EMPLOYER'S QUARTERLY TAX AND WAGE REPORT - PART I

GEORGIA DEPARTMENT OF LABOR - P.O. BOX 740234 - ATLANTA, GA 30374-0234 Tel. (404) 232-3245

REPORT FOR THE QUARTER ENDING Month



Additional Wage Sheets Must be in this format.	DOL Account Number	/ Qtr/Yr To	tal Tax Rate	Form Must be Filed B	Зу				
Parts I O II of this name at most			(Emp	loyer's Name)					
Parts I & II of this report must always be submitted. Enter zero			(Stre	(Street Address)					
in Total Reportable Gross Wages Paid This Quarter if no wages	i		(Stre	eet Address)					
were paid for this quarter.		(0	City)	(State)	(Zip + 4)				
Social Security Number	2. Employee's Full Name			3. Total Individua	Il Reportable				
Last	First			Gross Wages Pa	aid This Quarter				
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PAGE 1 OF 1 WAGE SHEETS		TOTAL WAGE FOR THIS PAG	 S E \$						
(Enter this amou	TOTAL REPORTABLE Gunt on PART II, Line 2PAID T	DOCC WACEC	•	, ,					
	MESSAGE /	AREA							

Save Form

EMPLOYER'S QUARTERLY TAX AND WAGE REPORT - PART II

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GEORGIA DEPARTMENT OF LABOR - P.O. BOX 740234 - ATLANTA, GA 30374-0234 Tel. (404) 232-3245



	ELECT	FRONIC FORM	PROCESSI	ING																
	1 OO	NOT staple any item	ns to this pag	je	DC	L Accou	nt Numbe	r	/ Qtr/Yr		Tota	al Tax R	ate	Forn	n Must be	Filed I	Зу			
		FORM ENTRY EX	(AMPLE:							1	ļ	2	6	9	0		0			
1.	covered workers received pay for	report the number of who worked during or the payroll period he 12th of the month		(18	T MONT	H)			(2ND M	IONTH)					(3RD MON	(TH)				
2.		LE GROSS WAGES Pa		\$,			,									
3.	MINUS Non-Taxal	ble Wages Paid This Qu	arter	-				,			,									
4.	TAXABLE WAGES	S Paid This Quarter						,			,							DAE	T C 0 1	0.5
5.	Contribution Tax E	Due taxable wages (line 4)						,			,							THI	TS I & II S REPOR	T MUS
6.	Administrative Ass	sessment Due: taxable wages (line 4).						,			,				•			BE S	UBMITT	ED.
7.	Interest On Lines	5 and 6: See Instructions Due After	5					,			,									
8.	Penalty is for filing due: (See Instruction	late, not based on total ions) Due After	amount					,			,									
9.		Balance as of						,			,	,								
10.	TOTAL AMOUNT	DUE: (SUM of lines 5 th	nru 9)	\$,			,									
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