Alaska Quarterly Contribution Report

THE 2020 TAXABLE WAGE BASE FOR EACH EMPLOYEE IS $41,500

Quarter ending: **Due date:** **Employer account no:**

FEIN:

Name:
Address:

1. For each month, report the number of workers who worked during or received pay for the payroll period, which includes the 12th of the month.		*If none enter "0"*		
		1st Month	2nd Month	3rd 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 %	**$**		
7. Total contributions due	%	**$**		
8. Amount remitted		**$**		
9. Wages reported to other states? See instructions explaining this on page 2.		☐ **Yes**		

A report must be filed even if no wages are paid for the quarter.

You may now file your quarterly contribution report online. Please visit our website located at labor.alaska.gov/estax or call (888) 448-3527. To amend your quarterly report, please submit a "Correction of Wage Item," Form TADJ also available online.

Notice to employers: Wage information and other confidential UC information may be requested and utilized for other authorized governmental purposes, including, but not limited to, verification of an individual's eligibility for other government programs.

***See area map for geographic location codes**

ENCLOSE CHECKS — DO NOT STAPLE

10. Employee's Social Security Number	11. Employee's name – type or print (Do not list more than once.) **Last** **First** **M.I.**	12. **Reportable wages paid this quarter. (No negative wages)**	13. Full occupational title or code	14. Geographic code *

DO NOT provide double-sided pages for wage detail

Make checks payable to Alaska Department of Labor and Workforce Development. If you have any questions, call toll free (888) 448-3527 or email **esd.tax@alaska.gov**.	15. Total number of pages	16. **Total reportable wages - all pages** (Same total as in block 2 above.) **$**

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

Signed: _____ Title: _____ Date: _____

Printed name: _____ Contact telephone: ( ) _____

Alaska Department of Labor and Workforce Development, Employment Security Tax, P.O. Box 115509, Juneau AK 99811-5509