

State of Nevada
 Department of Employment, Training & Rehabilitation
 EMPLOYMENT SECURITY DIVISION
 500 E. Third St., Carson City, NV 89713-0030
 Telephone (775) 687-4540

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

<p style="color: red; font-weight: bold;">PLEASE CORRECT ANY NAME OR ADDRESS INFORMATION BELOW.</p> 1a. EMPLOYER ACCOUNT NUMBER		1b. FOR QUARTER ENDING		1e. FEDERAL I.D. NO.	
		1c. DELINQUENT AFTER		<p style="color: red; font-weight: bold; margin: 0;">IMPORTANT</p> <p style="font-size: small; margin: 0;">FOR YOUR PROTECTION, VERIFY YOUR FEDERAL I.D. NO. ABOVE. IF IT IS IN ERROR, PLEASE ENTER THE CORRECT NUMBER HERE</p>	
		1d. YOUR RATES			
A REPORT MUST BE FILED					
3. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (If you paid no wages, write "NONE," sign report and return.) (See Instructions)				Dollars	Cents
4. LESS WAGES IN EXCESS OF PER INDIVIDUAL (Cannot exceed amount in Item 3.) (See Instructions)				:	:
5. TAXABLE WAGES PAID THIS QUARTER (Item 3 less Item 4.)				:	:
6. UI AMOUNT DUE THIS QUARTER (Item 5 x your <u>UI</u> Rate shown in Item 1d.)				:	:
7. CEP AMOUNT DUE THIS QUARTER (Item 5 x the <u>CEP</u> Rate in Item 1d.) (Add) (Do not include the CEP amount on federal unemployment tax return Form 940.)				:	:
8. PRIOR CREDIT (Attach "Statement of Employer Account") (Subtract)				:	:
9. CHARGE FOR LATE FILING OF THIS REPORT (Add) (One or more days late add \$5.00 forfeit.)				:	:
10. ADDITIONAL CHARGE FOR LATE FILING, AFTER 10 DAYS (Add) (Item 5 x 1/10% (.001) for each month or part of month delinquent.)				:	:
11. INTEREST ON PAST DUE UI CONTRIBUTIONS (Add) (Item 6 x 1% (.01) for each month or part of month delinquent.) (See Instructions)				:	:
12. TOTAL PAYMENT DUE (Total Items 6 through 11.) MAKE PAYABLE TO NEVADA EMPLOYMENT SECURITY DIVISION. Please enter Employer Account Number on check.				:	:
13. SOCIAL SECURITY NUMBER	14. EMPLOYEE NAME Do not make adjustments to prior quarters.	15. TOTAL TIPS REPORTED	16. TOTAL GROSS WAGES INCLUDING TIPS	Dollars	Cents
:		Dollars	Cents	Dollars	Cents
:		:	:	:	:
:		:	:	:	:
:		:	:	:	:
:		:	:	:	:
:		:	:	:	:
:		:	:	:	:
:		:	:	:	:
19. TOTAL PAGES THIS REPORT <input type="checkbox"/>	20. TOTAL TIPS AND TOTAL WAGES THIS PAGE →	\$	\$		

2. REPORT OF CHANGES
 If any of the following changes have occurred, please check the appropriate box and provide details on page 2.

- Business Discontinued
- Ownership Change
 - Entire Business Sold
 - Part of Business Sold
- Legal Ownership Change
- Business Added

(FOR DIVISION USE ONLY)

17. NUMBER OF WORKERS LISTED ON THIS REPORT

18. FOR EACH MONTH, REPORT THE NUMBER OF WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH.

1 MO	2 MO	3 MO

21. I certify that the information contained on this report and the attachments is true and correct.

Signed/Title _____ Name of Preparer if Other Than Employer _____

(_____) (_____) (_____) _____

Area Code Fax Number Area Code Telephone Number Area Code Telephone Number Date

EMPLOYER'S REPORT OF CHANGES

Employer Account Number: _____ Telephone Number: _____

Business Discontinued (no new ownership)..... _____
(Please notify the Division if, or when, business resumes.) Month/Day/Year

Exact Date of Last Payroll _____
Month/Day/Year

Change in Business Ownership - Complete NEW OWNER(S) section below.

Sale of Entire Business..... _____
Month/Day/Year

Partial Sale (not out of business)..... _____
Month/Day/Year

Describe Part Sold _____

Change in Legal Ownership..... _____
(such as adding or dropping a partner, incorporating, etc.) Month/Day/Year

NEW OWNER(S) New Federal Identification Number (if applicable):

Check Type of Organization:

- S Corporation Sole Proprietor Limited Liability Partnership
- Publicly Traded Corporation Association Limited Liability Company
- Privately Held Corporation Partnership Other

Name and address of new owner(s), partner(s), corporate officer(s), member(s), etc. _____

Remarks _____

New Business Units Added to Present Ownership..... _____
Month/Day/Year

Trade Name _____

Location _____

Nature of Operation _____

Previous Owner(s) _____

STATE OF NEVADA
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**CONTINUATION SHEET
 EMPLOYER'S QUARTERLY LIST OF WAGES PAID**

EMPLOYER ACCOUNT NUMBER NAME ADDRESS	FOR QUARTER ENDING	PAGE NUMBER
ENCLOSE THIS FORM WITH THE "EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT" (FORM NUCS-4072)		

	SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	TOTAL TIPS REPORTED THIS QUARTER	TOTAL WAGES (INCLUDING REPORTED TIPS) THIS QUARTER
	TOTAL TIPS AND TOTAL WAGES THIS PAGE →		\$	\$

Report Not Complete if Social Security Numbers Are Missing