STATE UNEMPLOYMENT INSURANCE (SUI) TAX RETURN

Quarterly Wages and Tax Report

Employer Name:

Address:

City, State, Zip:

SUI Account Number:

Federal EIN:

Quarter / Year:

SSN	Employee Name (Last, First)	Total Gross Wages	Excess Wages	Taxable Wages
	Totals:			

1. Total Taxable Wages:	
2. SUI Tax Rate:	
3. SUI Tax Due (Line 1 x Line 2):	
4. Interest / Penalty (if applicable):	
5. Total Amount Due / Remittance:	

I declare under penalties of perjury that this return, including any accompanying schedules or statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Authorized Signature

Title

Date