

MISSOURI

DIVISION OF EMPLOYMENT SECURITY QUARTERLY CONTRIBUTION AND WAGE REPORT

**YOU MAY FILE THIS REPORT BEGINNING ON THE
SECOND BUSINESS DAY AFTER THE
QUARTER ENDS AT: www.ustar.labor.mo.gov**

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

1. EMPLOYER NAME AND ADDRESS

15. FEDERAL ID NUMBER

**IF MAILING, RETURN THIS PAGE WITH REMITTANCE TO:
DIVISION OF EMPLOYMENT SECURITY
P.O. BOX 888
JEFFERSON CITY MO 65102-0888
(MAKE CHECK PAYABLE TO DIVISION OF EMPLOYMENT SECURITY
OR PAY ONLINE AT www.labor.mo.gov/DES/Employerpayments)**

THIS REPORT IS DUE BY _____
GREATER OF 10% OR \$100 PENALTY AFTER _____
GREATER OF 20% OR \$200 PENALTY AFTER _____

Place X in applicable box
and complete
"Employer Change Request."

<input type="checkbox"/>	Business Sold
<input type="checkbox"/>	Employment Ceased
<input type="checkbox"/>	Change of Address

Please Print

NAME _____
TITLE _____
SS NO. _____ PHONE _____

I certify the information contained in this report,
including name and address in Item 1, is true and correct.

2. MISSOURI EMPLOYER ACCOUNT NO.	AUDIT BLOCK (DO NOT USE)
3. CALENDAR QUARTER	Date Paid
* MUST HAVE AMOUNT IN 4, 5, & 6 EVEN IF "ZERO"	
* 4. TOTAL WAGES PAID	
* 5. WAGES PAID IN EXCESS OF PER WORKER PER YEAR (See instruction sheet)	
* 6. TAXABLE WAGES Item 4 Minus Item 5	
7. TAXES DUE Multiply Item 6 by Your RATE	Due Pd
8. INTEREST ASSESSMENT DUE TO FEDERAL ADVANCES	Over Under
9. INTEREST CHARGES PER MONTH If Paid After	Adj/Cr. Applied
10. LATE REPORT PENALTY CHARGES (See middle block to the left)	
11. OUTSTANDING AMOUNTS AS OF	
12. AUTOMATION SURCHARGE	
13. TOTAL PAYMENT	
14. FOR EACH MONTH, ENTER THE NUMBER OF COVERED WORKERS WHO WORKED OR RECEIVED PAY FOR THE PERIOD THAT INCLUDES THE 12TH OF THE MONTH	
1st _____ 2nd _____ 3rd _____	

NAME AND ADDRESS OF PREPARER IF OTHER THAN TAXPAYER (PRINT)

NAME _____ PHONE _____
ADDRESS _____

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16. Social Security Number	First Initial	Middle Initial	17. Worker Name (Last Name)	18. Total Wages Paid This Quarter	19. Probationary

20. PAGE 1 OF _____ PAGES TOTAL THIS PAGE _____

MODES-4-7 (11-15) AI
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