

**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

43999



REPORT FOR THE QUARTER ENDING Month

Additional Wage Sheets  
Must be in this format.

DOL Account Number	/	Qtr/Yr	Total Tax Rate	Form Must be Filed By
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**Parts I & II of this report must always be submitted. Enter zeroes in Total Reportable Gross Wages Paid This Quarter if no wages were paid for this quarter.**

\_\_\_\_\_  
(Employer's Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip + 4)

1. Social Security Number

2. Employee's Full Name

3. Total Individual Reportable Gross Wages Paid This Quarter

	Last	First
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\$ , .

\$ , .

\$ , .

\$ , .

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\$ , .

\$ , .

PAGE 1 OF 1 WAGE SHEETS

TOTAL WAGES FOR THIS PAGE \$ , , .

**TOTAL REPORTABLE GROSS WAGES**  
(Enter this amount on PART II, Line 2.....**PAID THIS QUARTER** \$ , , .

MESSAGE AREA

Save Form



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REPORT FOR THE QUARTER ENDING Month



ELECTRONIC FORM PROCESSING

DO NOT staple any items to this page

DOL Account Number

Qtr/Yr

Total Tax Rate

Form Must be Filed By

FORM ENTRY EXAMPLE :

(PLEASE PRINT CLEARLY)

Grid for form entry with numbers 1, 2, 6, 9, 0, 0

1. For each month, report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.....

(1ST MONTH) (2ND MONTH) (3RD MONTH)

Table with 10 rows for tax calculations and 3 columns for months. Includes items like Total REPORTABLE GROSS WAGES Paid, MINUS Non-Taxable Wages Paid, TAXABLE WAGES Paid, Contribution Tax Due, Administrative Assessment Due, Interest On Lines 5 and 6, Penalty is for filing late, and Balance as of.

PARTS I & II OF THIS REPORT MUST BE SUBMITTED.

UNLESS PARTS I & II OF THIS REPORT ARE FILED AND THE TOTAL AMOUNT DUE IS PAID, A FI. FA. (TAX LIEN) WILL BE ISSUED AS REQUIRED BY LAW.

Return original forms (Parts I & II) with remittance to GA DEPT of LABOR

FOR DEPT USE ONLY

Phone (404) 232-3301 EMPLOYER CHANGE REQUEST - If ANY of the following items have changed, please complete the appropriate information below.

A. If you are a new employer, or the name of your business or MAILING ADDRESS has changed or is incorrect, enter the correct Information below:

(Business Name)

(Street Address)

(Street Address)

(City) (State) (Zip + 4)

(Phone) (Email Address)

B. If the PRINCIPAL LOCATION of your business operations in GEORGIA has changed, enter the correct address below (DO NOT use a P.O. Box number for Principal Location):

(Street Address)

(Street Address)

(City) (State) (Zip + 4)

(Phone) (Email Address)

C. If your Federal Identification number has changed enter the correct number below:

If the Federal ID number changed due to a change in ownership, complete section D.

I certify that the information in this report and any subsequent pages attached is true and correct and that no part of the tax was or is to be deducted from the worker's wages

D. If your business was discontinued or if a change in ownership has occurred, please completed the following:

(Check One)

- Business Discontinued, Entire Business Sold, Corporation Formed, Partners Added or Withdrawn, Merger, Partial Sale, Corporate Name Change Only, Other (Attach Explanation)

Effective Date (MM/DD/YY) / /

(New Owner's Name)

(Street Address)

(Street Address)

(City) (State) (Zip + 4)

(Phone) (Email Address)

(Employer Name and Address)

Signature and title of individual responsible for information provided

Phone No.

Date