

(Cut Here)

South Carolina **FORM UCE-101**

NTF 2581895

8 SC1011

ATTACH
HERE
CHECK

NAME, ADDRESS					SCDEW ACCT. NO.		QUARTER ENDING DATE		CURRENT F.E.I.N.					
					2. A. TOTAL WAGES PAID THIS QUARTER									
					B. LESS: EXCESS OVER \$14,000 (SEE ITEM 2B ON INSTRUCTIONS)									
L.B.	L.E.	L.A.	CH.	AREA	C. NET TAXABLE WAGES (ITEM 2A MINUS 2B)									
					3. A. TOTAL CONTRIBUTIONS DUE ITEM 2C TIMES									
1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.						B. DACA / SURCHARGE DUE ITEM 2C TIMES								
			MONTH 1	MONTH 2	MONTH 3	4. INTEREST DUE								
					5. PENALTY DUE									
SIGNATURE					DATE		6. LESS OUTSTANDING CREDIT OF \$							
PREPARER'S TELEPHONE NO.:														
EMPLOYER'S CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.					7. TOTAL AMOUNT DUE THIS QUARTER MAKE REMITTANCE PAYABLE TO: SCDEW									