

Form WR-1 **Employer's Quarterly Report of Wages Paid**

(Rev. 8/97)

Massachusetts

Department of

Revenue

For calend	ar quarter								
Total number of pages:					Г	Federal Identification number			
		amended return.							
Check box if this is a final report .					-	Total number of employees reported			
	R Wage Repo								
PO	Box 7029, Bo	ston, MA 02204			Total gr		oss wages reported		
Do not send any money with this form. This form may be reproduced.						\$			
			day following each calendar qu	uarter. Complete in full and	d retain a copy for	your rec	ords.		
Emp		Security number		ase print or type) List only on	e employee per line.		Gross wages paid this		
000	00	0000	Last name	First name	Middle init	ial	Dollars	Cents	
If you need more space, use Form WR-2.			Total number of employees reported on this page:		Total gross v reported on	vages this page:			
	nat I have ex	amined this report	and to the best of my knowledge a						
Signature				Date		Title			