

Non-Insured Employment and Wage Report

Utah Department of Workforce Services
PO Box 45233
Salt Lake City, UT 84145-0233
(801) 526-9491 1-800-848-1481 Fax: (801) 526-9238



The information collected on this form will be used for statistical and Unemployment Insurance program purposes. Your cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

A. EMPLOYER NAME AND MAILING ADDRESS

B. QUARTERLY REPORT INFORMATION

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

F

C. CONTACT PERSON

Name: _____
Title: _____
Phone: _____

SEE INSTRUCTIONS ON REVERSE SIDE

Grand Totals:
for all pages

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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 1st Mnth 2nd Mnth 3rd Mnth	(4) TOTAL Quarterly Wages of Worksite (Rounded to the nearest dollar)
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GENERAL INFORMATION

PURPOSE OF THIS REPORT

This Non- Insured Employment and Wage Report is designed to collect information on the distribution of the employment and wages of business establishments by industry and geographic area. This data will enable our agency to prepare accurate reports on the economic conditions of business activities by geographic area and industry within our State.



DUE DATE

The DUE DATE for filing this report is preprinted in SECTION B along with the QUARTER ENDING date.

INSTRUCTIONS

SECTION A

The address (in Section A) for your firm has been preprinted from information that you have previously supplied to this agency. Please review it and make any necessary corrections.

SECTION B

Check to ensure the correct data is entered.

SECTION C

Please enter your name, title and phone number (including the area code and/or extension) on the first page of the form in Section C. This information is needed in case any questions arise concerning this report.

SECTION D

COLUMN (2) Please review the preprinted name (division, subsidiary, etc.), physical location address, and worksite description information (i.e., warehouse, garage, office, shops, or principal business activity that uniquely identifies each worksite) that has been preprinted for each of the worksites listed and correct where necessary.

COLUMN (3) For each month of the quarter, please enter the total number of non-insured full and part-time employees who worked at each worksite in any part of the pay period which includes the 12th of the month. Include those on paid leave. Non-insured employment includes workers listed in the Utah Employment Security Act, Section 35-4-205(g)(iii). Note: If volunteer firemen are only reimbursed for expenses, they should be included on this report. Elected government officials, including judges and justices of the peace, are non-insured and should be included on this report.

COLUMN (4) Please enter total wages paid to non-insured employees during the quarter for each worksite rounded to the nearest dollar.

COMMENTS Please explain any large changes in employment or wages, such as store closure, strikes, layoffs, bonuses, seasonal changes, etc., in the comments section for that worksite.

TOTALS THE TOTALS FOR EACH EMPLOYER ARE REQUIRED WHILE INDIVIDUAL WORKSITE TOTALS ARE VOLUNTARY.

NEW or OMITTED UNITS

(Since Your Last Quarterly Report)

If any units of our company have been omitted because you have expanded operations to a new location or purchased units from another company, please complete columns 2-4 for each worksite. In addition, for each unit, please provide in the comments section:

1. The name of the county in which each is located, if known.
2. A description of the business activity that will be conducted at each worksite.

If units were transferred from another company, also provide:

1. The name of the company,
2. The effective date of the transaction, and
3. The Unemployment Insurance number of the seller, if known.

SOLD or INACTIVE UNITS

(Since Your Last Quarterly Report)

Please indicate in the comments section any worksites that became inactive or were sold to another company.

In addition, for each unit sold, please provide in the comments section:

1. The name of the company,
2. The effective date of the transaction, and
3. The Unemployment Insurance number of the purchaser, if known.

If more space is needed, please attach separate copies of Form 794NA (Continuing Page).

PLEASE RETURN COMPLETE FORM(S) IN THE ENCLOSED RETURN ENVELOPE.
IF YOU HAVE ANY QUESTIONS CONCERNING THIS REPORT, PLEASE CALL OR WRITE:

Utah Department of Workforce Services
Industry Statistics
P.O. Box 45249
Salt Lake City, UT 84145-0249
(801) 526-9491
1-800-848-1481 Fax: (801) 526-9238