## **EMPLOYER'S REPORT FOR UNEMPLOYMENT COMPENSATION**

**Additional Page** 

Additional Lage								
				1st	2nd	3rd		4th
State U.C. Account No.				(check applicable Quater)				
ID:								
Authority Name								÷
	NAME OF EMPLOYEE (type or print in ink)				PD. THIS	TAXABLE WAGES PD.		WEEKS
first name	Initial		last name	QTR		THIS QTR. not to exceed \$10,000 Total, per individual annually.		WORKED
					1		T 1 1	
							1	
							-	
					 		1	
					 		1	
					 		<del> </del>	
					 		<u> </u>	
							<u> </u>	
					<u> </u>		<u> </u>	
							<u> </u>	
					i ! ! !			
					1			
					!		1	
					 		<u> </u>	
							1	
					1 1 1 1 1		1	
					 		1	
							1	
							<u> </u>	
							<u> </u>	
							!	
					; ; ; ;		1	
					1 1 1 1		 	
			TOTAL FOR THE DAGE		1 1 1		<del></del>	
			TOTAL FOR THIS PAGE:		-		1	