## IL UI-3/40

Send Form UI-3/40 to the IL Department of Employment Security at the en Apr-Jun 2021

## Reminder: You do not need to file this form

- · This document is an archived copy of a form we've already filed on your behalf.
- · In some cases, we provide a summary worksheet of the form we filed, rather than the form itself.

## QuickBooks Online Payroll

Phone: 1-800-4-INTUIT (1-800-446-8848)

## EMPLOYER'S CONTRIBUTION AND WAGE REPORT Do NOT staple reports or payment. Page No. 1 of 1 Pages Employers that have less than 25 employees have the option of using this form. If the employer has 25 or more employees, the employer This report & payment can be mailed to: IDES, PO Box 19300, Springfield, IL 62794-9300 Do NOT include wage corrections STATE OF ILLINOIS Department of Employment Security must file electronically for a prior quarter in this report. FORM UI-3/40 Rev. 1/2021 9. NAME OF WORKER 10. TOTAL Wages Paid 8. Worker's Social Security Number (Type or Print) (First initial then last) (Enter all nine numbers, without hyphens) Excess of \$12,960 00 : 0000 Leipart Heating & Cooling Enter Dollars & Cents: 318-48-2272 Steven J. Malone 4,499.95 8105 Bluestem Ave 319-78-6275 James T. Leipart Jr 25,000.04 323-80-1807 Courtney L. Leipart 3,846.16 Joliet IL 60431 340-94-6755 Sarah J. Kravitz 3,000.00 343-90-7766 Robert Barry 11,024.44 353-96-0005 Marco J. Barrios 1,581.60 351-48-8307 Lori G. Malone 7,499.96 4617987 20212 06/30/21 07/31/21 07/31/21 PENALTY (\$50.00 MIN.) DUE AFTER ABOVE DATE PERIOD ENDING Your Federal Employer Identification Number (If not shown or if incorrect enter correct number) 27-2861149 CHANGE IN STATUS If a change has occurred in the status of your business, complete form UI-50A. Check this box to indicate that you no longer have workers in Illinois and want your account terminated. Also, complete form UI-50A. 1. ENTER THE TOTAL NUMBER OF COVERED WORKERS (full and part time) who performed services during or received pay for the payroll period including the 12th of each month of the quarter. If none, enter "0". 3RD MONTH 2ND MONTH 1ST MONTH 2. TOTAL WAGES PAID for covered employment 56,452.15 (If no wages were paid, see instructions.) IMPORTANT — SEE INSTRUCTIONS 27,700.04 3. LESS: Wages in excess of \$12,960 per covered worker per calendar year. 4. TAXABLE WAGES (line 2 minus line 3) 28,752.11 5A. If the quarter's TOTAL WAGES (Line 2) are less than \$50,000, calculate at the lessor of your rate as shown on your "Annual Contribution Rate Determination" or 5.4%. Use this space if TOTAL WAGES (Line 2) are \$50,000 or more this quarter. 5B. CONTRIBUTION DUE - Multiply line 4 by your rate. 0.6750 194.08 6A. Add: Interest at 2% (.02) per month for late payment 6B. Add: Penalty for late filing (\$50.00 minimum) 6C. Add: Previous Underpayment PLUS interest

6D. Deduct: Previous Overpayment 7. TOTAL PAYMENT DUE

(If less than \$2.00 - Send report only)

Signed Jason Shipp

<sub>Title</sub> Agent in Fact

Date 07/14/2021

Telephone. (888) 927-7478

MAKE CHECK PAYABLE TO:
"ILLINOIS DIRECTOR OF EMPLOYMENT SECURITY"

I hereby certify that the information contained in

was or is to be deducted from workers' wages.

officer or authorized agent within the employing

enterprise. If signed by any other person, a Power of Attorney must be on file. (See Instructions)

this report and in all accompanying schedules is true and correct to the best of my knowledge and This agency is requesting both disclosure of belief; and that no part of the contribution reported information and payment of contributions that are necessary to accomplish the statutory purpose as outlined under 820 ILCS 405/100-3200. Disclosure of information and payment of contributions are REQUIRED. Failure to provide information or pay contributions may result in this form not being processed and may result in statutorily prescribed sanctions, including penalties and/or interest. This report MUST be signed by owner, partner,

REV 07/13/21 OSP

194.08

Wed Jul 14 18:03:56 PDT 2021

11. Total Wages

56,452.15