

UNEMPLOYMENT INSURANCE TAX REPORT

NOTE: Unemployment Insurance (UI) Operations has moved from 1515 Arapahoe Street to 251 East 12th Avenue. If assistance is needed, contact the Employer and tax Services Customer Contact Center at one of the above telephone numbers. Visit our Web site at www.coloradoworkforce.com/UIT and click on UI Tax Newsletter to view Publication UITR-25, UI Quarterly News.

999999.99-9

2/10

3. Report and Payment Due By:

7/31/10

Granite All State Test 2007
PO Box 1491

4. Federal Identification No.

84-1234567

Parker, CO 80134

5. Corrected Federal ID No.

Please type this report. The report must be filed even if zero wages were paid during the quarter. Return the original report and retain the second copy for your files. Do not return carbon copies or photocopies (see instructions on reverse.)

6. If Item 12 is less than \$5, you are not required to pay the amount (see Item 6 on reverse).

7. Check method of reporting: UITR-1a Magnetic media

8. For each month, report the number of covered workers who worked during or received pay for the payroll which includes the 12th of the month. If there is no employment in the pay period, enter zero.

APRIL

MAY

JUNE

1

0

2

FOR OFFICE USE ONLY

TD

ER

PW

RC

9. Total Colorado gross wages paid all employees this quarter.	51347	09
10. Wages in excess of 10000 per employee per year (see reverse side).	37928	29
11. Total taxable wages (subtract line 10 from line 9).	13418	80
12. Taxes due at the combined rate of .0400 (times line 11) includes surcharge .0000	536	75
13. Interest due for late payment and/or penalty at the rate of 1.5% (.015) per month.	0	00
14. Penalty due at the rate of \$50.00 for each quarter the report is late; penalty for newly subject employers is \$10.00 for the first four quarters (see #14 on reverse).	0	00
15. Attach debit or credit statement (see reverse side).	0	00
16. TOTAL AMOUNT DUE.	536	75

Please make your check payable to the Colorado State Treasurer, include your employer account number on the front of your check.

Please Print Name of Preparer Vicki Stevens

Date Report Completed

Signature of Preparer _____

Telephone Number 303-841-0447

Signature of Owner/Partner/Officer _____

Telephone Number