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

GEORGIA DEPARTMENT OF LABOR - P.O. BOX 720234 - ATLANTA, GA 30374-0234 Tel. (404) 656-3145

	ELECTRONIC FORM PROCESSING	REPORT FOR THE QUARTER ENDING 6/30/10													
	DO NOT staple any items to this page. Use BLACK ink only.							.0800		7,	/31/1	10			
pago. Goo DE CONTINUON.			DOL Account Number			Qtr/Yr Total		l Tax Rat	e	Form m	Form must be File				
	FORM ENTRY EXAMPL (PLEASE PRINT CLEARLY)	.E						1 ,	2	6 9	•	0	0		
For each month, report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.			1 (1ST MONTH)			(2ND	1			(3RD N	О				
2. Total	GROSS WAGES Paid This Quarter	\$	(,	5	2	7	1	5	5	9	8	•			
3. MINU	S Non-Taxable Wages Paid This Quarter			5	2	7	1	5	5	9	8	ı			
4. TAXABLE WAGES Paid This Quarter										0	0)			
5. Contribution Tax Due:										0	0)		& II OF THIS MUST ALWAYS	
8.0000 X taxable wages (line 4) 6. Administrative Assessment Due:										0	0)	BE SUBMITTED. ENTER ZEROES ON LINE 2 IF NO WAGES WERE PAID		
7. Interes	.0800 X taxable wages (line 4) 7. Interest on Lines 5 and 6: See Instructions									0	0)	THIS QUARTER.		
	ty is for filing late, not based on total due: (See Instructions)									0	0)			
9.	Balance as of									0	C)			
10. TOT	AL AMOUNT DUE: (SUM of lines 5 thru 9)	. \$								0	0)			
	PARTS I & II OF THIS REPORT ARE FILED PAID, A F.I. F.A. (TAX LIEN) WILL BE ISSUE				Return t					& II) LABOR.			FOR DEPT	JSE ONLY	
Phone (4	104) 656-5590 EMPLOYER CHANGE	REQUE	EST - If ANY of the	e follo	owing ite	ms hav	ve chanç	ged, plea	ase co	mplete th	e app	orop	riate info	rmation below.	
	are a new employer, or the name of your bus aged, or is incorrect, enter the correct information (Business Name) (Street Address)			S 				s occurred s nued Added		Entire B Sold Merger	e the f	ollow	ving:	rporation rmed rtial Sale	
(Street Address)							Corporat	e Name C	hange O	nly (Attach o	opy of	Amer	ndment to C	harter)	
	(Street Address)						Other (A	ttach Expla	anation)						
	(City)	(State)	(Zip)				Effective	Date (M	M/DD/\	(Y) _					
D 1611	(Phone)		OFOROMA												
B. If the PRINCIPAL LOCATION of your business operations in GEORGIA has changed, enter the correct address below (DO NOT use a P.O. Box number for Principal Location):						(New Owner's Name)									
						(Street Address)									
(Street Address)						(Street Address)									
	(Street Address)							(City)		_		(Sta	te)	(Zip)	
	(City)	(State)	(Zip)			0		hone)		0007					
C. As a ne	(Phone) w employer, enter your Federal Indentification	n numbe	r below.				nite All Box 14		rest	2007					
If the Federal ID number changed due to a change in ownership, complete section D.						Park	er, CC	8013	4						
	I certify that the information contained in this rand that no part of the tax was or is to be dedu			attache	ed is true a	nd correc	ct	(E	mployer	Name and A	Address	s)			
	Signature and title of individual	respon	sibile for informa	ation	provide	ed			Phone	e No.				Date	