Employer's Quarterly Report Continuation Sheet

Division of Unemployment Compensation
BUREAU OF TAX
107 E. Madison Street – Tallahassee, FL 32399-0212

RETURN ORIGINAL WITH EMPLOYER'S QUARTERLY REPORT

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

1. Page Number (Ex. 2 of 4)	2. Date Quarter Ended

3. Location Unit Code	4. Employer's Name	5. UC Account Number	CK Digit

6. Employee's Social Security Number	7. Employee's Name Last Name	First Name	Mdl Init	8. Employee's Gross Wages Paid This Quarter	
		9. TOTAL WAGES THIS PAGE			