

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
UNEMPLOYMENT INSURANCE DIVISION
**QUARTERLY WAGE, CONTRIBUTION AND
EMPLOYMENT AND TRAINING ASSESSMENT REPORT**

DO NOT WRITE IN THIS SPACE

TAX OFFICE RECEIVED DATE

FEDERAL I.D. NUMBER

ACCOUNT NUMBER

FOR QUARTER ENDING

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1) EMPLOYEE'S SSA #	2) EMPLOYEE'S NAME (LAST, FIRST)	3) TOTAL QTR WAGES PAID

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Do Not File

MAIL OR DELIVER REPORTS AND REMITTANCES TO: **STATE TAX COLLECTOR**
P.O. Box 3223, Honolulu, Hawaii 96801
OR
830 Punchbowl Street
Honolulu, HI 96813

4) TOTAL WAGES
ON THIS PAGE

CONTRIBUTION RATE	%	EMPLOYMENT & TNG ASSESSMENT RATE	%
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17) NUMBER OF COVERED WORKERS IN THE PAY PERIOD INCLUDING THE 12TH DAY OF EACH MONTH		
1ST MONTH	2ND MONTH	3RD MONTH

I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND CORRECT.

SIGNED BY: _____

PRINT NAME: _____

TITLE: _____

TELEPHONE NUMBER: _____

DATE: _____

RETURN ORIGINAL FORM WITH PAYMENT

5) TOTAL FROM OTHER PAGES		
6) TOTAL WAGES PAID THIS QUARTER (sum of items 4 and 5)		
7) LESS WAGES PAID THIS QUARTER to Each Employee in Excess of Year's First \$		
8) NET TAXABLE WAGES (subtract item 7 from item 6)		
9) CONTRIBUTIONS DUE (multiply item 8 by >>>>)		
10) E & T ASSESSMENT DUE (multiply item 8 by >>>>)		
11) AMOUNT DUE (SUM OF ITEM 9 AND 10)		
12) OVERPAYMENT (enter NOTIFICATION OF CREDIT amount)		
13) ADJUSTED CONTRIBUTIONS DUE (subtract item 12 from item 11)		
14) PENALTY AND INTEREST		
15) TOTAL PAYMENT DUE (sum of items 13 and 14)		
TOTAL REMITTANCE - PAY IN US DOLLARS ONLY		
16) MAKE CHECK PAYABLE TO: HAWAII STATE TAX COLLECTOR PLEASE INDICATE YOUR U.I. ACCT. NUMBER ON CHECK		

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FORM UC-B6 (REV. 12/03)
(ICSD L2BW)