

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

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
---------	---------	---------

- 5. TOTAL WAGES PAID (Item 3, All Pages)
- 6. TAXABLE WAGES PAID (Item 4, All Pages)
- 7. Contribution Rate for This Calendar Quarter **Enter rate as a decimal, Ex. 0.3% = .003**
- 8. Contributions Due (Taxable Wages #6 x Contributions Rate #7)

14. Oklahoma Account Number	16. Qtr / Yr
-----------------------------	--------------

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

15. Federal I.D. No.	17. Due Date
----------------------	--------------

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

11. Debit or Credit.



W003

18. Taxable Amount For

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 _____