Form 794A
Rev 06/2010

Insured Employment and Wage Report - Addendum

Utah Department of Workforce Services
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CONTINUING PAGE

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 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**	
					$
		Comments:			
					$
		Comments:			
					$
		Comments:			
					$
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