Utah Employer Quarterly Wage List and Contribution Report

Utah Department of Workforce Services, Unemployment Insurance 140 E. 300 S., PO Box 45233, Salt Lake City UT 84145-0233 1-801-526-9235 option 5; 1-800-222-2857 option 5



The preferred method of filing this report is on-line at our website:

http://jobs.utah.gov

EMPLOYER NAME	& ADDRESS:	<u>n Back</u>	FEIN: 00-000
Company Nav			FEIN change:
SALT LAKE CITY, UT 84111		A report must be filed even if no wages are paid for the quarter. See Instructions	Yr/Quarter: 2011/4 Qtr End Date: 12/31/11 Due Date: 1/15/12
			Number of Employees this quarter 1st Month 2nd Month 3rd Month
			6 5 6
Type or machine print this report. Handwritten reports will be rejected. Employee Employee Name Social Security Number First Middle Initial Last			Total Wages Paid to Employee for this Qtr
-3762	JOHN T. HENDRICKS	A	22,250
i-7495	MILLER BONIFACE	T 1/12/12	9,283
G-7266	TABBY M. ACORN	A	15,729
-8224	ARTHUR T. LEE	S	13,672
8617	MARVIN G. SPANGLER	b and the second	16,086
9396	EDITH VANDERMUFFIN	4	17,471
.,-5381	CARMINE HUXLEY		el 46,504
M . Medicare	volude teem date)	0 = Other coverage (sp	Petrity)
T . Terminated (polude team date)	D = Declined coverage	diselen Statistismisenilministenilmisenisten siterilmisen siterilmisen titerilmisen
en a la granda de la Contraction de la	temp/ seasonal employee	L = Leave of Absence	
w = Full-fine, be	t within waiting period	C = Covered under Co	BRA (include start date)
	for each ampleuse in ¢ [7] 150	Grand Total Wag	100,995
The Taxable Wage Base for each employee is \$ 7,150 Grand Total Wage (All Pages) Wages in Exces			8)
Close account, last payroll date: Please Select Reason Out of Business		(See Instruction Subject Wage	40.404
	New Owner	Contribution Ra	[OO4
경향은 사람들은 아이들은 아이들은 얼마를 하는 것이 되었다. 그는 일반에 가는 것이 되었다면 하는데 얼마를 받는데 되었다면 살아 있다면 살아요. 얼마나 살아 살아 살아 살아 살아 살아 살아 있다면 살아요. 얼마나 살아		Contribution Du	
		Interest (1% per mont	h)
		Late Penalty (\$25.00 mi	
		— Total Payment Do	ie 197.62
Current Phone -			L Unemployment Compensation Fund
Phone: _			
	VALLE LINE	1/3/12	2001 001 2200
Signature	OWNER Title	1/3/12 Date	(801) 831 - 6629 Contact Phone Number

I certify the information on this report is true and correct to the best of my knowledge.