## STATE OF IDAHO - DEPARTMENT OF LABOR **EMPLOYER QUARTERLY UNEMPLOYMENT INSURANCE TAX REPORT**

STATE ACCOUNT NUMBER:

FEDERAL IDENTIFICATION NUMBER:

(Verify and make necessary corrections)

1. LEGAL ENTITY NAME AND Physical ADDRESS:

## CASHIER IDAHO DEPARTMENT OF LABOR 317 W MAIN STREET BOISE, IDAHO 83735-0610

TELEPHONE: (208) 332-3576 or (800) 448-2977

TEEEI TIONE. (200) 332-3370 01 (000) 440-2377			
SHOW BELOW ANY CHANGES IN NAME, MAILING ADDRESS OR OWNERSHIP TOGETHER WITH EFFECTIVE DATE			
NAME CHANGED TO:			
NEW MAILING ADDRESS:			
OWNERSHIP CHANGED:	EFFECTIVE DATE:		
NEW OWNERS:			
CEASED OPERATIONS:	EFFECTIVE DATE:		

IMPORTANT: Employers who fail to file or file false reports may be fined up to \$250.00 or due, whichever is greater (Idaho Code Section 72-1372(1)(a).	100% of	the a	moun
2. DATE QUARTERLY TAX REPORT IS DUE:			
3. YEAR WAGES WERE PAID / CALENDAR QUARTER WAGES WERE PAID:			
CONTRIBUTION RATE ADMINISTRATIVE RESERVE RATE WORKFORCE DEVELOPMENT RATE  4. TAX RATE: + + = =			
5. TOTAL GROSS WAGES PAID TO ALL EMPLOYEES THIS QUARTER. ENTER "0" IF NO EMPLOYMENT : (Should be the same as your Wage Report total.)			
6. WAGES PAID TO INDIVIDUAL WORKERS THIS QUARTER IN EXCESS OF \$34,100.00 FOR THIS CALENDAR YEAR: (See Instructions)			
7. TAXABLE WAGES: (Line 5 minus line 6)			
8. TAX DUE: (Multiply line 7 by %)			
9. ADD ENTER THE LARGER OF:  LATE 4% of tax due times the number of months (or portion thereof) after due date OR  PENALTY \$20.00 times the number of months (or portion thereof) after due date.			
10. TOTAL DUE FOR THIS QUARTER: (Line 8 plus line 9)			
11. PRIOR BALANCE: SUBTRACT CREDIT AND/OR ADD BALANCE DUE: (Attach supporting documents)			
12. TOTAL AMOUNT DUE: (Check box if payment was made by E.F.T.)  Make checks payable to : Idaho Department of Labor			
13. NUMBER OF WORKERS IN THE PAY PERIOD THAT INCLUDED THE 12 <sup>th</sup> OF THE MONTH. IF NO EMPLOYEES, ENTER ZERO. DO NOT LEAVE MONTHS BLANK.	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
***CHECK THE FOLLOWING BOX IF YOU HAVE SUBMITTED THE WAGE REPORT ON TAPE OR DISKETTE RATHER THAN ON THE REVERSE SIDE (Form TAX026)	Γ		
I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND CORRECT UNDER CRIMINAL PENALTY PROVISIONS OF THE IDAHO CODE SECTION 7	2-1371		
Signature Date Ph Date Mailed:	one Num	ber	
	DATE	CE USE ON RECEIVED OSTMARK	