



Office of Unemployment Compensation P.O. Box 96664 Washington, D.C. 20090-6664 Telephone: Local: (202) 698-7550 Toll Free: (877) 319-7346

FORM ID: DOES- UC30H EMPLOYER'S ANNUAL CONTRIBUTION AND WAGE REPORT POSTMARK DATE (DO NOT USE THIS SPACE) EMPLOYER NUMBER: NAME CHK: FEDERAL IDENTIFICATION NUMBER: TAX RATE: YEAR ENDING: TAXABLE WAGE BASE: THIS REPORT DUE:

1. NUMBER OF COVERED WORKERS WHO RECEIVED PAY FOR THE PAY PERIOD WHICH INCLUDES THE 12th OF EACH MONTH Table with columns: JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC

2. EMPLOYEE WAGE INFORMATION FOR THIS ANNUAL REPORTING PERIOD.. (PLEASE PRINT OR TYPE) Table with columns: EMPLOYEE, EMPLOYEE NAME, WAGES, SOC. SEC. NO., LAST, FIRST, MI, 1st QTR, 2nd QTR, 3rd QTR, 4th QTR, TOTAL, TAXABLE

TO REPORT MORE THAN 10 EMPLOYEES, PLEASE MAKE A COPY OF THIS FORM.

3. TOTAL TAXABLE WAGES \$ 4. CONTRIBUTION DUE (Multiply ITEM 3 by your tax rate of %). \$ 5. PLUS ADMIN. ASSESSMENT DUE (Multiply ITEM 3 by two tenths of one percent (0.2%)). \$ 6. PLUS INTEREST DUE \$ 7. PLUS PENALTY DUE \$ 8. MINUS APPROVED CREDIT \$ 9. EQUALS TOTAL REMITTANCE AMOUNT (Make check or money order payable to 'DOES') \$

10. ENTER THE APPROPRIATE INFORMATION IF ANY CHANGE HAS OCCURRED. NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: PHONE NUMBER: DESCRIBE ANY OTHER CHANGE:

CERTIFICATION I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY WAGE REPORT(S) ATTACHED HERETO IS TRUE AND CORRECT AND THAT NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM ANY WORKER'S WAGES. SIGNATURE: TELEPHONE: DATE: PRINT NAME: TITLE:

ATTACH CHECK OR MONEY ORDER HERE



### INSTRUCTIONS FOR FILING THE EMPLOYER'S ANNUAL CONTRIBUTION AND WAGE REPORT

- o You must file this report for the year indicated if you had employees who worked in the District of Columbia regardless of their state of residence.
- o You must also file this report even if you did not pay any wages to employees for work done in the District of Columbia unless you have been placed in an inactive status.

**RECORD KEEPING:** Please make a copy of the completed report for your records.

**EXTENSION:** This Office has **NO** authority to offer time extensions for filing annual reports or to pay contributions.

**CHECK POLICY:** In addition to the **PENALTY** discussed in **ITEM 7**, if a check paid to DOES is **DISHONORED**, a \$65.00 dishonored check penalty will be imposed.

**ITEM 1: COUNT OF ALL FULL-TIME AND PART-TIME WORKERS IN COVERED EMPLOYMENT.** For each of the twelve months in the calendar year being reported, count all workers who **PERFORMED SERVICES IN** or **RECEIVED PAY FOR ANY PART OF THE PAYROLL PERIOD** that includes the 12th of the month.

**ITEM 2: EMPLOYEE WAGE INFORMATION.** Enter each employee's social security number, name and wages paid in each quarter. If you paid no wages, enter '0'. Wages for an employee are to include all monies paid, such as tips received from customers, meals, lodging, bonuses, commissions, severance pay, vacation pay, sick pay (unless paid under a third party plan or system), and back pay awards resulting from reinstatement of employment.

**TOTAL WAGES FOR EACH EMPLOYEE.** The total wages **MUST** equal the sum of wages paid to that employee for the four(4) quarters on this line. If you paid no wages, enter '0'.

**TAXABLE WAGES FOR EACH EMPLOYEE.** If **total** wages are \$9,000 or more, **taxable** wages are \$9,000. If **total** wages are less than \$9,000, **taxable** wages are the same as **total** wages. Taxable wages are limited to the first \$9,000 of gross remuneration paid to each employee in any calendar year, regardless of the state to which the wages were reported. If wages for an employee were reported to another state in this calendar year, those wages should be considered when computing the first \$9,000 paid.

**ITEM 3: TOTAL TAXABLE WAGES .** Enter the sum of taxable wages paid to all employees for the reporting calendar year.

**ITEM 4: CONTRIBUTION DUE.** Amount of UI TAXES owed to DOES. Taxes are computed by multiplying ITEM 3 by your tax rate. Report this amount to the IRS.

**ITEM 5: ADMINISTRATIVE ASSESSMENT DUE.** Amount of Administrative Assessment owed to DOES. Multiply ITEM 3 by two tenths of one percent (0.2%). Do not report this amount to the IRS.

**ITEM 6: INTEREST DUE.** Interest of 1 1/2% per month of the contribution due will be assessed if the contribution due on the report is not paid on or before **APRIL 15**.

**ITEM 7: PENALTY DUE.** In addition to interest, a penalty of 10% of the contribution, **BUT NOT LESS THAN \$100.00**, will be assessed if this report is not filed, or if the contribution due is not paid on or before **APRIL 15**.

**ITEM 8: APPROVED CREDIT.** The amount of your approved credit that will be applied towards your contribution due.

**ITEM 9: TOTAL REMITTANCE AMOUNT.** Add **ITEMS 4, 5, 6 and 7**, then subtract **ITEM 8**. Make check or money order payable to 'DEPARTMENT OF EMPLOYMENT SERVICES' or 'DOES'. **You must include your employer number on your check or money order.** Attach in the space provided. **DO NOT** send cash.

**ITEM 10: CHANGE.** If any information listed for **ITEM 10** has changed since the last reporting period, please enter the changed information and any other change (e.g. no longer a household employer).

**IMPORTANT: The IRS will disallow your FUTA tax credit if you do not pay your District of Columbia annual contribution by April 15.**