## **Maryland Unemployment Insurance Quarterly Contribution Report**

171717

## **Do Not Staple Anything To This Form**

123456789

If typed, disregard vertical bars, type a consecutive string of characters. Exclude decimal point on lines 10,11 and 12. Include decimal point on lines 14,15,16,18 and 19. If hand printed, print your characters in CAPS and within boxes as shown below.

□ 0 1 2 3 4 5 6 7 8 9

ABCDEFGHIJKLMNOPQRSTUVWXYZ

|   | DO I   | NOT enter commas or \$ sign                                  | ns.   |   |
|---|--|--|---|---|
| E-MAIL ADDRESS:   |  |  |   |   |
| 1) If your e-mail address, name, and/or n   | nailing address need(s) correction, enter c  | hanges below and darken the box                              | 7   |   |
|   |  |  | 2) EMPLOYER NUME  4) FEDERAL ID NUMI  | MMDDYY  |
| D.B.A. NAME   |  |  | 6) If your Federal ID No.<br>shown is incorrect, enter<br>correct Number here.  | POLO HERE   |
| 7) If you changed the name of your busin  | ness above, darken the appropriate box. —  | Name cha   | anged under same ownership: Name  | e changed under new ownership:  |
| 8) Your telephone number on record is:  | EMPLOYER'S TELEPHONE NO.   | If your telephone number show enter your correct area code & |   |   |
| •   | mployees after this quarter, enter last date rate officers continue to receive salary for OUR ACCOUNT WILL BE CL | services performed. —————                                    | → MMDDY   | Darken box if your business closed because it was acquired by another employer. |
| When completing lines 10 through 12, round entries to the nearest whole dollar. Omit codecimal points and \$ signs. If you are repo   | ommas,   |  | _ CR  | For Office Use Only  CB NO 16   |
| no wages paid, enter 0 on lines 10 and 12.  10) Total Wages paid for employment this (See Instructions)   | quarter = \$ \$ \$ \$ \$ \$ \$   | \$ \$ \$ 1   |   |   |
| 11) Excess wages paid during the quarter employee in excess of <b>\$8,500</b> since Ja (See Instructions)   | to each nuary 1 = \$\$\$,\$\$\$  | \$ \$ \$ NOT INCLUDE CENTS                                   |   |   |
| 12) Taxable wages: subtract Line 11 from  | 10 = \$\\$\\$\\$\\$\$  | \$   \$   \$   |   | types who were paid wages during the included the 12th day of the month         |
| 13) Your Tax Rate for this quarter =  When completing lines 14 through 19, included and decimal points. Omit commas and \$ sign to the sign of the sign | ns. If   |  | 1st MONTH +   |   |
| your entry on a line is zero, leave the line bla<br>14) Contributions for this quarter =<br>Multiply Line 12 by Line 13   | [\$]\$ \$ \$   | \$   \$   \$   .   ¢   ¢                                     | 2nd MONTH +   | FOLD HERE   |
| -<br>15) Add interest if this report is filed after<br>Multiply Line 14 x No. of Days Late x 0  | Due Date =   | \$   \$   \$   .   ¢   ¢                                     | 3rd MONTH +   | 9   |
| 16) Add \$35.00 Penalty if this report is file  | d after Due Date   | \$   \$   .   ¢   ¢  | TOTAL OF 3 MONTHS =   |   |
| 17) Add Prior Balance Due as of:<br>(See Instructions)  | \$ \$ \$ \$  | \$ \$ \$ . ¢ ¢   | 21)Signature Date (MM/DD/YY)  | MMDDYY  |
| 18) Less Approved Credit Memo. (See Inst  | tructions) =   | \$ \$ \$ . ¢ ¢   | 22)Signature below certifies that the in is true and correct to the best of the |   |
| 19) NET PAYMENT DUE: Sum of Lines 14, 19 minus Line 18. Payments may be made to ACH debit or ACH credit transaction. Mal Maryland Unemployment Insurance Fur Payment plans are available. (See Instruction)   | by check, credit card, ke check payable to:  | \$ \$ \$ . ¢ ¢   |   |   |

Photocopy both sides of this Report for your records • Mail this original (NO Photocopies) and your check to: Division of Unemployment Insurance, PO Box 17291, Baltimore, Maryland 21297-0365.

181818



## Maryland Unemployment Insurance Quarterly Employment Report

Round your entries to the nearest whole dollar.
Omit dashes in social security numbers and commas and decimal points in wage amounts.
Example: Round 4,643.27 to 4643

Valid reasons for not entering wages on this page follow:

- No wages were paid to employees this quarter and you choose to file this paper report instead of filing your no wage report by telephone, or
   You choose to file this paper report and your wages are reported on magnetic media.

Note: If you paid wages to employees and your wages are not filed via the internet, telephone or on mag-

|           |                            |                   |                               |   | nieu commuanon sneets must de useu |             |
|-----------|----------------------------|-------------------|-------------------------------|---|------------------------------------|-------------|
|           | 1) EMPLOYER NAME           |                   | 2) EMPL                       | OYER NUMBER                                 | 3) FOR QTR ENDING                  | 4) DUE DATE |
|           |                            |                   |                               |   | MMDDYY                             |             |
|           | 5) EMPLOYEE'S SOC. SEC. NO | 6) FIRST LETTER C | OF 7)<br>RST NAME             | FIRST THREE LETTERS OF EMPLOYEE'S LAST NAME | 8) EMPLOYEE'S WAGES                |             |
| FOLD HERE | 1                          |                   |                               |   | [\$ \$]\$ \$ \$ \$ \$              | \$   \$     |
|           | 2                          |                   |                               |   | \$   \$   \$   \$   \$   \$        | \$   \$     |
|           | 3                          |                   |                               |   | \$ \$ \$ \$ \$ \$                  | \$   \$     |
|           | 4                          |                   |                               |   | \$ \$ \$ \$ \$ \$                  | \$ \$       |
|           | 5                          |                   |                               |   | \$ \$ \$ \$ \$ \$                  | \$ \$       |
|           | 6                          |                   |                               |   | \$ \$ \$ \$ \$ \$                  | \$ 5        |
|           | 7                          |                   |                               |   | \$   \$   \$   \$   \$   \$        |             |
|           | 8                          |                   |                               |   | \$ \$ \$ \$ \$ \$                  | \$ \$ 6     |
|           | 9                          |                   |                               |   | \$ \$ \$ \$ \$ \$                  | \$\$ ш      |
|           | 10                         |                   |                               |   | \$ \$ \$ \$ \$ \$                  |             |
|           | 11                         |                   |                               |   | \$   \$   \$   \$   \$   \$        |             |
|           | 12                         |                   |                               |   | \$   \$   \$   \$   \$   \$        |             |
| FO        | 13                         |                   |                               |   | \$   \$   \$   \$   \$   \$        | \$   \$     |
| FOLD HERE | 14                         |                   |                               |   | \$   \$   \$   \$   \$   \$   \$   |             |
|           | 15                         |                   |                               |   | \$   \$   \$   \$   \$   \$   \$   | \$   \$     |
|           | 16                         |                   |                               |   | \$   \$   \$   \$   \$   \$        | \$ \$ 6     |
|           | 17                         |                   |                               |   | \$   \$   \$   \$   \$   \$        | \$ \$       |
|           | 18                         |                   |                               |   | \$   \$   \$   \$   \$   \$        | \$   \$     |
|           | 19                         |                   |                               |   | \$ \$ \$ \$ \$ \$                  | \$ \$       |
|           | 20                         |                   |                               |   | \$   \$   \$   \$   \$   \$        | \$   \$     |
|           | 21                         |                   |                               |   | \$   \$   \$   \$   \$   \$        | \$   \$     |
|           | 22                         |                   |                               |   | \$   \$   \$   \$   \$   \$        | \$   \$     |
|           | D/DIII 40 /DEV 40/40)      |                   | 9) TOTAL WAGES<br>THIS PAGE = | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$               | \$ \$                              |             |

DLLR/DUI 16 (REV. 12/12)

181818



DLLR/DUI 16 (REV. 12/12)

## **Maryland Unemployment Insurance Quarterly Employment Report Continuation Sheet**

Round your entries to the nearest whole dollar. Omit dashes in social security numbers and commas and decimal points in wage amounts.

|           |                             |   | Example: Round 4,643.27 to 4643                                   |               |
|-----------|-----------------------------|---|---|---------------|
|           | 1) EMPLOYER NAME            | 2) EMPLOYER NUMBER  | 3) FOR QTR ENDING 4) DUE DATE                                     |               |
|           | .,                          |   | MMDDYY  |               |
|           | 5) EMPLOYEE'S SOC. SEC. NO. | 6) FIRST LETTER OF 7) FIRST THREE LETTERS OF EMPLOYEE'S FIRST NAME EMPLOYEE'S LAST NAME | 8) EMPLOYEE'S WAGES   |               |
|           | 1                           | EMPLOYEE'S FIRST NAME EMPLOYEE'S LAST NAME  | [\$ \$ \$ \$ \$ \$ \$   |               |
|           | 2                           |   | [\$ \$ \$ \$ \$ \$ \$   |               |
| Z.        | 3                           |   | \$ \$ \$ \$ \$ \$   |               |
| FOLD HERE | 4                           |   | [\$ \$ \$ \$ \$ \$ \$   |               |
|           | 5                           |   | [\$ \$ \$ \$ \$ \$ \$   |               |
|           | 6                           |   | \$ \$ \$ \$ \$ \$   | )             |
|           | 7                           |   |   | 7             |
|           | 8                           |   | \$ \$ \$ \$ \$ \$   | )<br>         |
|           | 9                           |   | \$ \$ \$ \$ \$ \$   |               |
|           | 10                          |   | \$ \$ \$ \$ \$ \$   | )<br>כ        |
|           | 11                          |   | \$ \$ \$ \$ \$ \$ \$<br>\$ \$ \$ \$ \$ \$ \$<br>\$ \$ \$ \$ \$ \$ | 7             |
|           | 12                          |   | \$ \$ \$ \$ \$ \$   | ノ<br> -<br> - |
| FO.       | 13                          |   | \$ \$ \$ \$ \$ \$   |               |
| FOLD HERE | 14                          |   | \$ \$ \$ \$ \$ \$   |               |
|           | 15                          |   | \$ \$ \$ \$ \$ \$   | _             |
|           | 16                          |   | \$ \$ \$ \$ \$ \$   | 2             |
|           | 17                          |   | \$ \$ \$ \$ \$ \$ \$  |               |
|           | 18                          |   | \$ \$ \$ \$ \$ \$ \$  |               |
|           | 19                          |   | \$ \$ \$ \$ \$ \$ \$  |               |
|           | 20                          |   | \$ \$ \$ \$ \$ \$   |               |
|           | 21                          |   | \$ \$ \$ \$ \$ \$ \$  |               |
|           | 22                          |   | \$ \$ \$ \$ \$ \$   |               |
| DI I B/   | NIII 16 (REV 12/12) Page of | 9) TOTAL WAGES<br>THIS PAGE =   | \$   \$   \$   \$   \$   \$   \$   \$                             |               |