DOL-UID-21 (9/99)

EMPLOYER'S QUARTERLY CONTRIBUTION, INVESTMENT FEE, AND WAGE REPORT
Unemployment Insurance Division of South Dakota
P.O. Box 4730 • Aberdeen, South Dakota 57402-4730 • Phone (605) 626-2312

	Account Number		Places used	Plack Ink Only	EXAMPLE: TYP	E characters THROUGH boxe
				Black Ink Only. ctions are on the back of and below.	EXAMPLE: PRI	NT characters IN boxes
			3. Total gross	s wages paid in this quarter (It	em 21)	
			4. Wages in e	excess of \$7,000.00 this quart	er (Item 22)	
			5. Taxable w	ages (Item 3 minus Item 4)		
Quarter/Year	Due Date		6. UI contribu	ution rate	% x line 5	
		7	7. Investmen		% x line 5	
				(add lines 6 & 7)		
For each month, report the numb received pay for the payroll perior	ber of covered workers who worked during or iod which includes the 12th of the month.			nt from prior quarters (explain o	<u> </u>	
If	If none, enter "0"			ine 8 x 1.5% per month from c	lue date	
1st month	2nd month 3rd month			r late filings: \$5.00 per month		
Does this account operate in more	ore than			r late payments: \$5.00 per mo		
one location in South Dakota?	Yes No No		13. Total remit	ttance (Add lines 8, 9, 10, 11 8	k 12) ————————————————————————————————————	
If your business in South Dakota h page. If the ownership changed of	has changed in any way, please complete Iter during this quarter, a separate report must be	m 14 on the back significant submitted by each	de of this ownership.	Make remitt: Unemp	ance payable to the South	n Dakota on
15. Employee's Social Security Numb	per 16. Employee's Name (Last, Fi	rst)	17. To	otal Gross Wages Paid This Q	uarter 18. Excess Wag	ges This Quarter
	\neg		\Box		\Box	
	\Box		ПП			
	\Box		ПП		ППП	
	ШШШШ				Ш ШШ	
ППППП			ПП		ППП	
	$\overline{}$		ПΠ		$\sqcap \sqcap \sqcap$	
I certify all information on this report is	complete and correct.	19. Tota	al Gross Wages Th	iis Page	20. Total Excess Wage	s This Page
Signature				<u> </u>		
Title D	Date	21. Tota	al Gross Wages All	Pages	22. Total Excess Wage	s All Pages
Prepared by To	Telephone	\neg	TIT	\Box		

DOL-UID-21A (10/99)

UNEMPLOYMENT INSURANCE DIVISION OF SOUTH DAKOTA Employer's Report of Wages Paid to Each Employee Continuation Sheet

PLEASE TYPE THIS REPORT

1. Account No. Quarter/Year		
15. Employee's Social Security Number16. Employee's Name (Last, First)	17. Total Gross Wages Paid	18. Excess Wages This Quarter
	·	
	·	
 	t 	
19. Total Gross Wages This Page	20. Total Excess This Page	

EMPLOYER'S QUARTERLY CONTRIBUTION, INVESTMENT FEE, AND WAGE REPORT Unemployment Insurance Division of South Dakota

ITEM 14

IMPORTANT: IF YOUR BUSINESS IN SOUTH DAKOTA HAS CHANGED IN ANY WAY, PLEASE COMPLETE ITEMS A OR B BELOW.

A. If business was discontinued without a succe	essor; give date of last employment	
hereby make application for exemption from fine Unemployment Insurance Division at any da	ling all reports required under the Unemp te in the future that I should again enter b	oloyment Insurance Law. I agree to advise ousiness and employ persons.
8. If the business was sold, leased, or otherwise	transferred, complete the following:	
Name and address of successor		
Effective date of disposition		
Are you retaining any part of the business: Y	Yes No	
Number of employees retained		
The Unemployment Insurance Division is he under the number shown on the face of this r	reby authorized to transfer All No report to the above referenced successor.	ne of the experience rating account
Signed (By owner or officer)	Title	Date
ITEM 9		
Quarter Ending		
Explanation of Adjustment:		