

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT
ARKANSAS DEPARTMENT OF WORKFORCE SERVICES
P.O. BOX 8007 LITTLE ROCK, ARKANSAS 72203-8007 (501) 682-3798

DWS ID NUMBER
DATE QUARTER ENDED
FEDERAL ID NUMBER
REPORT DUE DATE

Check box and return if no wages paid [ ]

PART A.

Table with 4 columns: Item number, Description, 1st mo of qtr, 2nd mo of qtr, 3rd mo of qtr. Rows include employee count, wages paid, taxable wages, contribution rate, and amount due.

DO NOT ALTER THIS FORM

Form with two sections: 'Initial' and 'Amt received'.

CASHIER'S STAMP

PART B.

Enter the SSN, first name, middle initial, last name and total wages paid to each employee during the calendar quarter in the space provided below (continuation sheet provided).

ATTACH CHECK HERE

Table with 4 columns: Social Security Number, First Name, Middle Initial & Last Name of Employee, Total Wages Paid. Rows 1-8 for employee data.

PAGE ONE OF PAGE(S) TOTAL NO. OF EMPLOYEES ON THIS REPORT TOTAL WAGES FOR THIS PAGE \$

I HEREBY CERTIFY THIS REPORT IS TRUE AND CORRECT AND NO PARTS OF THE CONTRIBUTION HAVE OR WILL BE BORNE BY ANY EMPLOYEE.

SIGNATURE TITLE DATE TELEPHONE

**CONTINUATION SHEET FOR FORM 209B**

DWS ID Number \_\_\_\_\_ Quarter End Date \_\_\_\_\_

Employer \_\_\_\_\_

Town \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NUMBER	FIRST NAME, MIDDLE INITIAL & LAST NAME OF EMPLOYEE	TOTAL WAGES PAID
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____
4) _____	_____	\$ _____
5) _____	_____	\$ _____
6) _____	_____	\$ _____
7) _____	_____	\$ _____
8) _____	_____	\$ _____
9) _____	_____	\$ _____
10) _____	_____	\$ _____
11) _____	_____	\$ _____
12) _____	_____	\$ _____
13) _____	_____	\$ _____
14) _____	_____	\$ _____
15) _____	_____	\$ _____
16) _____	_____	\$ _____
17) _____	_____	\$ _____
18) _____	_____	\$ _____
19) _____	_____	\$ _____
20) _____	_____	\$ _____
21) _____	_____	\$ _____
22) _____	_____	\$ _____
23) _____	_____	\$ _____
24) _____	_____	\$ _____
25) _____	_____	\$ _____
26) _____	_____	\$ _____

TOTAL WAGES FOR THIS PAGE \$ \_\_\_\_\_