Alaska Quarterly Contribution Report

THE 2012 TAXABLE WAGE BASE FOR EACH EMPLOYEE IS $ 35,800.

Quarter Ending: **Due Date:** **Employer Account No:**

FEIN:

AGENCY USE ONLY

A report must be filed even if no wages are paid for the quarter.

You may now file your quarterly contribution report on-line. Please visit our web site located at www.labor.state.ak.us/estax or call 1-888-448-3527. To amend your quarterly report, please submit a "Correction of Wage Item", Form TADJ also available on-line.

Notice to Employers: Wage information and other confidential UC information may be requested and utilized for other authorized governmental purposes, including, but not limited to, verification of an individual's eligibility for other government programs.

1. For each month, report the number of 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. Total **Reportable** wages paid this quarter. (See Instructions, page 2)		**$**		
3. Less excess wages over the taxable wage base.		**($)**		
4. Taxable wages paid this quarter.		**$**		
5. Employer's Contribution	Employer's Rate %	**$**		
6. Employee's Contribution	Employee's Rate .66 %	**$**		
7. Total Contributions Due	Total Rate %	**$**		
8. Amount Remitted		**$**		
9. Wages Reported to other states? See instructions explaining this on page 2.		☐ **Yes**		

***See Area Map for Geographic Location Codes**

10. Employee's Social Security Number	11. Employee's Name - Type or Print (Do not list employees more than once.) Last First MI	12. **Reportable wages paid this quarter. (No negative wages)**	13. Full Occupational Title or Code	14. Geographic Code *

STAPLE CHECKS SHERE — NO STUB BBS PLEASE

Make checks payable to the Alaska Department of Labor and Workforce Development
If you have any questions, call toll free 1-888-448-3527

15. Total Number of Pages	16. **Total Reportable Wages - All Pages** (Same Total as in Block 2 above.)

I hereby certify that the information on this report is true and correct.

Signed: _____ Title: _____ Date: _____

Printed Name: Contact Telephone Number: ( )

Alaska Department of Labor & Workforce Development, Employment Security Tax, PO Box 115506, Juneau, AK 99811-5506

TQ01C (11/11)