



**ELECTRONIC REPORTING REMITTANCE TRANSMITTAL**  
 UNEMPLOYMENT INSURANCE  
 SFN 52070 (R.12-10)

RETURN TO:  
 JOB SERVICE NORTH DAKOTA  
 UI/TAX & FIELD SERVICES  
 PO BOX 5507 BISMARCK, ND 58506-5507  
 701-328-2814 OR 800-472-2952  
 TTY: Relay ND 800-366-6888 FAX: 701-328-1882

Name and Address of Transmitter:

Does transmitter act as a reporting agent for clients or other employers?  Yes  No

<p style="text-align:center">Contact Person</p> Name: Address*:	Telephone Number:
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\* If different from above.

Data Submitted for:  1st Qtr.  2nd Qtr.  3rd Qtr.  4th Qtr.  
 Year:

Submitted by:  Internet  CD Rom  Diskette  Replacement  Test

Employer Account	Employer Name	Remittance Amount

Attach additional sheets if necessary **Total Remittance**

I certify that the report(s) in this transmittal is/are correct and that no part of the contribution was or will be paid by any employee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_