OKLAHOMA EMPLOYMENT SECURITY COMMISSION

EMPLOYERS QUARTERLY CONTRIBUTION REPORT Cashier: PO Box 52004 Oklahoma City, OK 73152-2004

	To File by Diskette or Obta	in Form Instructions \	/isit: www.oesc.state.ok.us	
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 Num1ber	
		-	7. Qtr / Yr	W03A

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Го	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

18. Taxable Amount For

- 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
- 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 _____