

EMPLOYER QUARTERLY TAX REPORT

1. EMPLOYER NAME & ADDRESS

2. EMPLOYER NUMBER

5. FOR CALENDAR QUARTER

3. NAME CONTROL

6. DUE DATE

4. FEDERAL ID NUMBER

NO EMPLOYMENT — IF NO EMPLOYMENT WAS FURNISHED DURING THE QUARTER, WRITE "NO EMPLOYMENT" ON PART 1 AND PART 2.

See more instructions on separate sheet. Must send back original (no photocopies). Must be typewritten or printed in black ink in all capital letters.
Do not print commas, decimals, or \$ signs.

1st MONTH

2nd MONTH

3rd MONTH

7. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR ANY PART OF THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE ENTER ZERO.

8. TOTAL GROSS WAGES PAID THIS QUARTER
(MUST AGREE WITH LINE 22)

9. WAGES PAID THIS QUARTER IN EXCESS OF
PER EMPLOYEE THIS YEAR (see instructions)

10. NET TAXABLE WAGES (SUBTRACT LINE 9 FROM LINE 8)

11. UNEMPLOYMENT INSURANCE (UI) TAX DUE UI TAX RATE %
(MULTIPLY LINE 10 BY TAX RATE)

12. ADMINISTRATIVE CONTRIBUTION (AC) DUE AC RATE %
(MULTIPLY LINE 10 BY RATE)

DO NOT INCLUDE THIS AMOUNT WHEN FILING FEDERAL UNEMPLOYMENT TAX RETURN (FUTA)

13. TOTAL TAX DUE
(ADD LINES 11 AND 12)

14. IF PAYMENT IS DELINQUENT ADD 1% PER MONTH ON TOTAL TAX DUE

15. IF REPORT IS DELINQUENT ADD FEE FOR LATE FILING — 10% OF TAX DUE
— MINIMUM \$25.00

16.

17. PAY THIS AMOUNT (TOTAL LINES 11 THROUGH 14)
(IF UNDER \$1.00 NO PAYMENT DUE)

18. PREPARED BY _____

SIGNATURE

PREPARERS TELEPHONE NO. _____

TAXPAYER _____

AUTHORIZED SIGNATURE

TITLE

DATE

MAKE CHECK PAYABLE TO: STATE OF NH - UC

MAIL CHECK, ORIGINAL COPIES OF BOTH PARTS OF THE REPORT TO:

**NH EMPLOYMENT SECURITY
ATTN: CASHIER
PO BOX 2058
CONCORD, NH 03302-2058**

ANY BUSINESS CHANGES/CORRECTIONS SHOULD BE MADE ON THE ATTACHED CHANGE NOTICE