


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 | | | | |
| 5. Name / Address | | | 6. Oklahoma Account Number |  W03A |
| | | | 7. Qtr / Yr | |

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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

16. Qtr / Yr

15. Federal I.D. No.

17. Due Date



W003

OFFICIAL USE ONLY

18. Taxable Amount For

19. Name / Address

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)

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

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

Signature _____

Date _____ Contact Phone (____) _____

Contact Name _____