EMPLOYER'S QUARTERLY UNEMPLOYMENT TAX WORKSHEET

		Keep top por	tion for your recol	rds.					
			·						
1.	Enter total gross wages	from line 1 on reverse (enter here and on li	ne 1 of the report)						
2.	Enter excess wages (ov (enter here and on line	er taxable wage base per worker per year; s 2 of the report) Line 2 can never exceed li	ee table on reverse si ne 1.	de) for this quarter.					
3.	Subtract line 2 from line								
4.	Multiply line 3 by your t which is reportable to the report)	he IRS on your 940 Federal Unemployment		his is the only portion of your payment leturn (enter here and on line 4 of the					
5.	Multiply line 3 by your s	surcharge rate of % (). (ente	r here and on line 5 o	of your report)					
6.		iled after the due date of or fraction of a month past due (enter here	add line 4 & 5 and m and on line 6 of the re	ultiply by 1.5% (.015) eport) +					
7.	\$25 mailed on or after	iled after the due date of \$75 mailed on or after ner report has been late this calendar year (e	,	alty as follows: . Add an 7 of the report)					
8. 9.		or subtract overpayment lines 4,5, 6 and 7, and add or subtract line 8							
	If there has been a	change in the status of your account, co	omplete below, cut	to separate from worksheet, and rete	urn.				
_\	JI-3.2 (R.5/2011)	ACCOUNT STA	TUS INFORMATIO	N					
	KEIN	Name	☐ Change of	business name - Name change only					
Stree	Request for inactive statu Change location address teet Change mailing address teet	date business closed) s (date of last employment) to: State ZIP code o: State ZIP code	Business ir Please mail Discontinua Types of Own Individual to Pa Individual to Ind Individual to Ind Individual to Lu	Report Change in Ownership or Disconting Whole or Part, is available online @ http: I Form UI21, Report Change in Ownership ance of Business in Whole or Part, upon report of the partnership Partnership to Corporation Partnership to Partnership Corporalividual Partnership to Individual Corporation Corporation Corporation Partnership to Individual Corporation Corporation Partnership to Individual Corporation Corporation Partnership to Individual Corporation Corporation Partnership to ILC or LLP Corporation Corporation Partnership to LLC or LLP Corporation Corporation Corporation Corporation Partnership to LLC or LLP Corporation	or eccipt of this UI3. tion to Corporation to LLC or LLP tion to Partnership tion to Individual ct to the best				
			Signatur		Date				
		it with payment on or before the due date. M		Treasurer, Kentucky Unemployment Insu	ırance Fund.				
⊏ուն ՄI-	•	/ Unemployment Wage and Tax Number of Employees How many workers earned wages in the pay p including the 12th of each month?	•	Dollars	Cents				
KEIN		Rate 1 ST Mo.	1. Gross Wages						
FEIN			2. Excess Wages						
Qtr/Yı Due D		2 ND Mo.	3. Taxable						
		3 RD Mo.	Wages						
			4. Tax Due						
			5. Surcharge						
			6. Interest Due						
1	JI39913	Division of Unemployment Insuran	7. Penalty Due						
-		P.O. Box 2003 Frankfort, KY 40602-2003	8. Prior Amount Due <i>or</i> Overpayment						

9. Total Amount Due

UI-3 (R. 04/2013)

Kentucky SPIRITY

DO NOT STAPLE OR PAPERCLIP ADDITIONAL PAGES TOGETHER OR ATTACH ANYTHING TO REPORT. ENCLOSE ADDITIONAL WAGE PAGES WITH REPORT.

EMPLOYER'S QUARTERLY UNEMPLOYMENT WAGE WORKSHEET Form UI-3 (R. 04/2013)

(Employer's Copy)

Kentucky .

K١	YEMP ID#					QTR YR				₹		NUMBRIOLED SPIRITY.			
Social Security Number					Name of Worker					Gross Wages					
_															
_															
_															
												•	Total for This Page		
			Taxa				B) & Sur o are \$8,000)		e (%)						
ar 11	TWB \$8,000	% 0.00	Year 2014	TWB	% 0.22	Year 2017	TWB \$10,500	%	Year 2020	TWB \$11,400	% 0.19	1.	Total for All Pages		
12 13	\$9,000 \$9,300	0.00	2015	\$9,900	0.21	2018	\$10,800 \$11,100	0.20	2021	\$11,700 \$12,000	0.18				
NI	EED HE	LP?	Telep	hone as	sistanc	e is avai	lable toll f	ree fro	om 8:00	a.m. to 4	30 p.m. l	<u>I</u> Easte	ern Time Monday through Friday at 1-800-562-6397.		
	Change in address/ownership Billings						502 564 502 564 502 564	1-2272	!		Fax 502 564 502 564 502 564	1-544	42 http://oet.ky.gov		
							ANT INF	T INFORMATION ***					Mailing address for amended report appeals or refund requests: Commonwealth of Kentucky Division of Unemployment Insura P.O. Box 948 Frankfort, KY 40602-0948		
													E-Mail Access: des.uit@ky.gov		
 (Y I		are lis etach	sted. In	comple	ete infe	ormatio <i>ith payi</i>	on could s	subje	ct you t	to failure	to file p	enali	r, name and gross wages for each employee Ities. Ities. Ities clude check stub with payment. Total Number of Pages in This Report		
		Socia	al Securi	ity Num	ber		1st Initia	al —	Las	st Name o	f Worker		Gross Wages		
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Date

Telephone Number