

Submit originals only.

1) DUE DATE

2) FEDERAL ID NUMBER (9-DIGITS)

3) UBI NUMBER (12-DIGITS)

4) QTR ENDING DATE

5) BUSINESS NAME

6) ES REFERENCE NUMBER (9-DIGITS)

7) PREPARER'S INFORMATION

FIRST AND LAST NAME **AREA CODE** **PHONE NUMBER** **EXT.**

EMAIL ADDRESS

FAX AREA CODE **FAX NUMBER** **PREPARATION DATE**

If you do not have the above numbers, submit a Business Change Form (5208C-1) with the name and address completed

8) NO PAYROLL THIS QUARTER Complete #9 and #10 below and mail. Or file toll-free via Employer Help Line at 1-888-836-1900

9) ALL EXERCISED STOCK OPTIONS, PLUS WAGES OF CORPORATE OFFICERS APPROVED BY ESD TO OPT OUT

10) NUMBER OF CORPORATE OFFICERS APPROVED BY ESD TO OPT OUT OF COVERAGE

11) NUMBER OF EMPLOYEES OF ALL TYPES WHO WERE PAID WAGES DURING THE PAYROLL PERIOD THAT INCLUDES THE 12TH DAY OF THE MONTH

1ST MONTH 2ND MONTH 3RD MONTH

12) TOTAL GROSS WAGES
From Quarterly Wage Detail form (5208 B) paid for covered Washington state employment this quarter

13) EXCESS WAGES
Enter total wages paid during this quarter in excess of \$37,300 per employee since January 1 of this year

Includes out-of-state wages: Yes

14) TAXABLE WAGES
Subtract line 13 from line 12

15) UITAX DUE FOR THIS QUARTER
Multiply line 14 by combined tax rate

16) EMPLOYMENT ADMINISTRATION FUND (EAF)
Multiply taxable wages (line 14) by

17) TOTAL TAX AMOUNT DUE
Add line 15 and line 16

18) LATE PAYMENT PENALTY

19) INTEREST

20) LATE REPORT PENALTY

21) PRIOR BALANCE OR CREDITS

22) AMOUNT DUE
Add lines 17, 18, 19, 20, and 21

23) AMOUNT REMITTED
Make check payable to Employment Security Dept. and write the ES Reference number on the check

OFFICE USE ONLY

DATE RECEIVED

RECEIVED BY CLASS CODE

DTO

*Included in line 15 above:
Earned tax rate
Social cost
Adjusted reduction amount
Solvency surcharge

RP

MD

Mail completed Tax (5208A) and Wage (5208B) reports along with your check to:

EMPLOYMENT SECURITY DEPARTMENT
PO BOX 34729 SEATTLE, WA 98124-1729