

COMPLETING PARTS I AND II OF EMPLOYER'S QUARTERLY TAX AND WAGE REPORT, FORM DOL-4N

Part I is designed for reporting wages and names of employees, including corporate officers. In the top section of the form, you must select the quarter ending month, enter the year, and your Georgia Department of Labor (GDOL) account number. If you are a new employer or have not been assigned an account number, enter "Applied For" in the account number field and attach form DOL-1A, Employer Status Report, if not previously submitted. Enter your business name and complete mailing address.

You must enter the Social Security Number, full last name and full first name and total reportable gross wages for the quarter for each employee. Reportable gross wages are the total gross wages (to include tip wages) minus 125 Cafeteria Plan deductions taken during the quarter. Wages must be reported for the quarter in which wages were actually paid. If you are an employer with more than 100 employees, you must file electronically by magnetic media (DVD, CD-Rom, or USB Flash Drive) or online at <http://dol.georgia.gov/file-tax-and-wage-reports-and-make-payments>

Part II is for reporting tax summary information and changes to your account.

Line 1 Enter monthly covered employment data, as defined in *Line 1*

Line 2 Show total reportable gross wages paid for the quarter (for all employees. Enter zeros, if no wages were paid this quarter).

Line 3 Subtract non-taxable wages (above \$9500 per employee per calendar year).

Line 4 Enter the difference between *Line 2* and *Line 3*.

Line 5 Compute Contribution Tax. Enter your assigned contribution tax rate that is provided on your Annual Tax Rate Notice. New employers must use 2.64%. For tax periods prior to January 1, 2017, new employers must use 2.62%.

Line 6 Compute Administrative Assessment. Effective January 1, 2017 the rate is .06% (.0006). For tax periods prior to January 1, 2017, the Administrative Assessment rate is .08% (.0008). Administrative Assessment applies to all employers except minimum rated and maximum rated employers and those employers who have elected to make payments in lieu of contribution as provided by Code Section 34-8-158.

Line 7 Compute interest for late payment at 1.5% per month (a month is one or more days of any calendar month after the due date). Interest accrues until all tax and administrative assessment are paid.

Line 8 Enter penalty if the report is filed late. Penalty required is \$20 or .05% (.0005) of total wages, whichever is greater, for each month. Compute penalty as .05% (.0005) of total wages whenever total wages for the quarter are more than \$40,000.

Line 9 To be completed by the Department, if applicable.

Line 10 Enter the amount owed, adjusted by subtracting any credit(s) or adding any debit amount(s) on the account from previous quarters.

Account changes should be reported in Sections A-D at the bottom of Part II of the form. Should you need assistance completing Sections A-D call 404-232-3301. Sign and submit Parts I and II together by the due date.

Visit dol.georgia.gov for more filing and payment options

If unable to pay online, make check or money order payable to Georgia Department of Labor, include your GDOL account number and mail to:

Georgia Department of Labor
P. O. Box 740234
Atlanta, GA 30374-0234

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

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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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PAGE 1 OF 1 WAGE SHEETS

TOTAL WAGES
FOR THIS PAGE \$

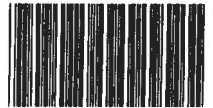
TOTAL REPORTABLE GROSS WAGES
(Enter this amount on PART II, Line 2.....PAID THIS QUARTER \$

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MESSAGE AREA





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)

						1	2	6	9	0	0
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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)

2. Total REPORTABLE GROSS WAGES Paid..... \$
This Quarter (combine all wages into one total.)

3. MINUS Non-Taxable Wages Paid This Quarter..... -

4. TAXABLE WAGES Paid This Quarter.....

5. Contribution Tax Due
% x taxable wages (line 4).....

6. Administrative Assessment Due:
% x taxable wages (line 4).....

7. Interest On Lines 5 and 6: See Instructions
Due After

8. Penalty is for filing late, not based on total amount
due: (See Instructions) Due After

9. Balance as of

10. TOTAL AMOUNT DUE: (SUM of lines 5 thru 9)..... \$

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 (Attach copy of Amendment to Charter)

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

