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TN DEPT OF LABOR & WORKFORCE DEVELOPMENT
EMPLOYMENT SECURITY DIVISION
EMPLOYER ACCOUNTS OPERATIONS
P.O. BOX 101
NASHVILLE TN 37202-0101
(615) 741-2486

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EMPLOYER NAME AND ADDRESS

*Show any address change above. See Reverse Side for Instructions.*

## TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT PREMIUM REPORT

EMPLOYMENT SECURITY DIVISION / BUREAU OF UNEMPLOYMENT INSURANCE

| STATE ACCOUNT NUMBER | QTR/YEAR | QTR END DATE | DATE DUE | FEDERAL ID NUMBER | RATE | AREA |
|---|---|---|---|---|---|---|
| | | | | | | |

Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month

1st month | 2nd month | 3rd month

FOR OFFICE USE ONLY
DR

TC

NW | Route

If typed, disregard vertical bars and type a consecutive string of characters, without commas, hyphens, or dollar signs, left justified, with decimal in monetary amount. For proper alignment, center Total Wages vertically within boxes and double space for each remaining line of data. If handprinted, print your characters as shown below, within the boxes, right justified and without commas, hyphens, dollar signs, or decimals. Follow the example below of $123456789.00 to show dollars and cents. Always show cents.

123456789.00 | 1 2 3 4 5 6 7 8 9 0 0

| | DOLLARS | CENTS |
|---|---|---|
| 1. TOTAL WAGES | | |
| 2. LESS EXCESS WAGES | | |
| 3. NET TAXABLE WAGES (ITEM 1 *minus* ITEM 2) | | |
| 4. PREMIUM DUE | | |
| 5. INTEREST DUE | | |
| 6. NO LONGER VALID | | |
| 7. NO LONGER VALID | | |
| 8. PENALTY DUE | | |
| 9. OUTSTANDING DEBIT OR CREDIT | | |
| 10. TOTAL DUE | | |
| **FOR OFFICE USE ONLY** | | |

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11. I certify that the information on this report is true and correct.

Signature _____

Title _____

Date _____

Phone No. ( ) _____

FAX No. ( ) _____

Make check payable to: *Tennessee Department of Labor and Workforce Development* and mail original reports ***(NO PHOTOCOPIES)*** to the return address above.

# TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT WAGE REPORT
EMPLOYMENT SECURITY DIVISION / BUREAU OF UNEMPLOYMENT INSURANCE

**W**

| STATE ACCOUNT NUMBER | QTR/YEAR | QTR END DATE | FEDERAL ID NUMBER | AREA |
|---|---|---|---|---|
| | | | | |

1100

1100

**EMPLOYER NAME**

If typed, disregard vertical bars and type a consecutive string of characters, without commas, hyphens, or dollar signs, left justified, with decimal in monetary amount, as shown below. For proper alignment, center first line of wage data vertically within boxes and double space for each remaining line of data See reverse side of Premium Report for other instructions. An example is provided below.

000000001 A N EMPLOYEE 6159.00

If handwritten, print your numbers and letters (in all caps) in black ink within the boxes without hyphens, dollar signs, commas, or decimals. Print characters as in the sample boxes below. Follow the below **example** of $6,159.00 to report monetary amounts. Always show cents.

0 0 0 0 0 0 0 0 1 A N EMPLOY 6 1 5 9 0 0

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

**SUBMIT ORIGINALS ONLY. PLEASE DO NOT COPY THIS FORM.**

I certify that the information on this report is true and correct.

**TOTAL WAGES**
DOLLARS CENTS

Signature _____

Title _____

Date _____ Phone # (____) _____

**TOTAL WAGES PAID THIS QTR**
DOLLARS CENTS

**SOCIAL SECURITY NUMBER** **FI** **MI** **LAST NAME**

TOTAL WAGE ITEMS THIS REPORT

FILED ON CD/DISKETTE

TOTAL WAGES THIS PAGE