

MISSOURI DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE TAX

EAU4

**QUARTERLY CONTRIBUTION
AND WAGE REPORT**

File online at www.unteract.labor.mo.gov

1 EMPLOYER NAME AND ADDRESS

Central MO Professional Services

C/O
ATTN

2500 E. McCarty St.

Jefferson City MO 65101

14 FEDERAL ID NUMBER 43-1800354

If mailing, return this page with remittance to
Division of Employment Security
P O Box 888
Jefferson City, MO 65102-0888
 Make check payable to Division of Employment Security or
 pay online at www.unteract.labor.mo.gov
 573 751 1995

15 THIS REPORT IS DUE BY 07/31/2021
 GREATER OF 10% OR \$100 PENALTY AFTER
 GREATER OF 20% OR \$200 PENALTY AFTER

Place X in applicable box and complete "Employer Change Request"

Business Sold Employment Ceased Change of Address

2 MISSOURI EMPLOYER ACCOUNT NO 01-40259-0-00		AUDIT BLOCK (DO NOT USE)
3 CALENDAR QUARTER / YEAR 1st 2nd X 3rd 4th		YEAR 2021 Date Paid
MUST HAVE AMOUNTS IN 4, 5, & 6, EVEN IF ZERO		
4 TOTAL WAGES PAID	322855.97	
5 WAGES PAID IN EXCESS OF PER WORKER PER YEAR (See Instruction Sheet)	278973.18	
6 TAXABLE WAGES (Item 4 Minus Item 5)	43882.79	
7 TAXES DUE (Multiply Item 6 by Your Rate)	.00	
8 INTEREST ASSESSMENT DUE TO FEDERAL ADVANCES	.00	
9 INTEREST CHARGES OF PER MONTH IF PAID AFTER	.00	
10 LATE REPORT PENALTY CHARGES (See Item 15 to the Left)	.00	
11 OUTSTANDING AMOUNTS AS OF	.00	
12 TOTAL PAYMENT	.00	
13 FOR EACH MONTH, ENTER THE NUMBER OF COVERED WORKERS WHO WORKED OR RECEIVED PAY FOR THE PERIOD THAT INCLUDES THE 12TH OF THE MONTH		
1st 20	2nd 22	3rd 22

(Please Print)

I certify that the information contained in this report, including name and address in Item 1, is true and correct

TAXPAYER
OR PREPARER

X [Signature]

TITLE *X owner*

PHONE 573-634-3455

16. SSN	17. First Name	Middle Initial	Last name	18. Total wages	19. Multi-state	20. Probationary	Probationary Start Date	Probationary End Date
			SEE ATTACHED					
21 PAGE 1 OF PAGES 2				TOTAL THIS PAGE				

THIS FORM IS READ BY A MACHINE PLEASE TYPE OR PRINT THIS REPORT

Missouri Division of Employment Security is an equal opportunity employer/program Auxiliary aids and services
are available upon request to individuals with disabilities TDD/TTY 800-735-2966 Relay Missouri 711

MODES-4 (05 16)
UI Tax

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

EAU 10B

**QUARTERLY WAGE REPORT
CONTINUATION SHEET**

P O Box 888
Jefferson City, MO 65102-0888

Type or print in ink.

Print employer's name and account number as shown on Form MODES-4 <i>Quarterly Contribution and Wage Report</i> Central MO Professional Services 01-40259-0-00	CALENDAR QUARTER AND YEAR <div style="display: flex; justify-content: space-around;"> 1st 2nd X 3rd 4th </div> <div style="text-align: center; margin-top: 10px;"> Year 2021 </div>
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16 Social Security No	17 First name	Middle Initial	Last name	18 Total Wages	19 Multi-State	20 Probationary	Probationary Start Date	Probationary End date
498-50-0899	KEITH	M	BRICKEY	23250.00				
492-58-4800	DARREL	G	SMITH	16130.00				
493-78-9576	DERRICK	F	VETTER	13631.26				
489-86-4328	DANNY	R	KLIETHERMES	8643 13				
491-94-5093	RANDY	L	HOLTMEYER	11734 00				
497-80-6308	CURTIS	F	BAX	16227 20				
496-84-3728	BRIAN	K	MCMILLIAN	27942 94				
494-88-2893	MATTHEW	F	SEALS	9122.50				
486-80-6502	GREGORY	F	HENKE	19053 76				
498-78-1879	JOHN	B	ROCKWELL	15472 00				
486-66-5548	RANDALL	L	KIRCHNER	12424 38				
493-19-8902	Noah		Kesel	4221 00				
491-94-3569	SCOTT		BITTLE	9112 51				
500-94-5644	Cody		Darr	11460 00				
486-74-5396	PAUL	L	SAMSON	30568.59				
488-82-9815	GREGORY	J	DORGE	24804 69				
492-82-2409	PATRICK	P	KREMER	19597.50				
493-17-9304	Caleb		Werdenhausen	6452 50				
493-13-1978	KURTIS		BRICKEY	9483 00				
356-70-1640	JERRY	W	MORGAN	9534.00				
494-13-9484	SAMUEL		SCHROEDER	7968 51				
510-04-6258	DANIEL		CUNNINGHAM	16022.50				
21 PAGE 2 OF 2 PAGES			TOTAL THIS PAGE	322855 97				

Be sure that each page carries employer's name, account number, page number, and calendar quarter and year
Return the original completed form to the Division of Employment Security, P O Box 888, Jefferson City, MO 65102-0888
Retain copy for your file

IMPORTANT If needed, call 573-751-1995 for assistance in the translation and understanding of the information in this document

IMPORTANTE! Si es necesario, llame al 573-751-1995 para asistencia en la traducción y entendimiento de la información en este documento

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