

**EMPLOYER'S CONTRIBUTION AND WAGE REPORT**

Do Not include wage corrections for a prior quarter in this report.

(Employers with 250 or more employees in the previous calendar year must file via magnetic media.)

Name **Granite All State Test 2007**  
Address **PO Box 1491**  
  
City, State Zip **Parker, CO 80134**

Worker's Social Security Account Number	NAME OF WORKER (Type or Print)	TOTAL Wages Paid (Include Wages in Excess of \$9,000)	
8.	9.	10.	
000 00 0000		Dollars	Cents
333 88 8555	KansasCity A Chiefs	6574	34
555 22 2333	Dallas N Cowboys	90526	29
122 55 5333	Jacksonville A Jaguars	3017	54
123 65 4789	Detroit N Lions	30175	43

999999 - 9 ILLINOIS ACCOUNT NUMBER	2010/2 YR./QTR.	6/30/2010 QUARTER ENDING	PENALTY (\$50 MIN.) (SEE 6B)	INTEREST DUE (SEE 6A)
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Your Federal Employer Identification Number **84-1234567**

CHANGE IN STATUS  
If a change has occurred in the status of your business, complete form UI-50A.

1. ENTER THE RORAL NUMBER OF COVERED WORKERS (full and part time) who performed services during or received pay for the payroll period including the 12th of each month of the quarter. If non, enter "0".  
1st Month 4 2nd Month 2 3rd Month 0

2. TOTAL WAGES PAID for covered employment	130293.60
<b>IMPORTANT - SEE INSTRUCTIONS</b>	
3. LESS WAGES in excess of the taxable wage base per covered worker	95661.72
4. TAXABLE WAGES (line 2 minus line 3)	34631.88
5A. Use this spage if TOTAL WAGES (line2) are less than \$50,000 this quarter CONTRIBUTION DUE 8.00	0
5B. Use this spage if TOTAL WAGES (line2) are more than \$50,000 this quarter CONTRIBUTION DUE 8.00	2770.55
6A. Add Interest at 2% (.02) per month for late payment	.00
6B. Add Penalty for late filing (\$50.00 minimum)	.00
6C. Add Previous Underpayment PLUS interest	.00
6D. Deduct Previous Overpayment	.00
7. TOTAL PAYMENT DUE MAKE CHECK PAYABLE TO: DIRECTOR OF EMPLOYMENT SECURITY (If Less than \$2.00 - Send Report Only)	2770.55

I hereby certify that the information contained in this report and in all accompanying schedules is true and correct to the best of my knowledge and belief; and that no part of the contribution reported was or is to be deducted from worker's wages.

Signed \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date \_\_\_\_\_

This report MUST be signed by owner, partner, officer or authorized agent within the employing enterprise. If signed by any other person, a Power of Attorney must be attached.

This agency is requesting both disclosure of information and payment of contributions that are necessary to accomplish the statutory purpose as outlined under 820 ILCS 405/100-3200. Disclosure of information and payment of contributions are REQUIRED. Failure to provide information or pay contributions may result in this form nor being processed and may result in statutorily prescribed sanctions, including penalties and/of interest.

11. TOTAL WAGES FOR THIS QUARTER **130293 60**