STATE AGENCY DEPARTMENT

EMPLOYER'S QUARTERLY

State Unemployment Tax Return

FORM NUMBER

EMPLOYER NAME & ADDRESS		QUARTER ENDING DATE	YEAR
STATE UI ACCOUNT NUMBER	FEDERAL EIN	TAX RATE (%)	DATE DUE

TAX COMPUTATION

1.	Total wages paid to employees this quarter	
2.	Wages paid this quarter in excess of taxable limit	
3.	Taxable wages (Subtract Line 2 from Line 1)	
4.	Unemployment Insurance Tax (Line 3 multiplied by Tax Rate)	
5.	Interest / Penalties (If filed late)	
6.	**Total Amount Due / Paid (Add Line 4 and Line 5)**	

EMPLOYEE WAGE DETAIL (FOR CURRENT QUARTER)

Social Security Number	Employee Name (Last, First, Middle Initial)	Total Wages Paid This Quarter

SIGNATURES AND DECLARATION

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	DATE	PHONE NUMBER
_____ TITLE		