

Keep top portion for your records.

If there has been a change in the status of your account, complete below, cut to separate from worksheet, and return.

ACCOUNT STATUS INFORMATION

Date _____

UI-3 (R. 04/2013)

EMPLOYER'S QUARTERLY UNEMPLOYMENT WAGE WORKSHEET

(Employer's Copy)



KY EMP ID #

QTR

YR

Social Security Number	Name of Worker	Gross Wages	

Taxable Wage Base (TWB) & Surcharge (%)

(all years prior to 2011 are \$8,000)

Year	TWB	%	Year	TWB	%	Year	TWB	%	Year	TWB	%
2011	\$8,000	0.00	2014	\$9,600	0.22	2017	\$10,500	0.20	2020	\$11,400	0.19
2012	\$9,000	0.00	2015	\$9,900	0.21	2018	\$10,800	0.20	2021	\$11,700	0.18
2013	\$9,300	0.00	2016	\$10,200	0.21	2019	\$11,100	0.19	2022	\$12,000	0.18

1.

Total for This Page**Total for All Pages****NEED HELP?**

Telephone assistance is available toll free from 8:00 a.m. to 4:30 p.m. Eastern Time Monday through Friday at 1-800-562-6397.

For questions about:

Magnetic filing, rates, refunds
Change in address/ownership
Billings

Call

502 564-2168
502 564-2272
502 564-6835

Fax

502 564-5442
502 564-5442
502 564-5590

To complete and submit forms, make
an EFT payment or download forms,
visit our website:
<http://oet.ky.gov>

***** IMPORTANT INFORMATION *****

Mailing address for amended reports,
appeals or refund requests:
Commonwealth of Kentucky
Division of Unemployment Insurance
P.O. Box 948
Frankfort, KY 40602-0948

E-Mail Access:
des.uit@ky.gov

- This report shall not be considered filed unless the Social Security number, name and gross wages for each employee are listed. Incomplete information could subject you to failure to file penalties.

Detach report and submit with payment on or before the due date. Do not include check stub with payment.

KY EMP ID #

QTR/YR

Total Number of Pages in This Report _____

Social Security Number	1st Initial	Last Name of Worker	Gross Wages

Total for This Page

UI39923

Signature: _____

Title



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Telephone Number

Date

1.

Total for All Pages