

**Non-Insured Employment
and Wage Report - Addendum**

Utah Department of Workforce Services
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A. EMPLOYER NAME AND MAILING ADDRESS

B. QUARTERLY REPORT INFORMATION

Registration #: _____
Qtr End Date: _____
Due Date: _____

D. WORKSITES

(1) DO NOT USE	(2) NAME (division, subsidiary, etc.)/Prior month employment STREET ADDRESS (Physical location), CITY, STATE, and ZIP CODE, WORKSITE DESCRIPTION (Office, shop, etc.)	(3) NUMBER OF NON-INSURED WORKERS During the Pay Period Which Includes the 12th of the Month	(4) TOTAL Quarterly Wages of Worksite (Rounded to the nearest dollar)
		1st Mnth 2nd Mnth 3rd Mnth	

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		Comments:			
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