EMPLOYER'S CONTRIBUTION AND WAGE REPORT

UNEMPLOYMENT INSURANCE

SFN 41263 (R. 01-07)

JOB SERVICE NORTH DAKOTA
UI/TAX & FIELD SERVICES
PO BOX 5507 BISMARCK ND 58506- 5507
701-328-2814 OR 800-472-2952
TTY: Relay ND 800-366-6888 FAX: 701-328-1882

Check our Web Page at
jobsnd.com

Taxable wages in 2007 are the first $21,300 paid each employee in the calendar year. If no wages were paid write none in Item 1, sign and return.

1. Total Wages Paid This Quarter	
2. Excess Wages	
3. Taxable Wages (line 1 minus line 2)	$0.00
4. Contribution Due x Line 3	$0.00
5. Adjustments for Prior Balance	
6. Penalty	
7. Interest	
8. Total Amount Payable to **Job Service North Dakota**	$0.00

☐ CHECK HERE IF ADDRESS HAS CHANGED - CHANGE ADDRESS ABOVE

Account Number	Quarter Ending	Due Date	Tax Rate
			%

9. Indicate If:

A. ☐ Business has been sold. Date Sold _____ New Owner's Name _____

B. ☐ Business has been discontinued: Date Discontinued _____ Address _____

C. ☐ FEIN has changed: New FEIN City, State, ZIP

10. Employee's Social Security Number	11. Name of Employee	12. GROSS WAGES PAID THIS QUARTER
(USE ADDITIONAL SHEETS IF NECESSARY)		$0.00

13. NUMBER OF EMPLOYEES LISTED (ALL PAGES)

14. For each month, report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.

1st Month

2nd Month

3rd Month

15. TOTAL WAGES ← THIS PAGE

16. Name and Telephone number of person completing report.

NAME: TELEPHONE NUMBER:

I certify that this report is correct and no part of the contribution was or will be paid by any employee.

Signature: Title: Phone: Date:

Job Service North Dakota is an equal opportunity employer/program provider.
Auxiliary aids and services are available upon request to individuals with disabilities.