

EMPLOYER'S QUARTERLY TAX AND WAGE REPORT - PART II

GEORGIA DEPARTMENT OF LABOR - P.O. BOX 740234 - ATLANTA, GA 30374-0234 Tel. (404) 232-3001

REPORT FOR THE QUARTER ENDING

ELECTRONIC FORM PROCESSING

DO NOT staple any items to this page.
Use BLACK ink only.

DOL Account Number | Qtr/Yr | Total Tax Rate | Form must be Filed By

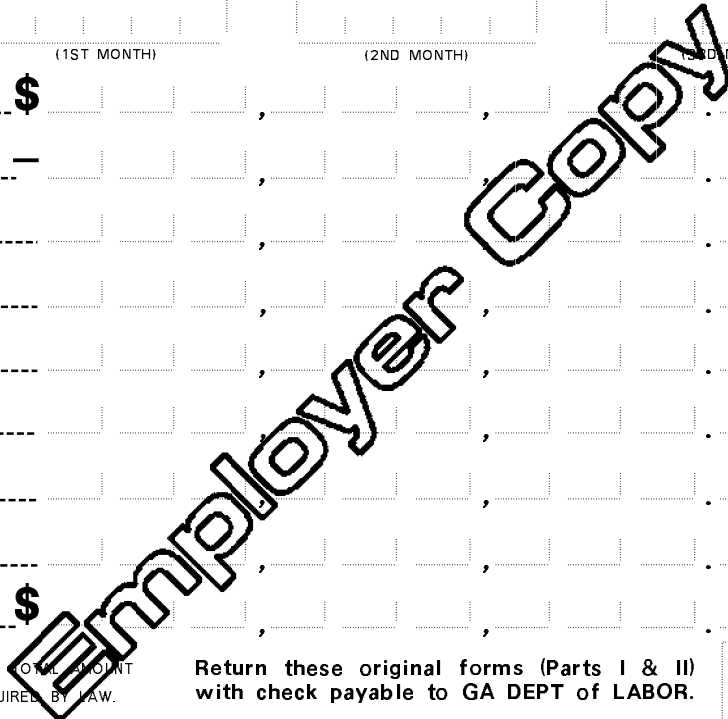
FORM ENTRY EXAMPLE:

(PLEASE PRINT CLEARLY)

1 2 6 9 0 0

	(1ST MONTH)	(2ND MONTH)	(3RD MONTH)
1. For each month, report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month			
2. Total GROSS WAGES Paid This Quarter (Combine all wages into one total.)	\$		
3. MINUS Non-Taxable Wages Paid This Quarter	-		
4. TAXABLE WAGES Paid This Quarter			
5. Contribution Tax Due: X taxable wages (line 4)			
6. Administrative Assessment Due: X taxable wages (line 4)			
7. Interest On Lines 5 and 6: See Instructions Due after			
8. Penalty is for filing late, not based on total amount due:(See Instructions) Due after			
9. Balance as of			
10. TOTAL AMOUNT DUE : (SUM of lines 5 thru 9)	\$		

PARTS I & II OF THIS REPORT MUST ALWAYS BE SUBMITTED. ENTER ZEROS ON LINE 2 IF NO WAGES WERE PAID THIS QUARTER.



UNLESS PARTS I & II OF THIS REPORT ARE FILED AND THE TOTAL AMOUNT DUE IS PAID, A FI. FA. (TAX LIEN) WILL BE ISSUED AS REQUIRED BY LAW.

Return these original forms (Parts I & II) with check payable to GA DEPT of LABOR.

FOR DEPT USE ONLY

COMPLETING PARTS I AND II OF EMPLOYER'S QUARTERLY TAX AND WAGE REPORT, FORM DOL-4

Part I is designed for reporting wages of employees, including corporate officers. Enter Social Security Number, last name, first initial and total covered wages for the quarter. Provide page numbers, page totals and the **Total Gross Wages for the Quarter**. Wages must be reported for the quarter in which payment was actually made. Additional wage sheets must be in the approved format. Employers with more than 100 employees shall file electronically.

Part II is for reporting tax information and changes to your account. Unless you are a new employer, account information has been printed on the form. New employers should print the appropriate quarter and year at the top of the form and use a total tax rate of 2.70% (contribution + administrative assessment). As a new employer, or if you have not been assigned an account number, enter "Applied for" in the space for account number and attach a DOL- 1, Employer Status Report, if not previously submitted. Also, new employers must enter their complete name and address in **Item A**. and Federal ID# in **Item C**. at the bottom of Part II.

- Line 1 Enter monthly covered employment data, as defined in *Item 1*.
- Line 2 Show total gross wages paid for the quarter (all employees).
- Line 3 Subtract non-taxable wages (those above \$8500 per employee per calendar year).
- Line 4 Enter the difference between *Line 2* and *Line 3*.
- Line 5 Compute Contribution Tax. The rate has been provided except for new employers who must use 2.62%.
- Line 6 Compute Administrative Assessment. This rate is .08% (.0008) effective January 1, 2000 or .06% (.0006) for prior years and applies to all employers except minimum rated and maximum rated employers.
- Line 7 Compute interest at 1.5% per month (a month is one or more days of a month). Interest accrues until all tax and administrative assessment are paid.
- Line 8 Enter penalty if the report is filed late. Penalty required is \$20 or .05% (.0005) of total wages, whichever is greater, for each month. Compute penalty as .05% (.0005) of total wages whenever total wages for the quarter are more than \$40,000.
- Line 9 To be completed by the Department, if applicable.
- Line 10 Enter the amount owed, adjusted by subtracting any credit or adding any debit amount shown in *Line 9*.

Make check or money order payable to Georgia Department of Labor and provide your DOL account number on your check.

Applicable changes made in your business should be reported in Items A-D at the bottom of Part II of the form. Should you need assistance completing that portion of the form call 404-232-3301. Sign and mail the report, Parts I and II, by the due date.

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Phone (404) 232-3301 EMPLOYER CHANGE REQUEST - If ANY of the following items have changed, please complete the appropriate information below.

A. If you are a new employer, or the name of your business or MAILING ADDRESS has changed, or is incorrect, enter the correct information below:

(Business Name) (Street Address) (City) (State) (Zip) (Phone)

B. If the PRINCIPAL LOCATION of your business operations in GEORGIA has changed, enter the correct address below (DO NOT use a P.O. Box number for Principal Location):

(Street Address) (City) (State) (Zip) (Phone)

C. If the Federal Identification number listed below is incorrect or if you have been assigned a new number, list the correct number in the spaces provided:

If the Federal ID number changed due to a change in ownership, complete section D.

D. If your business was discontinued or if a change in ownership has occurred, please complete the following:

Business Discontinued, Entire Business Sold, Corporation Formed, Partners Added or Withdrawn, Merger, Partial Sale, Corporate Name Change Only, Other

Effective Date (MM/DD/YY)

(New Owner's Name) (Street Address) (City) (State) (Zip) (Phone)

I certify that the information contained in this report and any subsequent pages attached is true and correct and that no part of the tax was or is to be deducted from the worker's wages.

(Employer Name and Address)

Signature and title of individual responsible for information provided

Phone No. Date