

EMPLOYER'S QUARTERLY CONTRIBUTION, INVESTMENT FEE, AND WAGE REPORT
 South Dakota Department of Labor and Regulation, Unemployment Insurance Division, Attention: Cashier
 PO Box 4730, Aberdeen, SD 57402-4730 ... Phone 605.626.2312 ... Fax 605.626.3347 ... www.sdjobs.org

Account Number

Please use Black Ink Only.
 Completion instructions are on page three below.
Annual Taxable Wage base, per employee:
 2007=\$8,500, 2008=\$9,000, 2009=\$9,500,
 2010=\$10,000, 2011=\$11,000, 2012=\$12,000,
 2013=\$13,000, 2014=\$14,000, 2015&after=\$15,000

EXAMPLE: TYPE characters THROUGH boxes

M	a	c	h	i	n	e	p	r	i	n	t				
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EXAMPLE: PRINT characters IN boxes

H	A	N	D		P	R	I	N	T						
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Quarter/Year

Due Date

1. 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.

If none, enter "0"		
1st month	2nd month	3rd month

2. Does this account operate in more than one location in South Dakota? Yes No

14. If your business in South Dakota has closed, ceased having employees, or changed ownership, please complete Item 14 on following page. If the ownership changed during this quarter, a separate report must be submitted by each ownership.

3. Total gross wages paid in this quarter (Item 21)	
4. Wages paid this quarter in excess of annual per person (Item 22)	
5. Taxable wages (Item 3 minus Item 4)	
6. UI contribution rate	% x line 5
6a. Surcharge rate	% x line 5
7. Investment fee rate	% x line 5
8. Total due (add lines 6, 6a & 7)	
9. Adjustment from prior quarters (explain on attached page)	
10. Interest: Line 8 x 1.5% per month from due date	
11. Penalty for late filing: \$5.00 per month	
12. Penalty for late payment: \$5.00 per month	
13. Total remittance (Add lines 8, 9, 10, 11 & 12)	

Make remittance payable to "South Dakota Unemployment Insurance Division"

15. Employee's Social Security Number	16. Employee's Name (Last, First)	17. Total Gross Wages Paid This Quarter	18. Excess Wages This Quarter
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EMPLOYER'S QUARTERLY CONTRIBUTION, INVESTMENT FEE, AND WAGE REPORT

South Dakota Department of Labor and Regulation, Unemployment Insurance Division

ITEM 14

IMPORTANT: IF YOUR BUSINESS IN SOUTH DAKOTA HAS CLOSED, NO LONGER HAS EMPLOYEES OR HAD A CHANGE IN OWNERSHIP, PLEASE COMPLETE ITEM A OR B BELOW.

A. If business was discontinued without a successor, or the business continues without employees, please give date of last employment or last date of wages paid (whichever is later). _____

I hereby make application for exemption from filing all reports required under the Unemployment Insurance Law. I agree to advise the Unemployment Insurance Division at any date in the future that I again enter business and employ persons.

B. If the business was sold, leased or otherwise transferred, complete the following:

Name and address of successor _____

Effective date of disposition _____

Are you retaining any part of the business? Yes _____ No _____

Number of employees retained _____

The Unemployment Insurance Division is hereby authorized to transfer **All** _____ **None** _____ **Portion** _____ of the experience rating account under the number shown on the face of this report to the referenced successor.

Signed (By owner or officer) Title Date

ITEM 9

Quarter Ending _____

Explanation of Adjustment:

INSTRUCTIONS FOR COMPLETING QUARTERLY CONTRIBUTION, INVESTMENT FEE AND WAGE REPORT

Report and remittance are considered received on date shown on postmark of envelope in which they are received.

WAGE REPORT. If you are submitting employee wage information on any form other than our preprinted form, do not list more than 54 items per page. Each page must show a total with a grand total on the last page.

INTERNET REPORTING. Employers have the option to submit quarterly wage information online, by entering wage information or by uploading a file. From the SD Department of Labor and Regulation home page (www.sdjobs.org), select **Log-In for Online Services** and then choose **Unemployment Insurance Quarterly Report for Businesses**. Click on **File a Quarterly Report** on left.

COMPACT DISC OR DIGITAL VIDEO DISC. Rather than sending in quarterly wage information on paper, employers may submit this information on compact disc or digital video disc. Visit the SD Department of Labor and Regulation website (www.sdjobs.org) for more information.

ACCOUNT NUMBER, BUSINESS NAME, ADDRESS. Enter your UI account number, and your business name and address.

QUARTER/YEAR. Enter the quarter and year the report is for.

DUE DATE. Report due by last day of month, following end of quarter. Q1 due by 4/30, Q2 due by 7/31, Q3 due by 10/31, and Q4 due by 1/31.

UI CONTRIBUTIONRATE, SURCHARGE, AND INVESTMENT FEE. Enter your current Unemployment Insurance tax rate on Line 6, the applicable Surcharge rate on Line 6a, and Investment Fee rate on Line 7.

LINE 1. NUMBER OF WORKERS. The monthly employment data reported on the Quarterly Contribution Report should be a count of all full-time and part-time workers who worked during or received pay (subject to Unemployment Insurance wages) for the payroll period that includes the 12th of the month.

LINE 2. LOCATIONS. Mark "Yes" if your business has more than one location.

LINE 3. TOTAL GROSS WAGES PAID THIS QUARTER. Enter the total from Line 21. See Line 17 instructions for more information.

LINE 4. WAGES PAID THIS QUARTER IN EXCESS OF ANNUAL WAGES BASE. Enter the total from Line 22. See Line 18 instructions for more information.

LINE 5. TAXABLE WAGES. Subtract Line 4 from Line 3 and enter.

LINE 6. UI CONTRIBUTION. Multiply wages from Line 5 by rate listed. Enter tax here. This tax is reported on IRS Form 940.

LINE 6A. SURCHARGE. Multiply wages from Line 5 by rate listed. Enter tax here. This tax is **not** included on IRS Form 940. The Surcharge became effective 4th quarter 2009. Surcharge rate will be announced at end of each quarter.

LINE 7. INVESTMENT FEE. Multiply wages from Line 5 by rate listed. Enter tax here. This tax is **not** included on IRS Form 940.

LINE 8. TOTAL TAX DUE. Enter the total amount of tax due by adding Lines 6, 6a and 7.

LINE 9. ADJUSTMENTS. Enter the amount of any debit or credit notices received from the Department or adjustments from prior quarters you may have found. Include an explanation on Item 14 & 9 page or an attached sheet. Remember to include this amount when completing Line 13.

LINE 10. INTEREST. Enter the interest due if the report is late. Interest is 1.5% per month (or fraction of a month) from the due date of a report. Multiply the payment due from Line 8 by interest rate listed.

LINE 11. PENALTY FOR LATE FILING. If the report is late, enter the penalty amount. The penalty for filing a report late is \$5 per month (or fraction of a month) from the due date. The maximum penalty is \$30 per quarterly report.

LINE 12. PENALTY FOR LATE PAYMENT. If the payment is late, enter the penalty amount. The penalty for being late making full payment is \$5 per month (or fraction of a month) from the due date. The maximum penalty is \$30 per quarterly report.

LINE 13. TOTAL REMITTANCE. Enter the sum of Lines 8 through 12.

LINE 14. CHANGES IN BUSINESS OR OWNERSHIP. GO TO ITEM 14 & 9 PAGE. Complete Part A or Part B, then sign.

PART A. BUSINESS DISCONTINUED. Enter date wages were last paid or date of last employment, whichever is later, and sign.

PART B. BUSINESS SOLD, LEASED OR OTHERWISE TRANSFERRED. Complete this portion in full, showing the name of the successor or successors and the effective date of the disposition. The law permits transfer of your payroll experience and experience rating account to your successor(s). You must specify whether you authorize such a transfer.

PARTS A AND B. SIGNATURE. This report must be signed by (1) the individual, if the employer is an individual; (2) the President, Treasurer or other principal officer, if the employer is a corporation; or (3) a responsible duly-authorized member or agent having knowledge of company affairs.

LINE 15. EMPLOYEE'S SOCIAL SECURITY NUMBER. The employee's Social Security number is required. Those without Social Security numbers must apply for one. Enter without hyphens.

LINE 16. EMPLOYEE'S NAME. Enter the full name of the employee in this order: Last Name, First Name.

LINE 17. TOTAL GROSS WAGES PAID THIS QUARTER. Enter the gross wages paid this quarter subject to the Unemployment Insurance Act. Wages paid include: money wages paid for employment, commissions paid, and special cash payment (such as cash gifts, cash prizes or cash bonuses), reasonable cash value of remuneration for services paid in a medium other than cash (such as lodging, meals, free or paid rent, etc.), and special payments made in any medium (such as gifts and prizes). Tips are also reportable in most instances. Employee contributions to tax-deferred retirement plan or cafeteria (Sec. 125) plan are taxable. Employer contributions to retirement or pension plans, established under USC 26: 401(k), 403b, 408(k), 457 and 408(p) are not reportable wages.

LINE 18. EXCESS WAGES PAID THIS QUARTER. Enter the portion of Line 17 paid to each individual during this quarter that exceeds the annual taxable wage base for the calendar year. This will include only the wages paid this quarter in excess of the annual taxable wage base for the individual. The amount of this item can not exceed the amount reported on Line 17 for any individual. Taxable wage bases:

2006 & earlier = \$7,000	2010=\$10,000	2014=\$14,000
2007=\$8,500	2011=\$11,000	2015&after=\$15,000
2008=\$9,000	2012=\$12,000	
2009=\$9,500	2013=\$13,000	

LINE 19. GROSS WAGES THIS PAGE. Enter the sum of all wages in Item 17 for this page.

LINE 20. TOTAL EXCESS WAGES THIS PAGE. Enter the sum of all excess wages in Item 18 for this page. This total cannot exceed the amount on Line 19.

LINE 21. TOTAL GROSS WAGES ALL PAGES. Enter the sum of Line 19 from all pages of this report. Enter this figure on Line 3 also.

LINE 22. TOTAL EXCESS WAGES ALL PAGES. Enter the sum of Line 20 from all pages of this report. This total cannot exceed the amount on Line 21. Enter this figure on Line 4 also.

SIGNATURE. This report must be signed by the employer or on the employer's behalf by someone having personal knowledge of the facts herein stated and who has been authorized to sign such report.

PREPARED BY. Enter the report preparer's name and phone number.