

State of Nevada
 Department of Employment, Training & Rehabilitation
 EMPLOYMENT SECURITY DIVISION
 500 E. Third St., Carson City, NV 89713-0030
 Telephone (775) 687-4540

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

| | | | | | | | | | | | |
|--|--|---|--------------------------------------|---|------------------|---------|-------|------|--|--|--|
| <p>PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW.</p> <p>1a. EMPLOYER ACCOUNT NUMBER</p> | | 1b. FOR QUARTER ENDING | | 1e. FEDERAL I.D. NO. | | | | | | | |
| | | 1c. DELINQUENT AFTER | | <p>IMPORTANT</p> <p>FOR YOUR PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE</p> | | | | | | | |
| | | 1d. YOUR RATES | | | | | | | | | |
| A REPORT MUST BE FILED | | | | | | | | | | | |
| <p>3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions)</p> | | | | Dollars | Cents | | | | | | |
| <p>4. LESS WAGES IN EXCESS OF PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions)</p> | | | | : | : | | | | | | |
| <p>5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.)</p> | | | | : | : | | | | | | |
| <p>6. UI AMOUNT DUE THIS QUARTER (Item 5 x your <u>UI</u> Rate shown in Item 1d.)</p> | | | | : | : | | | | | | |
| <p>7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the <u>CEP</u> Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.)</p> | | | | : | : | | | | | | |
| <p>8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract)</p> | | | | : | : | | | | | | |
| <p>9. CHARGE FOR LATE FILING OF THIS REPORT (Add) (One or more days late add \$5.00 forfeit.)</p> | | | | : | : | | | | | | |
| <p>10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Add) (Item 5 x 1/10% (.001) for each month or part of month delinquent.)</p> | | | | : | : | | | | | | |
| <p>11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Add) (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions)</p> | | | | : | : | | | | | | |
| <p>12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check.</p> | | | | : | : | | | | | | |
| 13. SOCIAL SECURITY NUMBER | 14. EMPLOYEE NAME <small>Do not make adjustments to prior quarters.</small> | 15. TOTAL TIPS REPORTED | 16. TOTAL GROSS WAGES INCLUDING TIPS | <p>2. REPORT OF CHANGES If any of the following changes have occurred, please check the appropriate box and provide details on page 2.</p> <p><input type="checkbox"/> Business Discontinued</p> <p><input type="checkbox"/> Ownership Change</p> <p style="padding-left: 20px;"><input type="checkbox"/> Entire Business Sold</p> <p style="padding-left: 20px;"><input type="checkbox"/> Part of Business Sold</p> <p style="padding-left: 20px;"><input type="checkbox"/> Legal Ownership Change</p> <p><input type="checkbox"/> Business Added</p> <p>(FOR DIVISION USE ONLY)</p> | | | | | | | |
| : | : | Dollars | Cents | | | Dollars | Cents | | | | |
| : | : | : | : | | | : | : | | | | |
| : | : | : | : | | | : | : | | | | |
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| : | : | : | : | | | : | : | | | | |
| : | : | : | : | | | : | : | | | | |
| <p>17. NUMBER OF WORKERS LISTED ON THIS REPORT</p> <div style="border: 1px solid black; border-radius: 15px; width: 100px; height: 20px; margin: 0 auto;"></div> | | | | <p>18. FOR EACH MONTH, REPORT THE NUMBER OF WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border: 1px solid black;">1 MO</td> <td style="text-align: center; border: 1px solid black;">2 MO</td> <td style="text-align: center; border: 1px solid black;">3 MO</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> | | 1 MO | 2 MO | 3 MO | | | |
| 1 MO | 2 MO | 3 MO | | | | | | | | | |
| | | | | | | | | | | | |
| 19. TOTAL PAGES THIS REPORT <input style="width: 20px; height: 15px;" type="text"/> | 20. TOTAL TIPS AND TOTAL WAGES THIS PAGE → \$ | | | | | \$ | | | | | |
| <p>21. I certify that the information contained on this report and the attachments is true and correct.</p> | | | | | | | | | | | |
| Signed/Title | | Name of Preparer if Other Than Employer | | | | | | | | | |
| () | () | () | | | | | | | | | |
| Area Code | Fax Number | Area Code | Telephone Number | Area Code | Telephone Number | | | | | | |
| | | | | | Date | | | | | | |