

**Iowa Workforce Development
Employer's Contribution & Payroll Report**

65-5300 (08-12)

Unemployment Insurance Tax Bureau
PO Box 4846
Des Moines IA 50306-4846
Phone: 888-848-7442 option #3 then option #7

UI Account #	Filing Quarter	Filing Year
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Filing Quarter	Due Date
1st - Jan, Feb, Mar	Apr 30
2nd - Apr, May, Jun	Jul 31
3rd - Jul, Aug, Sep	Oct 31
4th - Oct, Nov, Dec	Jan 31

Employer Information

FEIN: _____ Phone: _____ Ext: _____
 Legal Business Name: _____
 DBA: _____
 Mailing Address 1: _____
 Mailing Address 2: _____
 City: _____ State/Province: _____ Zip+4/Postal Code: _____

Payment Calculation

If no wages were paid this quarter, enter 0.00 in lines 1 & 2.

- 1. Total Wages (All Pages): \$ _____
- 2. Taxable Wages (All Pages): \$ _____
- 3. State Experience Owed
(Line 2 x State Experience Rate): \$ _____
- 4. Reserve Fund Owed
(Line 2 x Reserve Fund Rate): \$ _____
- 5. Surcharge Owed
(Line 2 x Surcharge Rate): \$ _____
- 6. Contribution Owed (Lines 3 + 4 + 5): \$ _____
- 7. Interest Owed: \$ _____
- 8. Penalty Owed: \$ _____
- 9. Total Owed (Line 6 + 7 + 8): \$ _____
- 10. Previous Amount Due: \$ _____
- 11. Previous Credit Available: \$ _____
- 12. Amount Due (Line 9 + 10 - 11): \$ _____
- 13. Amount Paid: \$ _____

Taxable Wage Base: \$ _____

State Experience Rate:	_____ %
+ Reserve Fund Rate:	_____ %
+ Surcharge Fund Rate:	_____ %
= Contribution Tax Rate:	_____ %

Calculate Contribution Owed:

How to Calculate Interest Due:

- Multiply line 6 by 0.0003333 (round to 2 decimals)
- Then multiply that number by the number of days late.

How to Calculate Penalty Due:

- Pay the greater of \$35.00 or (Penalty Rate X Total Wages)
- Use the table to the right to determine the Penalty Rate.

Days Delinquent	1-60	61-120	121-180	181-240	241+
Penalty Rate	0.001	0.002	0.003	0.004	0.005

Make checks payable to Iowa Workforce Development. If Amount Due is \$1 or less, no payment is required.

I CERTIFY that this report is true and correct and that no part of the contribution was deducted from any employee's wages.

Authorized Signature: _____ **Print Preparer's Name:** _____
Print Signer's Name: _____ **Preparer's Title:** _____
Signer's Title: _____ **Preparer's Phone Number:** _____
Date Submitted: _____ **Email:** _____

NOTE: Information collected from employers by the Unemployment Insurance Services Division of Iowa Workforce Development may also be provided to various federal and state agencies as required or permitted by federal and state law.



Equal Opportunity Employer/Program
Auxiliary aids & services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.

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If you need more wage lines or have additional reporting units, copy this page.

Reporting Unit Number: _____ Total Wages for this reporting unit: \$ _____

Worksite Address 1: _____

Worksite Address 2: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Wage Information

Enter the wage information for each employee of this Reporting Unit. To get credit for taxable wages paid in another state, you must file this report online at www.myiowaui.org.

	Social Security Number	Employee Name (Last, First, MI)	Total Wages Paid	Taxable Wages Paid
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Totals For This Page:

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Labor Market Information for this Reporting Unit

If you have any questions about Labor Market Information, call (800) 532-1249 or fax (515) 281-8195.

- Enter the number of employees (workers) who worked during or received pay for the pay period that includes the 12th of the month: 1st Month: _____ 2nd Month: _____ 3rd Month: _____
- Enter amount of pay which exceeds regular and recurring payments to employees such as bonus, executive pay, severance pay, etc: \$ _____
- If the number of workers increased or decreased during the quarter for any of the following reasons, check the box(es) to indicate the reason(s).

<input type="checkbox"/> 1. Seasonal Change	<input type="checkbox"/> 3. Layoff	<input type="checkbox"/> 5. Worksite Opening
<input type="checkbox"/> 2. Labor Dispute	<input type="checkbox"/> 4. Recall	<input type="checkbox"/> 6. Worksite Closing

Page ___ of ___

Administrative Use Only

FD: _____ LD: _____ Batch #: _____ Delinquent After Date: _____