

## **CORRECTIONS / CHANGES**

IF THIS BUSINESS HAS CHANGED HANDS IN FULL ☐ OR IN PART ☐ SINCE YOUR LAST RETURN, ENTER THE NAME(S) AND ADDRESS(ES) OF NEW OWNER(S) AND DATE SOLD BELOW.

NAME \_\_\_\_\_ DATE SOLD \_\_\_\_\_

ADDRESS \_\_\_\_\_

IF YOU ARE OUT OF BUSINESS IN CONNECTICUT, ENTER LAST BUSINESS DATE.

IF THE MAILING ADDRESS FOR WHICH THIS RETURN IS BEING  
FILED HAS CHANGED, ENTER THE NEW ADDRESS BELOW.

NUMBER AND STREET

TOWN

STATE

ZIP

EMPLOYEE SOCIAL  
SECURITY NUMBER

NAME OF EMPLOYEE Type or  
Print 1st Initial, Last Name

TOTAL WAGES THIS QTR.

Dollars

Cents

[illegible]

TOTAL WAGES  
ALL PAGES

(Same as LINE 1 on UC-2)

TOTAL WAGES  
THIS PAGE

REGISTRATION NO.	C.D.	FEDERAL IDENTIFICATION NO.	REPORT PERIOD	
			QTR	YR
LIABILITY DATE	SUC.	NOTIFICATION DATE	<input type="checkbox"/> MAGNETIC TAPE SUBMIT	
TOTAL NUMBER OF EMPLOYEES LISTED ON ALL PAGES OF THIS REPORT		TOTAL NUMBER OF PAGES OF THIS REPORT INCLUDING CONTINUATION SHEETS		

☐ MAGNETIC  
TAPE SUBMITTED

## EMPLOYER CONTRIBUTION RETURN

FORM CONN. UC-2  
(REV. 6/00)

**SEE REVERSE SIDE FOR INFORMATION**

Qtr.

STATE OF CONNECTICUT  
DEPARTMENT OF LABOR  
EMPLOYMENT SECURITY DIVISION  
P.O. BOX 2940  
HARTFORD, CONNECTICUT 06104-2940  
(860) 263-6470

MAIL CHECK, PAYABLE TO ;  
"ADMINISTRATOR, UNEMPLOYMENT COMPENSATION"  
PLEASE ENTER REGISTRATION NUMBER ON CHECK.

ENTER AT RIGHT A COUNT OF ALL FULL-TIME AND PART-TIME WORKERS  
IN COVERED EMPLOYMENT WHO PERFORMED SERVICES DURING OR  
RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF  
THE MONTH. IF NO EMPLOYMENT IN THE PAYROLL PERIOD, ENTER ZERO.

1st MONTH
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2nd MONTH

3rd MONTH

ENTER "NONE" IN ITEM 1 IF NO WAGES WERE PAID.

Dollars

Cents

1. TOTAL GROSS WAGES PAID TO ALL EMPLOYEES FOR  
WORK PERFORMED IN CONNECTICUT THIS QUARTER.
2. TOTAL WAGES PAID WITHIN THIS QUARTER TO EACH  
EMPLOYEE IN EXCESS OF  
FOR THE CURRENT CALENDAR YEAR
3. TOTAL TAXABLE WAGES (LINE 1 MINUS LINE 2)
4. CONTRIBUTION RATE

5. AMOUNT OF CONTRIBUTION ( Contribution Rate X LINE 3)

6. DEDUCT CREDITS, SEE OVER

7. NET AMOUNT OF CONTRIBUTIONS DUE  
(LINE 5 MINUS LINE 6)

8. ADD INTEREST AT PER MONTH  
TIMES (X's) THE NUMBER OF MONTHS

9. ADD PENALTY OF TEN PERCENT (10%) OR FIFTY DOLLARS (\$50), WHICHEVER IS GREATER.

10. AMOUNT OF REMITTANCE ENCLOSED WITH  
THIS RETURN (SUM OF LINES 7, 8 AND 9)

REGISTRATION NO.	C.D.	FEDERAL IDENTIFICATION NO.	REPORT PERIOD	
			QTR	YR
LIABILITY DATE	SUC.	NOTIFICATION DATE	DUE DATE	

All liable Connecticut employers must file this return by the last day of the month following each calendar quarter.

I, a duly authorized representative of the employer, certify that the information reported herein is true and correct.

SIGNATURE

TITLE

DATE \_\_\_\_\_

PHONE #



MAGNETIC MEDIA FILERS: Please complete the UC-2. Only supply the total number of employees and total wages on the UC-5A. There is NO NEED TO LIST INDIVIDUAL EMPLOYEE WAGE INFORMATION ON THE UC-5A.

1. Enter the total gross wages paid to all employees for work performed in Connecticut during the quarter. Wages paid include cash wages, value of other remuneration received by the employee such as meals, lodging, rent, clothing and merchandise. **If you did not pay any gross wages this quarter, you may file this return by calling 860-566-1018.** A recorded menu will guide you through the process.
2. Enter the total amount in excess of the taxable base paid this quarter to each employee for the current calendar year. See sample below using \$15,000. as the taxable wage base.

If any employee performed work for the same employer in a state (or states) other than Connecticut, and contributions were paid on such wages to the other state (or states), those wages may be included in determining the taxable wage base.

EXAMPLE

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
Total gross wages paid during the quarter for one employee	6000	6000	6000	6000
Less excess of \$15,000	-0-	-0-	3000	6000
Taxable Wages	6000	6000	3000	-0-

NOTE: The taxable wage base for 1999 and future years is \$15,000.

3. Subtract Line 2 from Line 1.
4. Your tax rate for the year.
5. Enter the amount of contributions due. This amount is determined by multiplying the wages shown in Line 3 by the TAX RATE (Line 4).
6. Enter any credit authorized by official adjustment memorandum (Form UC-116), or if a review of your account resulted in a credit, that amount will be preprinted on this line.
7. Enter the difference between Lines 5 and 6.
8. Enter the amount of interest due. Contributions that are unpaid the last day of the month following the calendar quarter for which contributions are due and payable are subject to interest.
9. Enter the amount of penalty due. A penalty of ten percent (10%) or fifty dollars (\$50), whichever is greater, is assessed if the balance of contributions is not paid within thirty (30) days of the due date.
10. Enter the amount of remittance enclosed with this return (add lines 7, 8, and 9). Make check or money order payable to "Administrator Unemployment Compensation". Do not mail cash.

IMPORTANT- AFTER COMPLETING QUARTERLY RETURN, SEND RETURN WITH PAYMENT IN THE ENCLOSED ENVELOPE. Please make a copy and retain for your records.

11. Verify Federal Identification Number. If incorrect or missing, furnish correct number.
12. Please direct all inquiries and correspondence to:

STATE OF CONNECTICUT - DEPARTMENT OF LABOR  
EMPLOYMENT SECURITY DIVISION  
P.O. BOX 2940  
HARTFORD, CT 06104-2940

TELEPHONE NO. (860) 263-6470