STATE AGENCY DEPARTMENT OF LABOR
Unemployment Insurance Division

EMPLOYER'S QUARTERLY UNEMPLOYMENT TAX RETURN

FORM
SUTA-1

1. EMPLOYER NAME AND ADDRESS	2. STATE EMPLOYER ACCOUNT NUMBER	3. FEDERAL EMPLOYER ID NUMBER (FEIN)
	4. QUARTER ENDING DATE	5. YEAR
	6. TAX RATE (%)	7. DATE DUE

TAX COMPUTATION

Item	Description	Amount
8	Total wages paid to employees this quarter	
9	Wages in excess of state taxable limit (per employee)	
10	Taxable wages (Subtract Line 9 from Line 8)	
11	Unemployment Tax Due (Multiply Line 10 by Tax Rate on Line 6)	
12	Interest (For late payment)	
13	Penalty (For late filing)	
14	**Total Amount Due (Add Lines 11, 12, and 13)**	

EMPLOYEE WAGE DETAIL (IF MORE SPACE IS NEEDED, ATTACH CONTINUATION SHEETS)

No.	15. Social Security Number	16. Employee Name (First, Middle, Last)	17. Total Quarterly Wages
1			
2			
3			
4			
5			
6			
		Total Wages (Must equal Line 8 above)	

DECLARATION AND SIGNATURE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	TITLE	DATE
PRINTED NAME	PHONE NUMBER	EMAIL ADDRESS