

ARIZONA ACCOUNT NUMBER
 CALENDAR QUARTER ENDING
 TO AVOID PENALTY MAIL BY
 FEDERAL ID NO.

MAKE SURE FEDERAL ID NO. IS CORRECT!

TYPE OR USE BLACK INK ONLY

UNEMPLOYMENT TAX AND WAGE REPORT

A. NUMBER OF EMPLOYEES –

Report for each month, the number of full and part-time covered workers who worked during or received pay subject to UI Taxes for the payroll period which includes the 12th of the month.

B. WAGES – List all employees in Social Security number order, or alphabetically by last name. For additional employees use white paper in the same format, or form UC-020. Filing via the internet at www.azuitax.com is preferred for reporting up to 999 employees. Magnetic Media filing via compact disk is preferred for reporting 1,000 or more employees, see the Arizona Magnetic Media Reporting (PAU-430) publication at the above website for specifications and application instructions.

C. WAGE SUMMARY – See instructions

- | | |
|---|-------|
| 1. TOTAL WAGES PAID IN QUARTER
From Section B. Wage Listing | _____ |
| 2. SUBTRACT EXCESS WAGES
Cannot exceed Line 1 – See Instructions | _____ |
| 3. TAXABLE WAGES PAID
Up to \$7,000 per Employee – Line 1 minus Line 2 | _____ |
| 4. TAX DUE
Line 3 X Tax Rate of
The decimal equivalent = | _____ |
| 5. ADD INTEREST DUE
1% of Tax Due for each month payment is late | _____ |
| 6. ADD PENALTY FOR LATE REPORT
0.10% of Line 1 (\$35 min / \$200 max) | _____ |
| 7. ADD SURCHARGE DUE
Applicable percentage of Line 3 – see instructions. | _____ |
| 8. TOTAL PAYMENT DUE
If the sum of lines 4 and 7 is equal to or less than \$9.99, payment of the tax and surcharge due is not required. | _____ |
| 9. SUBTRACT ANY CREDIT BALANCE
If balance is listed, subtract from Line 8. | _____ |
| 10. AMOUNT PAID
Make check payable to DES Unemployment Tax | _____ |

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

PLEASE RETURN ORIGINAL

1. Employee's Social Security Number	2. Employee's Name (Last, First)	3. Total Wages Paid in Quarter

TOTAL WAGES THIS PAGE	_____
TOTAL WAGES ALL PAGES	_____

Signature: _____

Title: _____

Date: _____

Prepared by: _____

Telephone No. and area code: _____