENEFITS DATA

REPORT FOR PERIOD ENDING:	REGION:	STATE:		
Week Number: c1	Reflected Week Ending: c2			
IC: c3	FIC: c4	XIC: c5	WSIC: c6	WSEIC: c7
CW: c8	FCW: c9	XCW: c10	WSCW: c11	WSECW: c12
EBT: c13	EBUI: c14	ABT: c15	ABUI: c16	
AT: c17	CE: c18	R: c19	AR: c20	P: c21
	STATUS: c22	STATUS CHANGE DATE: c23		