# EMPLOYER'S QUARTERLY WAGE & TAX REPORT

This form is semi-interactive. It can be filled out on line but must be mailed or faxed to this agency.

| 1. EMPLOYER NAME, DBA & ADDRESS |
|---|
| |

MAIL OR FAX TO: **LOUISIANA WORKFORCE COMMISSION**
**OFFICE OF UNEMPLOYMENT INSURANCE ADMINISTRATION**
**P O BOX 94050**
**BATON ROUGE LA. 70804-9050**
**FAX NO: 225-342-5822**

| 2. Due Date | 3 State ID. No. | 4. Rate % | 5. Federal ID. Number | 6. Year/Quarter |
|---|---|---|---|---|
| | | | | |

# of Continuation Sheet(s)

| 7. EMPLOYEE SOC. SEC. NUMBER | 8. EMPLOYEE TOTAL WAGES (no cents) | 9. EMPLOYEE NAME (first initial, last name) |
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| 10. WAGE TOTAL THIS PAGE | 0.00 | 11. TOTAL WAGES INCLUDING CONTINUATION SHEET(S) TOTALS | |
|---|---|---|---|

IMPORTANT: RULE 309 requires employers who report 250 or more employees quarterly to report by magnetic media.

rev. 4//06 LWC ES-4b/webc

CUT HERE TO SEPARATE THE QUARTERLY REPORT AND WAGE REPORT PRIOR TO MAILING.

| 1. DUE DATE | 2. STATE ID NO. | 3. Rate | 4. FEDERAL ID Number | 5. YEAR/QTR |
|---|---|---|---|---|
| | | | | |

6. Number of covered workers who worked or received pay for the payroll period which includes the 12th of each month If none, enter zero.

| 1ST MONTH | 2ND MONTH | 3RD MONTH |
|---|---|---|
| | | |

| 7. EMPLOYER NAME, DBA & ADDRESS |
|---|
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|---|---|
| 8. TOTAL WAGES THIS QUARTER | |
| 9. LESS: WAGES IN EXCESS THIS QUARTER | |
| 10. TAXABLE WAGES THIS QUARTER | |
| 11. CONTRIBUTIONS (TAX DUE) **(Do Not Round)** | |
| 12. SUBTRACT TAX OVERPAYMENT AMOUNT 0R ADD PRIOR QUARTER DELINQUENCY | |
| 13. TOTAL AMOUNT OF REMITTANCE (including interest and penalty, if appliable) | **(NO CASH OR CHANGE)** |

I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND CORRECT.

Signature DATE:

Title Phone

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**This form is semi-interactive. It can be filled out on line but must be mailed or faxed to this agency.**
**Wages must be rounded to the nearest whole dollar amount.**

# EMPLOYER'S QUARTERLY WAGE REPORT - CONTINUATION SHEET

MAIL OR FAX TO: **LOUISIANA WORKFORCE COMMISSION**
**OFFICE OF UNEMPLOYMENT INSURANCE ADMINISTRATION**
**P O BOX 94050**
**BATON ROUGE LA. 70804-9050**
**FAX NO: 225-342-5822**

| 1. EMPLOYER NAME, DBA & ADDRESS |
|---|
| |

| 2. Due Date | 3 State ID. No. | 4. Year/Quarter | 5. Federal ID. Number | 6. SHEET NUMBER _____ OF _____ |
|---|---|---|---|---|
| | | | | |

| 7. EMPLOYEE SOC. SEC. NUMBER | 8. EMPLOYEE TOTAL WAGES (no cents) | 9. EMPLOYEE NAME (first initial, last name) |
|---|---|---|
| | | |
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