#### STATE OF NEVADA DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION EMPLOYMENT SECURITY DIVISION 500 E. Third Street Carson City, Nevada 89713-0030

# 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<br>THIS QUARTER | TOTAL WAGES (INCLUDING<br>REPORTED TIPS) THIS QUARTER |
|--|--------------------------|-----------------|-------------------------------------|---|
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| Report Not Complete if Social Security Numbers Are Missing |                          |                 |                                     |   |
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| NUC  | S-4073 (REV 9/06)        |                 |                                     |   |

# INSTRUCTIONS FOR CONTINUATION SHEET

The Continuation Sheet-Employer's Quarterly List of Wages Paid (form NUCS-4073) is to be used when additional space is needed to report wage items. The Employer's Quarterly Contribution and Wage Report (form NUCS-4072) has room for only 7 employees. You may prepare your entire list of wages on continuation sheets if you prefer.

The continuation sheets (form NUCS-4073) are to be enclosed with the related quarterly report (form NUCS-4072).

Wages are to be reported in the quarter in which they are paid, <u>not</u> the quarter in which they are earned.

Each continuation sheet should be totaled and a grand total is necessary on the final page. The grand total should equal the amount reported on line # 3 of the quarterly report (form NUCS-4072).

Please pay special attention to accuracy of Social Security numbers.

### QUARTERLY REPORT

The Employer's Quarterly Contribution and Wage Report (form NUCS-4072), must be filed each quarter by every employer who is subject to Nevada Unemployment Compensation Law. After an employer becomes subject to the law, reports must continue to be filed quarterly until the account is closed by the Division. Quarterly reports are sent to each registered employer, preprinted with specific account information, prior to the end of each quarter. If for some reason you do not receive a preprinted form by the last day of any quarter, contact the Division immediately at (775) 684-6310.

# MAGNETIC MEDIA

Nevada encourages employers to submit wage lists on magnetic media. The preferred media is a cartridge or a diskette. Magnetic media is for wage information only and does not replace the quarterly report (form NUCS-4072). To obtain specifications for magnetic media, please contact the Magnetic Media Coordinator at (775) 684-6385, or visit our web site at www.NVDETR.org.

# ADDITIONAL COPIES OF CONTINUATION SHEET

For additional copies of this form:

- \* DOWNLOAD from our web site at <u>www.NVDETR.org.</u>
  - PRODUCE YOUR OWN, as long as the following requirements are met:
    - 1. Paper is to be 8-1/2" x 11" submitted with no perforated strips attached.
    - 2. Paper should not be less than 16 pound weight.
    - 3. Limit employee information to the required items: Social Security numbers, names, total tips, and total wages (gross wages including tips).
    - 4. Employer information should include: employer account number, name and address, date quarter ending, and page number.
    - 5. Column headings are not required, but should be included for clarity if any additional information is included.
    - 6. Column dimensions should be large enough to adequately contain eight digit figures.
    - 7. All forms are microfilmed or imaged, so clarity and contrast are important.
- \* TELEPHONE (775) 684-6310. Please have your Employer Account Number available to identify your Nevada Unemployment Insurance Account.
- \* WRITE as indicated below.

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If you would like to order continuation sheets by mail, please complete the information below and send to:

Nevada Employment Security Division, UI Contributions Section, 500 East Third Street, Carson City, NV 89713-0030

| Employer | Account Number: |
|----------|-----------------|
| Name:    |                 |
| Address: |                 |

Approximate number of continuation sheets needed **<u>each quarter</u>**