

EMPLOYER'S QUARTERLY TAX AND WAGE REPORT -- PART II

GEORGIA DEPARTMENT OF LABOR - P.O. BOX 720234 - ATLANTA, GA 30374-0234 Tel. (404) 656-3145

ELECTRONIC FORM PROCESSING

REPORT FOR THE QUARTER ENDING 6/30/10

DO NOT staple any items to this page. Use BLACK ink only.

999999-99 2/10 8.0800 7/31/10
 DOL Account Number Qtr/Yr Total Tax Rate Form must be Filed By

FORM ENTRY EXAMPLE
 (PLEASE PRINT CLEARLY)

1 , 2 6 9 . 0 0

1. 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.

1 1 0
 (1ST MONTH) (2ND MONTH) (3RD MONTH)

2. Total GROSS WAGES Paid This Quarter \$ 5 2 7 1 5 5 9 8

3. MINUS Non-Taxable Wages Paid This Quarter 5 2 7 1 5 5 9 8

4. TAXABLE WAGES Paid This Quarter 0 0

5. Contribution Tax Due:
 8.0000 X taxable wages (line 4) 0 0

6. Administrative Assessment Due:
 .0800 X taxable wages (line 4) 0 0

7. Interest on Lines 5 and 6: See Instructions 0 0

8. Penalty is for filing late, not based on total amount due: (See Instructions) 0 0

9. Balance as of 0 0

10. TOTAL AMOUNT DUE: (SUM of lines 5 thru 9)..... \$ 0 0

PARTS I & II OF THIS REPORT MUST ALWAYS BE SUBMITTED. ENTER ZEROES ON LINE 2 IF NO WAGES WERE PAID THIS QUARTER.

UNLESS PARTS I & II OF THIS REPORT ARE FILED AND THE TOTAL AMOUNT DUE IS PAID, A F. I. F. A. (TAX LIEN) WILL BE ISSUED AS REQUIRED BY LAW.

Return thses original forms (Parts I & II) with check payable to GA DEPT of LABOR.

FOR DEPT USE ONLY

Phone (404) 656-5590 EMPLOYER CHANGE REQUEST - If ANY of the following items have changed, please complete the appropriate information below.

A. If you are a new employer, or the name of your business or MAILING ADDRESS has changed, or is incorrect, enter the correct information below:

 (Business Name)

 (Street Address)

 (Street Address)
 _____ (City) _____ (State) _____ (Zip)

 (Phone)

B. If the PRINCIPAL LOCATION of your business operations in GEORGIA has changed, enter the correct address below (DO NOT use a P.O. Box number for Principal Location):

 (Street Address)

 (Street Address)
 _____ (City) _____ (State) _____ (Zip)

 (Phone)

C. As a new employer, enter your Federal Identification number below.

If the Federal ID number changed due to a change in ownership, complete section D.

D. If your business was discontinued or if a change in ownership has occurred, please complete the following:

- Business Discontinued Entire Business Sold Corporation Formed
- Partners Added or Withdrawn Merger Partial Sale
- Corporate Name Change Only (Attach copy of Amendment to Charter)
- Other (Attach Explanation)

Effective Date (MM/DD/YY) _____

 (New Owner's Name)

 (Street Address)

 (Street Address)
 _____ (City) _____ (State) _____ (Zip)

 (Phone)

Granite All State Test 2007
 PO Box 1491

Parker, CO 80134

I certify that the information contained in this report and any subsequent pages attached is true and correct and that no part of the tax was or is to be deducted from the worker's wages.

(Employer Name and Address)

Signature and title of individual responsible for information provided

Phone No.

Date

EL3104

DOL-4N (R-9/97)