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.dolir.mo.gov

1. EMPLOYER NAME AND ADDRESS

15. FEDERAL ID NUMBER

NAME TITLE

RETURN THIS PAGE WITH REMITTANCE TO: DIVISION OF EMPLOYMENT SECURITY PO BOX 888 JEFFERSON CITY MO 65102-0888 (MAKE CHECK PAYABLE TO DIVISION OF EMPLOYMENT SECURITY) 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 "Report on Change of Business Operations" on the reverse side of the instruction sheet. We have sold our business. We have ceased employment. We have an address change. Please Print

Т	SS NO			PHON		NAME AND ADDRESS OF PREPARER IF OTHER THAN TAXPAYER (PRINT)					
Ā				nation contained in		NAME	PHONE				
P		including	name and addr	ress in Item 1 is tru	e and correct.	ADDRESS	ADDRESS				
L		16. Social S	ecurity Number	First Initia	Middle Initial	17. Worker Name (Last Name)	18. Total Wages Paid This Quarter	19. Probationary			
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	20. PAGE	1	OF	PAGES		TOTAL THIS P	AGE	MODES-4-7 (11-08)			

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. CONTRIBUTIONS DUE		Due
Multiply Item 6 by Your RATE		Pd
3. INTEREST ASSESSMENT DUE TO FEDERAL ADVANCES		Over Under
9. INTEREST CHARGES		Adj/Cr.
PER MONTH If Paid After		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 RECEIVED PAY FOR THE PERIOD WHICH INC		RKED OR
1st 2n	d 3rd	
NAME AND ADDRESS OF PREPARER IF OTHE	R THAN TAXPAYER (PRINT)	
NAME	PHONE	
ADDRESS		
17. Worker Name (Last Name)	18. Total Wages Paid This Quarter	19. Probationary
TOTAL THIS PAGE		MODES-4-7 (11-08)
TOTAL THIS PAGE	i .	

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PHONE

33 NO.					MANUE AND ADDRESS OF THEFARENT OTHER THAN TAXIFATER (FRINT)				
	I certify that the information contained in this report, including name and address in Item 1 is true and correct.			NAME		PHONE			
	including	name and address ir	n item 1 is tru	e and correct.	ct. ADDRESS				
	16. Social Se	ecurity Number	First Initial	Middle Initial	17. Worker Name (Last Name)	•	18. Total Wages Paid This Quarter	19. Probationary	
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-									
20. PAG	F 1	OF	PAGES		TOTAL THIS P	AGE		MODES-4-9 (11-08)	

3. CALENDAR QUARTER				
* MUST HAVE AMOUNT *4. TOTAL WAGES PAID	IN 4, 5	, & 6 EVEN IF	ZERO	RETURN
*5. WAGES PAID IN EXCESS				ORIGINAL WITH ANY
OF				REMITTANCE DUE
PER WORKER PER YEAR (See instruction sheet)				502
*6. TAXABLE WAGES				
Item 4 Minus Item 5 7. CONTRIBUTIONS DUE				
Multiply Item 6 by Your				
RATE				
B. INTEREST ASSESSMENT DUE TO FEDERAL ADVANCES				EMPLOYER'S
). INTEREST CHARGES				COPY
PER MONTH				
Paid After				
0. LATE REPORT PENALTY CHARGES				
(See middle block				
to the left)				
1. OUTSTANDING AMOUNTS AS				
OF				RETAIN FOR
2. AUTOMATION SURCHARGE				YOUR
				RECORDS
3. TOTAL PAYMENT				
4. FOR EACH MONTH, ENTER THE NUM RECEIVED PAY FOR THE PERIOD WHIC				KED OR
1st	2nd _		3rd	
NAME AND ADDRESS OF PREPARER IF	OTHER T	HAN TAXPAYER (P	RINT)	
NAME			PHONE	
ADDRESS			-	
7. Worker Name (Last Name)		18. Total Wages Paid	This Quarter	19. Probationary
_	\dashv			
TOTAL THIS PAGE	.			MODES-4-9 (11-08)

P.O. Box 888 Jefferson City, MO 65102-0888

Print in this space employer's name and account number as shown on Form MODES-4 Missouri Quarterly Contribution and Wage Report

Calendar Quarter/Year

16. Social Security Number			First Initial	Middle Initial	17. Worker Name (Last Name)	18. Total Wages Paid This Quarter	19. Probationary
20. PAGE	(DF P	AGES		TOTAL THIS PAGE		

Be sure that each page carries employer's name, account number, page number and calendar quarter and year.

Return the original completed form to the Division of Employment Security, P.O. Box 888, Jefferson City, MO 65102-0888.

Retain copy for your file.