QUARTERLY PAYROLL REPORT

State Form 54256 (R4 / 7-15) / DWD Form UC-5A

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N. Senate Ave., INDIANAPOLIS IN 46204-2277

This agency is requesting disclosure of your Social Security number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

BATCH Number

DOC Number

A. Period Covered

B. Total Number of Employees

C. TOTAL INDIANA PAYROLL
Total of Column 3 for all pages
(Must agree with item 2 on Form UC-1)

$

D. Contact Name and Telephone Number

Area Code
( )

E. Employer Information

SUTA Account Number ____________ **FEIN Number** ____________ **Location Code** ____________

Employer ____________

Address ____________

____
City *State (Abbreviation)* *ZIP Code*

F. Report Pages

Page _______ of _______

Quarter
(Check only one.)

☐ **1** ☐ **2**
☐ **3** ☐ **4**

Year

(1) SOCIAL SECURITY NUMBER 000	00	0000	(2) NAME OF EMPLOYEE (*Please type or print.*)	(3) ALL REMUNERATION (*Including Excess Over Taxable Limit*)
			TOTAL FROM THIS PAGE $	

Do not show red figures or corrections of previous reports on this report.
See instructions under "Adjustments".

Total of all remuneration listed in column (3) must be shown on last page and under item C of this form.

Reset Form

QUARTERLY PAYROLL REPORT - CONTINUATION

State Form 4384 (R6 / 11-11) / DWD Form UC-5B

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N SENATE AVE RM SE003 INDIANAPOLIS IN 46204-2277
For Wage Reporting Assistance Call 317-232-7399

CONFIDENTIAL RECORD Pursuant to IC 22-4-19-6, IC 4-1-6

TO EMPLOYER: *See instructions for preparation of Quarterly Payroll Report on the back of UC-5A, State Form 54256.*

Name of Employer				Page ____ of ____
SUTA Account Number*	Location Code	Federal Identification Number	Date Quarter Ended	

**** Under SUTA Account No., show the Account Number which appears on Form UC-1. Do not show the Federal Identification Number in this column.***

NOTE: ***Form UC-5A, Quarterly Payroll Report must accompany this form. Detailed instructions for preperation of both forms are shown on the reverse side of Form UC-5A.***

(1) SOCIAL SECURITY NUMBER			(2) NAME OF EMPLOYEE *(Please type or print)*	(3) GROSS WAGES
000	00	0000		
Total for this page				
Total for all pages (must equal box C on UC5A)				

Do not show red figures or corrections of previous reports on this report. See instructions under "Adjustments."