

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT
ARKANSAS DEPARTMENT OF WORKFORCE SERVICES
 P.O. BOX 8007 LITTLE ROCK, ARKANSAS 72203-8007 (501) 682-3798

DWS ID NUMBER
DATE QUARTER ENDED
FEDERAL ID NUMBER
REPORT DUE DATE

Check box and return if no wages paid

PART A.

	1st mo of qtr _____	2nd mo of qtr _____	3rd mo of qtr _____
1. Number of employees in the pay period including the 12th of:			
2. Total of all wages paid for personal services, including bonuses/commissions		\$ _____.	
3. Wages in excess of (see instructions)		\$< _____.	
4. Out of state wages if employee(s) are paid in multiple states (see instructions)		\$< _____.	
5. Taxable wages (subtract item 3 and 4 from item 2, enter results here)		\$ _____.	
6. Contribution rate for this reporting period.....			
7. Contribution due for this quarter (multiply item 5 by)		\$ _____.	
8. Amount of debit or credit from previous quarters		\$ _____.	
9. Interest (accrued on all unpaid contributions at the rate of 1.5% per month)		\$ _____.	
10. Penalty (see instructions)		\$ _____.	
11. Total amount due		\$ _____.	
12. Amount of remittance (make payable to Arkansas Department of Workforce Services)		\$ _____.	

DO NOT ALTER THIS FORM

Initial	
Amt received	

CASHIER'S STAMP

PART B.

Enter the SSN, first name, middle initial, last name and total wages paid to each employee during the calendar quarter in the space provided below (continuation sheet provided).

ATTACH CHECK HERE	SOCIAL SECURITY NUMBER	FIRST NAME, MIDDLE INITIAL & LAST NAME OF EMPLOYEE	TOTAL WAGES PAID
1)	_____	_____	\$ _____.
2)	_____	_____	\$ _____.
3)	_____	_____	\$ _____.
4)	_____	_____	\$ _____.
5)	_____	_____	\$ _____.
6)	_____	_____	\$ _____.
7)	_____	_____	\$ _____.
8)	_____	_____	\$ _____.

PAGE ONE OF _____ PAGE(S) TOTAL NO. OF EMPLOYEES ON THIS REPORT _____ TOTAL WAGES FOR THIS PAGE \$ _____.

I HEREBY CERTIFY THIS REPORT IS TRUE AND CORRECT AND NO PARTS OF THE CONTRIBUTION HAVE OR WILL BE BORNE BY ANY EMPLOYEE.

SIGNATURE _____ TITLE _____ DATE _____ TELEPHONE _____

CONTINUATION SHEET FOR FORM 209B

DWS ID Number _____ Quarter End Date _____

Employer _____

Town _____ Page _____ of _____

SOCIAL SECURITY NUMBER	FIRST NAME, MIDDLE INITIAL & LAST NAME OF EMPLOYEE	TOTAL WAGES PAID
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____
4) _____	_____	\$ _____
5) _____	_____	\$ _____
6) _____	_____	\$ _____
7) _____	_____	\$ _____
8) _____	_____	\$ _____
9) _____	_____	\$ _____
10) _____	_____	\$ _____
11) _____	_____	\$ _____
12) _____	_____	\$ _____
13) _____	_____	\$ _____
14) _____	_____	\$ _____
15) _____	_____	\$ _____
16) _____	_____	\$ _____
17) _____	_____	\$ _____
18) _____	_____	\$ _____
19) _____	_____	\$ _____
20) _____	_____	\$ _____
21) _____	_____	\$ _____
22) _____	_____	\$ _____
23) _____	_____	\$ _____
24) _____	_____	\$ _____
25) _____	_____	\$ _____
26) _____	_____	\$ _____

TOTAL WAGES FOR THIS PAGE \$ _____