

Cartridge / Diskette Submitted

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

EMPLOYERS QUARTERLY CONTRIBUTION REPORT Cashier: P O Box 52004 Oklahoma City, OK 73152-2004

1. Employee Social Security Number	2. Last Name	First Name	3. Total Wages Paid	4. Taxable Wages Paid

To obtain scannable "Continuation Sheets", visit website. PAGE TOTAL

<p>13. Monthly count of all full and part-time workers who worked or received pay subject to unemployment insurance for the payroll period that includes the 12th of the month.</p> <table style="width:100%; text-align:center;"> <tr> <td style="border:none;">Month 1</td> <td style="border:none;">Month 2</td> <td style="border:none;">Month 3</td> </tr> <tr> <td><input style="width:60px;" type="text"/></td> <td><input style="width:60px;" type="text"/></td> <td><input style="width:60px;" type="text"/></td> </tr> </table>	Month 1	Month 2	Month 3	<input style="width:60px;" type="text"/>	<input style="width:60px;" type="text"/>	<input style="width:60px;" type="text"/>	<p>5. TOTAL WAGES PAID (Item 3, All Pages) <input style="width:100px;" type="text"/></p> <p>6. TAXABLE WAGES PAID (Item 4, All Pages) <input style="width:100px;" type="text"/></p> <p>7. Contribution Rate for This Calendar Quarter Enter rate as a decimal, Ex. 0.3% = .003 <input style="width:100px;" type="text"/></p> <p>8. Contributions Due (Taxable Wages #6 x Contributions Rate #7) <input style="width:100px;" type="text"/></p> <p>9. Interest Due (1% per month after due date) <input style="width:100px;" type="text"/></p> <p>10. 10% Penalty Due \$ <input style="width:60px;" type="text"/> + \$100.00 Penalty Due = <input style="width:100px;" type="text"/></p> <p>11. Debit or Credit. <input style="width:100px;" type="text"/></p> <p>12. PAY THIS AMOUNT <input style="width:100px;" type="text"/></p> <p>ENTER AMOUNT OF CHECK <input style="width:100px;" type="text"/></p> <p>MAKE CHECK PAYABLE TO: Oklahoma Employment Security Commission</p>
Month 1	Month 2	Month 3					
<input style="width:60px;" type="text"/>	<input style="width:60px;" type="text"/>	<input style="width:60px;" type="text"/>					
<p>14. Oklahoma Account Number</p> <input style="width:100%;" type="text"/>	<p>16. Qtr / Yr</p> <input style="width:100%;" type="text"/>						
<p>15. Federal I.D. No.</p> <input style="width:100%;" type="text"/>	<p>17. Due Date</p> <input style="width:100%;" type="text"/>						
<div style="text-align:center;"> <p>W003</p> </div>	<p>18. Taxable Amount For <input style="width:100%;" type="text"/></p>						

<p>OFFICIAL USE ONLY</p>	<p>19. Name / Address</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>I certify this report is correct and that no contribution is paid by any employee.</p> <p>Signature _____</p> <p>Date _____ Contact Phone (_____) _____</p> <p>Contact Name _____</p>
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