DEPARTMENT OF LABOR

State Unemployment Tax Division

Employer's Quarterly Contribution Return
FORM SUTA-1

Quarter Ending Date: _____
Due Date: _____

1. EMPLOYER ACCOUNT NUMBER

2. FEDERAL EMPLOYER ID NUMBER (FEIN)

3. EMPLOYER NAME AND ADDRESS

MONTHLY EMPLOYMENT DATA

Enter the number of full-time and part-time covered workers who worked during or received pay for the payroll period receiving the 12th of the month.

Month 1	Month 2	Month 3

CONTRIBUTION TAX CALCULATION

4	Total Wages Paid This Quarter (All Wages)	
5	Wages in Excess of State Taxable Limit	
6	Taxable Wages (Line 4 minus Line 5)	
7	SUTA Tax Rate	_____ %
8	Contributions Due (Line 6 multiplied by Line 7 Rate)	
9	Interest (For late payment)	
10	Penalty (For late filing)	
11	**Total Amount Due / Remittance Enclosed**	

I certify that the information contained in this return and any accompanying schedules is true, correct, and complete to the best of my knowledge.

AUTHORIZED SIGNATURE

TITLE

DATE

PREPARER'S NAME (if other than taxpayer)

PHONE NUMBER

PREPARER FEIN/PTIN