## EMPLOYER'S QUARTERLY TAX AND WAGE REPORT - PART I

GEORGIA DEPARTMENT OF LABOR - P.O. BOX 740234 - ATLANTA, GA 30374-0234 Tel. (404) 232-3245

REPORT FOR THE QUARTER ENDING Month



	Additional Wage Sheets Must be in this format.	DOL Account Number	/ Qtr/Yr	Total Tax Rat	te	Form Must be Filed By		
ı	Parts I & II of this report must		_		(Emplo	oyer's Name)		
6	always be submitted. Enter zeroes in Total Reportable Gross Wages				(Stre	et Address)		
I	Paid This Quarter if no wages		_		(Stre	et Address)		
'	were paid for this quarter.			(City)		(State)	(Zip + 4)	
l. Sc	cial Security Number	2. Employee's Full Name				Total Individual I Gross Wages Paid	idual Reportable es Paid This Quarter	
	Last	First		l				
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PAG	E 1 OF 1 WAGE SHEETS		ТОТ	AL WAGES				
		TOTAL REPORTARIE		THIS PAGE \$	,	,	•	
	(Enter this amount	TOTAL REPORTABLE on PART II, Line 2PAID		RTER \$	,	,	•	
		MESSAG	E AREA					

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DOL-4N (R-1/14)

## EMPLOYER'S QUARTERLY TAX AND WAGE REPORT - PART II

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GEORGIA DEPARTMENT OF LABOR - P.O. BOX 740234 - ATLANTA, GA 30374-0234 Tel. (404) 232-3245

REPORT FOR THE QUARTER ENDING

Month



	DO NOT staple any items to this page		OOL Acco	unt Numbe	er	Qtr/Yr		Total	Tax Ra	te	Fo	rm Mu	st be F	iled B	<i>y</i>	
	FORM ENTRY EXAMPLE : (PLEASE PRINT CLEARLY)						1		2	6	9	, [	0		0	
re	or each month, report the number of overed workers who worked during or ceived pay for the payroll period hich includes the 12th of the month	(1ST MON	NTH)	•		(2ND M	ONTH)				<u> </u>	(3RI	) MON	ТН)		
	al NEFONTABLE GROSS WAGES Falu	\$			,			,								
	s Quarter (combine all wages into <u>one</u> total.)  NUS Non-Taxable Wages Paid This Quarter	-			,			,								
, TA	XABLE WAGES Paid This Quarter				,			,								
Co	ntribution Tax Due % x taxable wages (line 4)				,			,								PARTS I & II OF THIS REPORT MUST
Adı	ministrative Assessment Due: % x taxable wages (line 4)				,			,								BE SUBMITTED.
Inte	erest On Lines 5 and 6: See Instructions Due After				,			,								
	nalty is for filing late, not based on total amount e: (See Instructions) Due After				,			,								
	Balance as of				,			,								
). то	TAL AMOUNT DUE: ( SUM of lines 5 thru 9)	\$			,			,								
ne (4	04) 232-3301 <b>EMPLOYER CHANGE</b>	REQUE	EST -	If ANY	of the f		gitems	have	e cha					e the		priate information be
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