

State of Nevada  
 Department of Employment, Training & Rehabilitation  
 EMPLOYMENT SECURITY DIVISION  
 500 E. Third St., Carson City, NV 89713-0030  
 Telephone (775) 687-4540

## EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

<p><b>PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW.</b></p> <p>1a. EMPLOYER ACCOUNT NUMBER</p>		1b. FOR QUARTER ENDING		1e. FEDERAL I.D. NO.							
		1c. DELINQUENT AFTER		<p><b>IMPORTANT</b></p> <p>FOR YOUR PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE</p>							
		1d. YOUR RATES									
<b>A REPORT MUST BE FILED</b>											
<p>3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions)</p>				Dollars	Cents						
<p>4. LESS WAGES IN EXCESS OF PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions)</p>				:	:						
<p>5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.)</p>				:	:						
<p>6. UI AMOUNT DUE THIS QUARTER (Item 5 x your <u>UI</u> Rate shown in Item 1d.)</p>				:	:						
<p>7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the <u>CEP</u> Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.)</p>				:	:						
<p>8. PRIOR CREDIT (Attach "Statement of Employer Account" ) (Subtract)</p>				:	:						
<p>9. CHARGE FOR LATE FILING OF THIS REPORT (Add) (One or more days late add \$5.00 forfeit.)</p>				:	:						
<p>10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Add) (Item 5 x 1/10% (.001) for each month or part of month delinquent.)</p>				:	:						
<p>11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Add) (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions)</p>				:	:						
<p>12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. <b>Please enter Employer Account Number on check.</b></p>				:	:						
13. SOCIAL SECURITY NUMBER	14. EMPLOYEE NAME <small>Do not make adjustments to prior quarters.</small>	15. TOTAL TIPS REPORTED	16. TOTAL GROSS WAGES INCLUDING TIPS	<p>2. <b>REPORT OF CHANGES</b> If any of the following changes have occurred, please check the appropriate box and provide details on page 2.</p> <p><input type="checkbox"/> Business Discontinued</p> <p><input type="checkbox"/> Ownership Change</p> <p style="padding-left: 20px;"><input type="checkbox"/> Entire Business Sold</p> <p style="padding-left: 20px;"><input type="checkbox"/> Part of Business Sold</p> <p style="padding-left: 20px;"><input type="checkbox"/> Legal Ownership Change</p> <p><input type="checkbox"/> Business Added</p> <p>(FOR DIVISION USE ONLY)</p>							
:		Dollars	Cents			Dollars	Cents				
:		:	:			:	:				
:		:	:			:	:				
:		:	:			:	:				
:		:	:			:	:				
:		:	:			:	:				
<p>17. NUMBER OF WORKERS LISTED ON THIS REPORT</p> <div style="border: 1px solid black; border-radius: 15px; width: 100px; height: 20px; margin: 0 auto;"></div>				<p>18. FOR EACH MONTH, REPORT THE NUMBER OF WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">1 MO</td> <td style="text-align: center; border-bottom: 1px solid black;">2 MO</td> <td style="text-align: center; border-bottom: 1px solid black;">3 MO</td> </tr> <tr> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> <td style="border: 1px solid black; width: 33%;"></td> </tr> </table>		1 MO	2 MO	3 MO			
1 MO	2 MO	3 MO									
19. TOTAL PAGES THIS REPORT <input style="width: 20px; height: 15px;" type="text"/>	20. TOTAL TIPS AND TOTAL WAGES THIS PAGE → \$					\$					

21. I certify that the information contained on this report and the attachments is true and correct.

Signed/Title \_\_\_\_\_ Name of Preparer if Other Than Employer \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Area Code Fax Number Area Code Telephone Number Area Code Telephone Number Date

EMPLOYER'S REPORT OF CHANGES

Employer Account Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Business Discontinued (no new ownership)..... \_\_\_\_\_  
(Please notify the Division if, or when, business resumes.) Month/Day/Year

Exact Date of Last Payroll \_\_\_\_\_  
Month/Day/Year

Change in Business Ownership - Complete NEW OWNER(S) section below.

Sale of Entire Business..... \_\_\_\_\_  
Month/Day/Year

Partial Sale (not out of business)..... \_\_\_\_\_  
Month/Day/Year

Describe Part Sold \_\_\_\_\_

\_\_\_\_\_

Change in Legal Ownership..... \_\_\_\_\_  
(such as adding or dropping a partner, incorporating, etc.) Month/Day/Year

NEW OWNER(S) New Federal Identification Number (if applicable):

\_\_\_\_\_

Check Type of Organization:

- S Corporation
- Sole Proprietor
- Limited Liability Partnership
- Publicly Traded Corporation
- Association
- Limited Liability Company
- Privately Held Corporation
- Partnership
- Other

Name and address of new owner(s), partner(s), corporate officer(s), member(s), etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

New Business Units Added to Present Ownership..... \_\_\_\_\_  
Month/Day/Year

Trade Name \_\_\_\_\_

Location \_\_\_\_\_

Nature of Operation \_\_\_\_\_

Previous Owner(s) \_\_\_\_\_

STATE OF NEVADA  
 DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION  
 EMPLOYMENT SECURITY DIVISION  
 500 E. Third Street  
 Carson City, Nevada 89713-0030

**CONTINUATION SHEET  
 EMPLOYER'S QUARTERLY LIST OF WAGES PAID**

EMPLOYER ACCOUNT NUMBER  NAME  ADDRESS	FOR QUARTER ENDING	PAGE NUMBER
ENCLOSE THIS FORM WITH THE "EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT" (FORM NUCS-4072)		

	SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	TOTAL TIPS REPORTED THIS QUARTER	TOTAL WAGES (INCLUDING REPORTED TIPS) THIS QUARTER
	TOTAL TIPS AND TOTAL WAGES THIS PAGE →		\$	\$

Report Not Complete if Social Security Numbers Are Missing