Utah Department of Workforce Services
Unemployment Insurance
140 East 300 South
P.O. Box 45233
Salt Lake City, Utah 84145-0233
TEL (801) 526-9235 option 2 or 800-222-2857 option 2

EMPLOYER'S UTAH REGISTRATION NUMBER

DUE DATE QTR YR

EMPLOYER'S CONTRIBUTION REPORT

1. NUMBER OF EMPLOYEES EMPLOYEE COUNT FOR — 1st MO. | 2nd MO. | 3rd MO.
2. SEE REVERSE SIDE FOR NEW HIRE REPORTING REQUIREMENTS
3. **TOTAL WAGES** PAID DURING QUARTER (ROUND TO NEAREST DOLLAR) $
4. **WAGES IN EXCESS OF $** (SEE INSTRUCTION 4) $
5. **WAGES SUBJECT TO CONTRIBUTION** $
6. **CONTRIBUTION RATE**
7. **CONTRIBUTION DUE** $
8. **INTEREST** $
9. **PENALTY** MINIMUM PENALTY $25.00 $
10.
11. **TOTAL PAYMENT DUE** $

SEE REVERSE SIDE FOR INSTRUCTIONS

DWS-UI Form 3 Rev 6/09

EMPLOYER COPY

EMPLOYER'S UTAH REGISTRATION NUMBER QTR YR

EMPLOYER'S FEDERAL IDENTIFICATION NUMBER — IF MISSING OR INCORRECT, ENTER CORRECT NUMBER

EMPLOYER'S TELEPHONE NUMBER ( ) — IF MISSING OR INCORRECT, ENTER CORRECT NUMBER

RETURN THIS CARD ONLY IF YOU REPORT CHANGES.

☐ ACCOUNT SHOULD BE CLOSED BECAUSE

☐ OUT OF BUSINESS NO SUCCESSOR EFFECTIVE DATE _____

☐ OWNERSHIP CHANGED EFFECTIVE DATE _____

NEW OWNERS _____

NEW NAME OF BUSINESS _____

NEW ADDRESS _____

% OF ASSETS SOLD _____

☐ DATE OF LAST EMPLOYMENT IN UTAH _____

☐ CHANGE NAME OR ADDRESS (NO CHANGE IN OWNERS)

NEW NAME _____

NEW ADDRESS _____

SEE REVERSE SIDE FOR INSTRUCTIONS

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I CERTIFY THAT THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED TITLE DATE

DO YOU NEED ADDITIONAL QUARTERLY WAGE LIST FORMS? YES ☐

DWS-UI Form 3 Rev 6/09

1. For each month, report the number of covered workers (exclude individuals specifically exempted by the Employment Security Act) who worked during or received pay for the payroll period which includes the 12th of the month. Include full, part-time, and intermittent employees. Exclude those who received pay during the payroll period, but whose employment terminated prior to the payroll period. A figure showing the number of employees in the last month of the previous quarter is provided as a bench mark.
2. New Hire information can be reported online at, jobs.utah.gov/newhire or can be faxed to 801-526-4391.
3. Report the total gross wages before deductions PAID DURING THE QUARTER. Include all payments for services, including cash, bonuses, commissions, tips, and gifts.
4. Enter total excess wages paid this quarter. "Excess wages" means the amount paid to each employee after his or her year-to-date earnings exceeded the maximum taxable wage, as shown on the report form.
5. Subtract item 4 from item 3. Enter as the amount subject to contributions.
6. This is your contribution rate, computed according to the provisions of the Utah Employment Security Act.
7. Multiply wages subject to contributions (item 5) by your contribution rate (item 6). Enter the contribution due.
8. If your contribution payment is late, compute and enter interest due. The interest rate is one percent (.01) per month or part of a month that the payment is late.
9. Compute and enter penalty due if report is late. The penalty is a percentage of item 7, and depends on the number of days the report is late. If 1 to 15 days late, the penalty is five percent (.05). If 16 to 30 days late, the penalty is ten percent (.10). If 31 to 45 days late, the penalty is fifteen percent (.15). If 46 to 60 days late, the penalty is twenty percent (.20). If more than 60 days late, the penalty is twenty-five percent. If report is late, minimum penalty is $25.00.
10. Deduct any Department approved credit.
11. Make check payable to Utah Unemployment Compensation Fund (or Utah U.C. Fund).

ADJUSTMENTS FOR PRIOR QUARTERS - Do not make adjustments or corrections for prior periods on this report. Provide separate amended or supplemental total and taxable wage amounts with supporting employee wage list information. Indicate adjustments by quarter and submit payment for contributions, interest and penalty as applicable or a request for refund or a credit to be used against current or future amounts due.

ACCOUNT CLOSED - If you are selling, transferring, or discontinuing your business, please give the date and any other pertinent information.

OWNERSHIP CHANGE - Please indicate if the assets of your business have been sold or transferred. List the new owners, new address, and the percentage of the assets sold or transferred. A change in the business form or entity, i.e. proprietorship to corporation, is considered a change of ownership and should be noted on this form. Upon receiving this notice, the Department will request the completion of a Form 1, Status Report, from the new owners or new business entity.

For purposes of this form, a change in business activity, change of name, location, or change of corporate officers or stockholders does not constitute a change of ownership.

NAME OR ADDRESS CHANGE - Please show changes in name or new address to which quarterly reports should be mailed.

FOR AGENCY USE ONLY
PENALTY
Form 43 ☐ ☐ Letter
Other ☐ _____