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WOES - 3A (REV 03/10)

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

EMPLOYERS QUARTERLY CONTRIBUTION REPORT

Cashier: PO Box 52004 Oklahoma City, OK 73152-2004

To File by Diskette or Obtain Form Instructions Visit: www.oesc.state.ok.us

1. Employee Social Security Number	2. Last Name	First Name	3. Total Wages Paid	4. Taxable Wages Paid
		PAGE TOTAL	0.00	0.00

5. Name / Address

6. Oklahoma Account Num1ber

7. Qtr / Yr

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WOES - 3 (REV 03/10)

Cartridge / Diskette Submitted ☐

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 0.00 | 0.00

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

W003

18. Taxable Amount For
2010 is $14,900.00
2009 is $14,200.00
2008 is $13,600.00

5. TOTAL WAGES PAID (Item 3, All Pages) 0.00

6. TAXABLE WAGES PAID (Item 4, All Pages) 0.00

7. Contribution Rate for This Calendar Quarter . . . . .Enter rate as a decimal, Ex. 0.3% = .003 0.0%

8. Contributions Due (Taxable Wages #6 **x** Contributions Rate #7) 0.00

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 0.00

ENTER AMOUNT OF CHECK . . . . . .

MAKE CHECK PAYABLE TO: Oklahoma Employment Security Commission

OFFICIAL USE ONLY

RESET FORM

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.