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POES - 3 (REV 02/08)

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OKLAHOMA EMPLOYMENT SECURITY COMMISSION

EMPLOYERS QUARTERLY CONTRIBUTION REPORT

Cashier: P O Box 52004 Oklahoma City, OK 73152-2004

1. Employee Social Security Number	2. Last Name	First Name	3. Total Wages Paid	4. Taxable Wages Paid

To obtain scannable "Continuation Sheets", visit website.

PAGE TOTAL

13. Monthly count of all full and part-time workers who worked or received pay subject to unemployment insurance for the payroll period that includes the 12th of the month.

Month 1 | Month 2 | Month 3

14. Oklahoma Account Number

15. Federal I.D. No.

16. Qtr / Yr

17. Due Date

P003

18. Taxable Amount For
2008 IS 13600.00
2007 IS 13200.00
2006 IS 13500.00

5. TOTAL WAGES PAID (Item 3, All Pages) If None, Enter Zero . . .

6. TAXABLE WAGES PAID (Item 4, All Pages) . . . . . .

7. Contribution Rate for This Calendar Quarter . . . . . %

8. Contributions Due (Taxable Wages #6 **x** Contributions Rate #7) . . . . . .

9. Interest Due (1% per month after due date) . . . . . .

10. 10% Penalty Due $_____ + $100.00 Penalty Due = ...

11. Debit or Credit.

12. PAY THIS AMOUNT . . . . . .

ENTER AMOUNT OF CHECK . . . . . .

MAKE CHECK PAYABLE TO: **Oklahoma Employment Security Commission**

OFFICIAL USE ONLY

19. Name / Address

I certify this report is correct and that no contribution is paid by any employee.

Signature _____

Date _____ Contact Phone (_____)_____

Contact Name _____

Auxiliary aids and services are available, upon request, to individuals with disabilities.