

# QUARTERLY WAGE AND WITHHOLDING REPORT

PLEASE TYPE THIS FORM PER INSTRUCTIONS ON REVERSE  
You must FILE this report even if you had no payroll. If you had no payroll,  
complete Items C or D and P.



00060198

Page number \_\_\_\_\_ of \_\_\_\_\_

QUARTER  
ENDED

DUE

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

YR  QTR

EMPLOYER ACCOUNT NO.

## DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr. WIC

A. **EMPLOYEES** full-time and part-time who worked during or  
received pay subject to UI for the payroll period **which**  
**includes the 12th** of the month.

1st Mo. 2nd Mo. 3rd Mo.

B. ☐ Check this box if you are reporting **ONLY** Voluntary Plan DI wages on this page.  
Report PIT Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. ☐ OUT OF BUSINESS/FINAL REPORT

Date \_\_\_\_\_

E. SOCIAL SECURITY NUMBER F. EMPLOYEE NAME (FIRST NAME) (M.I.) (LAST NAME)

G. TOTAL SUBJECT WAGES H. PIT WAGES I. PIT WITHHELD

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J. TOTAL SUBJECT WAGES THIS PAGE K. TOTAL PIT WAGES THIS PAGE L. TOTAL PIT WITHHELD THIS PAGE

M. GRAND TOTAL SUBJECT WAGES N. GRAND TOTAL PIT WAGES O. GRAND TOTAL PIT WITHHELD

P. I declare that the information herein is true and correct to the best of my knowledge and belief.

Preparer's  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Accountant, Preparer, etc.)