

Cartridge / Diskette Submitted

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

EMPLOYERS QUARTERLY CONTRIBUTION REPORT

Cashier: P O Box 52004 Oklahoma City, OK 73152-2004

1. Employee Social Security Number	2. Last Name	First Name	3. Total Wages Paid	4. Taxable Wages Paid
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To obtain scannable "Continuation Sheets", visit website.

PAGE TOTAL

13. Monthly count of all full and part-time workers who worked or received pay subject to unemployment insurance for the payroll period that includes the 12th of the month.

Month 1 Month 2 Month 3

5. TOTAL WAGES PAID (Item 3, All Pages) If None, Enter Zero ...

6. TAXABLE WAGES PAID (Item 4, All Pages)

7. Contribution Rate for This Calendar Quarter %

8. Contributions Due (Taxable Wages #6 x Contributions Rate #7)

9. Interest Due (1% per month after due date)

10. 10% Penalty Due \$ _____ + \$100.00 Penalty Due =

11. Debit or Credit.

12. PAY THIS AMOUNT

ENTER AMOUNT OF CHECK

MAKE CHECK PAYABLE TO: Oklahoma Employment Security Commission

14. Oklahoma Account Number 16. Qtr / Yr

 /

15. Federal I.D. No. 17. Due Date

 / /



18. Taxable Amount For
 2010 IS 14900.00
 2009 IS 14200.00
 2008 IS 13600.00

OFFICIAL USE ONLY

19. Name / Address

I certify this report is correct and that no contribution is paid by any employee.

Signature _____

Date _____ Contact Phone (____) _____

Contact Name _____