TABLE: ar203

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

×	Male	Female	INA				
SEX	c2	с3	c4				
ICITY	Hispanic or Latino	Not Hispanic or Latino	INA				
ETHNICITY	c40	c41	c42				
RACE	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	INA	
8	c43	c44	c45	c46	c47	c48	
	<22	22-24	25-34	35-44	45-54	55-59	60-64
Щ	c12	c13	c14	c15	c16	c17	c18
AGE	>= 65	INA					
	c19	c20					
	Agricult./Forestry/ Fishing/Hunting	Mining	Utilities	Construction	Manufacturing	Wholesale Trade	Retail Trade
	c49	c50	c51	c52	c53	c54	c55
INDUSTRY	Transportation & Warehouse	Information	Finance & Insurance	Real Estate, Rental & Leasing	Professional/ Scientific/ Tech. Services	Management of Companies & Enterprises	Admin.&Support/ Waste Mgmt./ Remedia. Serv.
DO	c56	c57	c58	c59	c60	c61	c62
<u>Z</u>	Educational Services	Health Care & Social Assistance	Arts, Entertainment & Recreation	Accommodation and Food Services	Other Services (except Public Administration)	Public Administration	INA
	c63	с64	c65	c66	c67	c68	c69
	Management	Business & Financial Ops.	Computer & Math	Architecture & Engineering	Life, Physical & Social Sciences	Community & Social Services	Legal
	с70	c71	c72	с73	с74	c75	с76
z	Education, Training & Library	Arts, Design, Entertainment Sports & Media	Healthcare Practitioner & Technical	Healthcare Support	Protective Services	Food Prep. & Serving Related	Build. & Grounds Cleaning & Maintenance
PATION	с77	с78	с79	c80	c81	c82	c83
OCCUPA	Personal Care & Services	Sales & Related	Office & Admin. Support	Farming, Fishing & Forestry	Construction & Extraction	Installation, Maintenance & Repair	Production
0	c84	c85	c86	с87	c87 c88		с90
	Transportation & Material Moving	Military Specific	INA				
	c91	c92	c93				

TABLE: ar2112ETA 2112 - UI Financial Transaction Summary Unemployment Fund

A. REPORT PERIOD ENDED:		nancial Transaction Gion code	C. STATE CODE	emproyment i unu	
ITEM	LINE NO	NET TOTALS (Sum of cols. D, E & F)	CLEARING ACCOUNT	UNEMPLOYMENT TRUST FUND ACCOUNT	BENEFIT PAYMENT ACCOUNT
A	В	С	D	E	F
BALANCE FORWARD	01	c1	c2	c3	c4
DEPOSITS					
Total Deposits	10	c5	с6	c7	c8
Net UI Contribs.	11	с9	c10		
Penalty/Interest	12	c11	c12		
U.S. Treas. Inter.	13	c13		c14	
Title IX Reed Act Amortization	14	c15	c16		
Title IX Reed Act Distributions	15	c90		c91	
Intra) Acct. Tran.	16	c17		c19	c20
Interstate Benef.	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			e52
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	с69		c89	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 INFORMATION					
Withholding	50	c95		c96	c97

TABLE: ar5159

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

REPORT FOR PERIOD ENDING: STATE: REGION:										
SECTION A. Clai	ms Activ	/ities								
	Initial Claims									
Program	Line No.	Total Sum of Cols. 2-4 (1)	New Intrastate Excluding Transitiona (2)		File Age	erstate ed from nt State (4)	Interstate Taken as Agent Sta (5)	,	Transitional (6)	Interstate Received or Taken as Liable State (7)
State UI	101	c1	c2	c3	c3 c4		c97		c5	c6
UCFE, No UI	102	с7	с8	с9		c10	c98		c11	c12
UCX Only	103	c13	c14	c15	(c16	c99		c17	c18
		Eligibility	Reviews		Conti	nued Wee	nued Weeks Claimed			
		Intrastate (8)	Interstate Liable (9)	Intrastate (10)		InterstateFiledfrom Agent State (11)		Re	Interstate eceivedasLiable State (12)	Entering Self Employ-ment, All Programs (13)
State UI	201	c19	c20	c21	С		c22		2 c24	
UCFE, No UI	202	c25	c26	c27 c28 c30		c28		c30		
UCX Only	203	c31	c32	c33		c	:34		c36	

UCX Only	203	c31	c32	С	33	c34		c36			
SECTION B. Pay	ment Ac	tivities									
				Wee	ks and Am	ounts Comp	ensate	d			
			State UI Program UCFE and UCX Programs							Self Employ-	
Items		All Weeks Compensate (14)	d Unemploy	Total Unemploy-ment Inters (15) (16		Total (17)	UCFE,	, No UI 8)	UCX Only (19)	ment, All Programs (20)	
Number	301	c38	c39)	c40	c41 c4		12	c43	c95	
Amount	302	c45	c46	c46 c		c48	c4	19	c50	c96	
		F	Final Payments fo First Payments for All Unemployment Unemploymen								
		Sta	UCFE & UCX State UI State UI Program Programs Program		UCFE & UCX Programs						
		Total (21)	Intrastate (22)	Interstate (23)	UCFE, No UI (24)			otal (26)	UCFE, No UI (27)	UCX Only (28)	
Number	303	c51	c52	c53	c54	c55	(c56	c57	c58	

TABLE: ae5159

ETA 5159 - CLAIMS AND PAYMENT ACTIVITIES

STATE: REGION:

REPORT FOR PE		NDING:	_17(0100 0	STA	TE: F	REGIC		iLU				
SECTION A. Cla	ims Activ	/ities										
		Initial Claims										
Program	Line No.		New Intrastate Excluding Transitiona (2)		Additional Intrastate (3)	File	erstate ed from ent State (4)	Intersta Taken Agent S (5)	as		Interstate Received or Taken as Liable State (7)	
State UI	101		c1		c46 c2		c49			c3		
UCFE, No UI	102		c4		c47	c47 c5		c50			с6	
UCX Only	103		с7		c48 c8		с8	c51			с9	
		Eligibility	Reviews		C	nued Weeks Claimed						
		Intrastate (8)	Interstate Liable (9)		Intrastate (10)		fromAg			tate Received Liable State (13)		
State UI	201	c10	c11		c12		c13		c15			
UCFE, No UI	202	c16	c17		c18		c19			c21		
UCX Only	203	c22	c23		c24		c25			c27		
SECTION B. Pay	ment Ac	tivities										
			Weeks and Amounts Compensated									
			State UI Pro	gram			U	CFE and U	ICX Prog	grams		

		Weeks and Amounts Compensated										
			State UI Program					UCFE and UCX Programs				
Items		All Weeks Compensated (15)	Total Unemploy (16)				Total (18)	UCFE, No UI (19)	UCX Only (20)			
Number	301	c29	c30	c30		c31		c32	c33			
Amount	302	c35	c36	c36		c37		c38	c39			
			First Paymer	its for All U	nemployme	mployment Final Payments for All Un				mployment		
		St	UCFE	UCFE & UCX Programs		State UI Program	UCFE & UC	X Programs				
		Total (22)			UCF No I (25	اُل	UCX Only (26)	Total (27)	UCFE, No UI (28)	UCX Only (29)		
Number	303	c40			c41		c42	c43	c44	c45		

Comments