EMPLOYER'S CONTRIBUTION AND WAGE REPORT - ADVANCE REIMBURSEMENT

UNEMPLOYMENT INSURANCE

SFN 52307 (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

Account Number	Quarter Ending	Due Date	Tax Rate
			%

Taxable wages are the total wages paid each employee in the calendar year. If no wages were paid write "NONE in Item 1, sign and return.

1. Total Wages Paid This Quarter	
2. Excess Wages	**N/A**
3. Taxable Wages (line 1 minus line 2)	
4. Contribution Due x Line 3	
5 Adjustments for Prior Balance	
6. Penalty	
7. Interest	
8. Total Amount Payable to **Job Service North Dakota**	

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 ← THIS PAGE

(USE ADDITIONAL SHEETS IF NECESSARY)

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.