

# Alaska Quarterly Contribution Report

THE 2017 TAXABLE WAGE BASE FOR EACH EMPLOYEE IS \$ 39,800

Quarter ending: XX/XX/XXXX

Due date: XX/XX/XXXX

Employer account no: XXXXXXXXXX

FEIN: XX-XXXXXXX

ER name and address

1. For each month, report the number of workers who worked during or received pay for the payroll period, which includes the 12<sup>th</sup> of the month.

If none enter "0"

1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month

2. Total **reportable** wages paid this quarter. (See instructions, page 2)

\$

3. Less excess wages over the taxable wage base.

(\$ )

4. Taxable wages paid this quarter.

\$

5. Employer's contribution

Employer's rate  
%

\$

6. Employee's contribution

Employee's rate  
.50 %

\$

7. Total contributions due

%

\$

8. Amount remitted

\$

9. Wages reported to other states? See instructions explaining this on page 2.

☐ Yes

A report must be filed even if no wages are paid for the quarter.

You may now file your quarterly contribution report online. Please visit our website located at [labor.alaska.gov/estax](http://labor.alaska.gov/estax) or call (888) 448-3527. To amend your quarterly report, please submit a "Correction of Wage Item," Form TADJ also available online.

Notice to employers: Wage information and other confidential UC information may be requested and utilized for other authorized governmental purposes, including, but not limited to, verification of an individual's eligibility for other government programs.

\*See area map for geographic location codes

ENCLOSURE  
STAPLES

10. Employee's Social Security Number	11. Employee's name – type or print (Do not list more than once.) Last First M.I.	12. Reportable wages paid this quarter. (No negative wages)	13. Full occupational title or code	14. Geographic code *

Make checks payable to the  
Alaska Department of Labor and Workforce Development.  
If you have any questions,  
call toll free (888) 448-3527

15. Total number of pages

16. Total reportable wages - all pages  
(Same total as in block 2 above.)

I hereby certify that the information on this report is true and correct.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Contact telephone number: ( ) \_\_\_\_\_