

# QUARTERLY STATE UNEMPLOYMENT INSURANCE WITHHOLDING REPORT

Form SUI-101

Employer Name:

Address:

City, State, ZIP:

Phone Number:

Federal EIN:

State Account No:

Tax Year:

- ☐ Q1 (Jan-Mar)  
☐ Q2 (Apr-Jun)  
☐ Q3 (Jul-Sep)  
☐ Q4 (Oct-Dec)

| Employee SSN | Employee Name | Total Gross Wages | Exempt Wages | Taxable Wages |
|--------------|---------------|-------------------|--------------|---------------|
|              |               |                   |              |               |
|              |               |                   |              |               |
|              |               |                   |              |               |
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|              |               |                   |              |               |
|              |               |                   |              |               |
|              |               |                   |              |               |
| Totals:      |               |                   |              |               |

1. Total Taxable Wages (from totals above)

2. SUI Tax Rate (%)

|                                                     |  |
|-----------------------------------------------------|--|
| <b>3. SUI Contribution Due</b> (Line 1 xLine 2)     |  |
| <b>4. Interest / Penalties</b> (if applicable)      |  |
| <b>5. Total Amount Due / Paid</b> (Line 3 + Line 4) |  |

I hereby certify under penalty of perjury that this report has been examined by me, and to the best of my knowledge and belief, is a true, correct, and complete statement of wages paid and contributions due for the period stated.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Preparer Name (if other than Employer)**