STATE UNEMPLOYMENT TAX RETURN

Employer's Quarterly Declaration

EMPLOYER NAME

TRADE NAME (DBA)

STREET ADDRESS

CITY, STATE, ZIP CODE

STATE EMPLOYER ACCOUNT NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

QUARTER / YEAR

DUE DATE

TAX COMPUTATION FIELDS	AMOUNT
1. Total wages paid this quarter	
2. Wages in excess of the state taxable limit	
3. Total taxable wages (Line 1 minus Line 2)	
4. State unemployment tax rate	
5. Unemployment tax due (Multiply Line 3 by Line 4)	
6. Interest (For late payment)	
7. Penalty (For late filing)	
8. Total amount due (Add Lines 5, 6, and 7)	

NUMBER OF COVERED EMPLOYEES: MONTH 1

MONTH 2

MONTH 3

I declare under penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me, and to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the period stated, pursuant to the state unemployment insurance laws.

AUTHORIZED SIGNATURE

TITLE

DATE

PHONE NUMBER

EMAIL ADDRESS