| The purpose of unemploym | ent insurance is to provide p | partial replacement of v | wages between j | Y ou and your em | ŗ |
|---|---|--|---|---|---|
| percent and your employer pa benef ts, you receive as much your earnings \$10 7e 165 165552pc | or more than you paid into the | e program for the year. Yo | our employer may wi | thhold from | S |
| | | | | | |
| | | | | | |
| Fairbanks: | 907.451.2871 | Toll-free number: | | | |
| Toll-free telephone number to You may be entitled to a reif you had two or more employ your overpayment is \$5 or great of the following calendar year. | efund of excess employee ers in a calendar year, your wit ater. For the year you are daim | contributions to the U hholdings exceeded the ming a refund, the fling dea | nemployment Insura naximum annual emp adline for your applica | ance Trust Fund loyee tax, and ation is Dec. 31 | |