Form WR-1
Employer's Quarterly Report of Wages Paid
Massachusetts Department of Revenue

For calendar quarter

| Total number of pages: |  |  |
| :--- | :--- | :--- |
| $\square$ Check box if this is an amended return. |  | Federal Identification number |
| $\square$ Check box if this is a final report. | Total number of employees reported |  |
| Mail to: DOR Wage Reporting Unit |  |  |
| $\quad$ PO Box 7029, Boston, MA 02204 |  |  |
| Do not send any money with this form. |  |  |
| This form may be reproduced. | Total gross wages reported |  |

Form WR-1 is due by the 15th calendar day following each calendar quarter. Complete in full and retain a copy for your records.

| Employee Social Security number |  |  | Name of employee (please print or type) List only one employee per line. |  |  | Gross wages paid this quarter |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 000 | 00 | 0000 | Last name | First name | Middle initial | Dollars | Cents |
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| If you need more space, use Form WR-2. |  |  | Total number of employees reported on this page: |  | Total gross wages reported on this page: |  |  |

I declare that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Signature | Date |
| :--- |

