

Alaska Quarterly Contribution Report

THE 2009 TAXABLE WAGE BASE FOR EACH EMPLOYEE IS \$ 32,700.

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.

1. For each month, report the number of workers who worked during or received pay for the payroll period, which includes the 12 th of the month.		<i>If None enter "0"</i>		
		1 st Month	2 nd Month	3 rd 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 .50 %	\$ _____		
7. Total Contributions Due	Total Rate %	\$ _____		
8. Amount Remitted		\$ _____		
9. Wages Reported to other states? See instructions explaining this on page 2.		<input type="checkbox"/> Yes		

FOLD IN HALF

NO CHECK STUBS PLEASE

FOLD IN HALF

NO CHECKSTUBS PLEASE

WAGE SCHEDULE

*** 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 *
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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.)
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I hereby certify that the information on this report is true and correct.
Signed: _____ Title: _____ Date: _____

Printed Name: _____

Contact Telephone Number: () _____