

PLEASE READ THE INSTRUCTIONS

Do not staple anything to this page

EMPLOYER CONTRIBUTION RETURN Form Conn UC-2

Qtr.

CONNECTICUT DEPARTMENT OF LABOR
EMPLOYMENT SECURITY DIVISION
P. O. BOX 2940
HARTFORD, CT 06104-2940
(860)263-6470

ENTER AT RIGHT A COUNT OF ALL FULL-TIME AND PART-TIME WORKERS IN COVERED EMPLOYMENT WHO PERFORMED SERVICES DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NO EMPLOYMENT IN THE PAYROLL PERIOD, ENTER ZERO.

1ST MONTH	2ND MONTH	3RD MONTH

	Dollars	Cents
1. Total gross wages paid to all employees for work performed in Connecticut this quarter.		
2. Total wages paid within this quarter to each employee in excess of for the current calendar year. (This amount cannot be greater than line 1)		
3. Total taxable wages (line 1 minus line 2) (This amount cannot be less than zero)		
4. Contribution rate		
5. Amount of contribution (contribution rate X line 3) office use only		
6. Add Late Filing Fee of twenty-five dollars (\$25). If applicable.		
7. Add interest at 1% per month times (X'S) the number of months. If applicable		
8. Add penalty of ten percent (10%) or fifty dollars (\$50) whichever is greater. If applicable		
9. Amount of remittance enclosed with this return. Write your employer registration number on your check made payable to: Administrator Unemployment Compensation.		

REGISTRATION NO.	FEDERAL IDENTIFICATION NO.	REPORT PERIOD	
		QTR	YR
LIABILITY DATE	SUC.	NOTIFICATION DATE	DUE DATE

All liable Connecticut employers must file this form by the last day of the month following each calendar quarter.

I, a duly authorized representative of the employer, certify that the information reported herein is true and correct.

SIGNATURE _____ TITLE _____ DATE _____ PHONE # _____

IMPORTANT

Internet or Telephone Filing

- 1) We encourage you to file your return and pay via the Internet at <https://wage.ctdol.state.ct.us>. This system will save you time in preparing your return. The names and social security numbers of the employees you reported last quarter will already be listed. You can also pay via electronic funds transfer, and you can report address or other changes at the same time. The password necessary to file is on Form UC-5A (enclosed).

or

- 2) If you had no employees and paid no wages this quarter, you may file your return by calling (860) 566-1018 or (203) 248-4270.

INSTRUCTIONS

- * This quarterly return is a two-page form. You must utilize our approved wage listing form UC-5A (enclosed).
- * Please do not staple anything to this page.
- * Questions relating to this form should be directed to the Cashiers Unit at (860) 263-6470.
- * Questions relating to your contribution rate should be directed to the Merit Rating Unit at (860) 263-6705.
- * Send your check, UC-2 and UC-5A in the enclosed envelope or send it to the address listed in the top left corner.

We will automatically subtract prior outstanding credits from the amount of contribution due.
(over)

CORRECTIONS/CHANGES

If there are any changes to this account (business changed mailing address, closed or changed hands in part or in full) please record the change at <https://wage.ctdol.state.ct.us/index.asp> . You will need your registration number and password located on the UC-5A portion of this form. If you do not have access to the Internet, you can mail your change to Connecticut Labor Department, Employer Status Unit, 200 Folly Brook Blvd., Wethersfield, CT 06109. Be sure to include your business name and employer registration number.

DIRECTIONS FOR COMPLETING FORM

1. Enter the total gross wages paid to all employees for work performed in Connecticut during the quarter. Wages paid include cash wages, value of other remuneration received by the employee such as meals, lodging, rent, clothing and merchandise.
2. Enter the total amount in excess of the taxable wage base paid this quarter to each employee for the current calendar year. See sample below using \$15,000.00 as the taxable wage base.

If any employee performed work for the same employer in a state (or states) other than Connecticut, and contributions were paid on such wages to the other state (or states), those wages may be included in determining the taxable wage base.

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

EXAMPLE

Total gross wages paid during the quarter for one employee.

6000 *6000* *6000* *6000*

Less excess of \$15,000.

-0- *-0-* *3000* *6000*

Taxable Wages

6000 *6000* *3000* *-0-*

NOTE: The taxable wage base for 2003 and future years is \$15,000.

3. Subtract line 2 from Line 1.
4. Your contribution rate for the year.
5. Enter the amount of contributions due. This amount is determined by multiplying the wages shown in line 3 by the contribution rate (line 4)
6. A Late Filing Fee of twenty-five dollars (\$25) is assessed on Employer Contribution Returns and /or Employee Quarterly Earnings Reports that are not **filed** by the due date. (maximum \$25 per quarter)
7. Enter the amount of interest due. Contributions that are unpaid the last day of the month following the calendar quarter for which contributions are due and payable are subject to interest.
8. Enter the amount of penalty due. A penalty of ten percent (10%) or fifty dollars (\$50), whichever is greater is assessed if **the balance of contributions is not paid within thirty (30) days of the due date.**
9. Enter the amount of the remittance enclosed with this return (add lines 5, 6, 7 and 8). Make check or money order payable to "Administrator Unemployment Compensation". Do not mail cash.

IMPORTANT- AFTER COMPLETING QUARTERLY RETURN, SEND RETURN WITH PAYMENT IN THE ENCLOSED ENVELOPE. Please make a copy and retain for your records.

Please direct all inquiries and correspondence to:

**STATE OF CONNECTICUT-DEPARTMENT OF LABOR
EMPLOYMENT SECURITY DIVISION
P.O. BOX 2940
HARTFORD, CT 06104-2940

TELEPHONE NO. (860) 263-6470**