

# EMPLOYER STATE UNEMPLOYMENT INSURANCE LEDGER

SUTA Tax Record & Wage Report

EMPLOYER NAME: _____	STATE: _____
SUI ACCT NO: _____	TAX YEAR: _____
SUI TAX RATE: _____	WAGE LIMIT: _____

QUARTER / PERIOD	EMPLOYEE SSN	EMPLOYEE NAME	GROSS WAGES	EXCESS WAGES	TAXABLE WAGES	SUI RATE (%)	SUI TAX DUE	PAID
<b>Totals:</b>								

**NOTES / ADJUSTMENTS**

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