MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY
Missouri Quarterly Wage Report
CONTINUATION SHEET

PO Box 888
Jefferson City, MO 65102-0888

Print in this space employer's name and account number as shown on Form MODES-4 Missouri Quarterly Contribution and Wage Report

Granite Software Demo
123456789

Calendar Quarter/Year

2 - 2002

Type or print in ink

16. Social Security Number			First Initial	Middle Initial	17. Worker Name (Last Name)	18. Total Wages Paid This Quarter	19. Probationary
444	55	5666	O	A	Raiders	475.23	
123	65	4897	H	A	Texans	1730.77	
20. PAGE 2 OF 2 PAGES						2206.00	

Be sure that each page carries employer's name, account number, page number and calendar quarter and year.
Return the original completed form to the Division of Employment Security, P.O. Box 888, Jefferson City, MO 65102-0888
Retain copy for your file.

MODES-10B (12-99) AI
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