STATE AGENCY NAME	STATE EMPLOYER ACCOUNT NUMBER	FEDERAL EMPLOYER ID NUMBER (FEIN)
EMPLOYER NAME AND ADDRESS	QUARTER ENDING DATE	YEAR

QUARTERLY STATE UNEMPLOYMENT INSURANCE RETURN

File this return along with payment on or before the last day of the month following the close of the quarter.

PART A: TAX SUMMARY

Line	Description	Amount
1.	Total gross wages paid to employees this quarter	
2.	Wages paid in excess of the state taxable wage base limit	
3.	Total taxable wages (Line 1 minus Line 2)	
4.	State Unemployment Insurance (SUI) tax rate	
5.	SUI tax due (Multiply Line 3 by Line 4)	
6.	Surcharge or training tax (if applicable)	
7.	Interest / penalties (for late filing/payment)	
8.	**Total amount due / payment enclosed (Add Lines 5, 6, and 7)**	

PART B: EMPLOYEE WAGE DETAIL

No.	Social Security Number	Employee Name (Last, First, M.I.)	Total Wages Paid This Quarter
1			
2			
3			
4			
5			
6			
7			
		Total of Column (Must equal Line 1 above):	

PART C: SIGNATURE AND VERIFICATION

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.

Authorized Signature	Title	Date	Phone Number
.....	.....	.....	.....