EMPLOYER'S CONTRIBUTION AND WAGE REPORT - REIMBURSABLE

UNEMPLOYMENT INSURANCE
SFN 19622 (R. 1-14)

JOB SERVICE NORTH DAKOTA
UI/TAX & FIELD SERVICES
PO BOX 5507 BISMARCK ND 58506-5507
701-328-2814
TTY: RELAY ND 800-366-6888 FAX:701-328-1882

JSND 128

Employer Name		
Employer Address 1		
Employer Address 2		
City	State	ZIP

☐ CHECK HERE IF ADDRESS HAS CHANGED - CHANGE ADDRESS ABOVE

If no wages were paid write "NONE in Item 1, sign and return.

1. Total Wages Paid This Quarter	

Account Number	Quarter Ending	Due Date	Tax Rate %

9. Indicate If:

☐ Business has been sold:
New Owner's Name
Address
City | State | ZIP

☐ Date business discontinued:
Reason business was discontinued:
Last date wages were/will be paid:
☐ FEIN has changed - New FEIN

10. Employee's Social Security Number	11. Name of Employee	12. Gross Wages Paid this Quarter	13. Number of Employees Listed (all pages)
			14. 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.
			1st Month
			2nd Month
			3rd Month
			15. TOTAL WAGES
(USE ADDITIONAL SHEETS IF NECESSARY)			← THIS PAGE

16. Name of Person Completing Report	Telephone Number

I certify that this report is correct and no part of the contribution was or will be paid by any employee.

Signature	Title	Telephone Number	Date

Job Service North Dakota is an equal opportunity employer/program provider.
Auxiliary aids and services are available on request to individuals with disabilities.