FROM
DELAWARE DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE
P.O. BOX 9953
WILMINGTON, DE 19809-0953

DFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$360

FIRST-CLASS MAIL
POSTAGE & FEES PAID
DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT
INSURANCE
Permit No. G-12

FORWARD SERVICE REQUESTED

### **EMPLOYER'S QUARTERLY REPORT - FORMS SET**

UNEMPLOYMENT INSURANCE
UC-8 QUARTERLY TAX REPORT
UC-8A QUARTERLY PAYROLL REPORT
UC-8C CHANGE REPORT



#### **GENERAL INSTRUCTIONS**

This tax package contains the necessary forms and instructions to file your quarterly Unemployment Insurance Tax Reports. Reports should contain wage data for one quarter only. If you need report forms for other periods or if you need to make corrections to previously submitted reports call the Division of Unemployment Insurance at (302) 761-8482 to obtain the necessary forms.

#### **CHANGE REPORT UC-8C**

This form must be used to ensure that changes in status or corrections to pre-printed information are properly recorded. DO NOT MAKE CHANGES DIRECTLY TO PRE-PRINTED INFORMATION ON TAX REPORTS. Return with tax forms only if changes are required.

#### PAYMENT COUPON

To ensure proper credit for payment, write your account number on the check and write the amount enclosed in the space provided. Return with tax forms in the envelope provided.

#### **QUARTERLY TAX REPORT UC-8**

Complete UC-8A before completing UC-8.

Line 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.
Line 2	Enter Gross Covered Wages (Total from UC-8A). If you had no covered wages this quarter enter 0 (zero) on UC-
80	8, Line 2, sign and return.
Line 3	Enter the amount included in Line 2 which represents wages in excess of the taxable wage base (\$8,500.00 annually) paid to each employee.
Line 4	Enter taxable wages. (Line 2 minus Line 3).
Line 5	Multiply taxable wages by your tax rate.
Line 6	Enter only credits that have been approved by the Division. Credits taken cannot exceed the tax due.
Line 7	Enter net tax due.
Line 8	Late payments are subject to interest charges at the rate of 18% per year from the due date. Calculate interest due as follows:NETTAX DUEX015_XMONTHS_PAST_DUE
Line 9	Enter penalty for late reporting as provided by law.
Line 10	Payment due must equal the Total of Lines 7, 8 and 9.

IMPORTANT: THIS REPORT MUST BE SIGNED BY EMPLOYER OR OTHER DULY AUTHORIZED REPRESENTATIVE.

#### **QUARTERLY PAYROLL REPORT UC-8A**

This form is used to report Gross Covered Wages for all employees. "Wages" is defined as all remuneration for personal services including commissions, tips, bonuses (excluding any attendance bonus paid during or incident to any period of unemployment). dismissal payments, holiday pay and the cash value of all remuneration in any medium other than cash. If you are an approved MAGNETIC TAPE filer check the block and return blank form.

#### CORPORATE OFFICERS

Effective 96-1, regardless of ownership interest, wages from employment earned by officers are subject to the state unemployment insurance tax.

#### FORM COMPLETION

- Report wages for this quarter only. DO NOT INCLUDE NEGATIVE WAGES. 1.
- 2. All columns must be completed or form will not be processed.
- 3. If there is not enough space to list all employees on this form use additional pages. Continuation forms will be provided upon request or you may supply your own forms. Forms must include Employer Name, Account Number, Yr/Qtr, Employee Name, Social Security Number and Gross Covered Wages.
- Each page should be totaled and the total of all additional pages should be entered on Line 32 of form UC-8A. 4.
- 5. Add line 31 and 32 and enter Grand Total on Line 33 and on form UC-8 Line 2.

#### Detach at Perforation and Return with Payment

7

MAKE CHECK PAYABLE TO: DELAWARE UNEMPLOYMENT COMPENSATION FUND (DUCF)

EMPLOYER NAME ACCOUNT NO. AMOUNT ENCLOSED

MAIL PAYMENT TO:
DELAWARE DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE
P.O. BOX 41785
PHILADELPHIA, PA 19101-1785

**PAYMENT COUPON** 

# STATE OF DELAWARE UNEMPLOYMENT INSURANCE Use this form to report changes in status or corrections to pre-printed information

DELAWARE DEPARTMENT OF LABOR DIVISION OF UNEMPLOYMENT INSURANCE P.O. BOX 41785 PHILADELPHIA, PA 19101-1785

	Operations were permanently discontinued on
	Business reorganized effective
	Business sold on
	Name change/correction
	Telephone number ( ) -
	Mailing Address
	Change in ownership interest
_	Please explain.
	If the Federal ID shown, is incorrect, please print correct number here.

Form UC-8C Doc. No. 60-06/00/06/06

**CHANGE REPORT** 

## READ INSTRUCTIONS ON INSIDE COVER BEFORE COMPLETING THIS REPORT

#### DO NOT USE THIS REPORT TO MAKE CORRECTIONS

### STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Reporting Period (Yr/Qtr)

Due Date

Account No.

Federal ID Number

Tax Rate

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	nth 3rd Month				
<ol><li>Gross covered wages paid this quarter (Enter total from UC-8A, If you had no covered wages this Quarter, enter 0; sign and retu</li></ol>	line 33.) irn.						
Excess wages (Wages included in line 2 that exceed \$8500 annually per employee)							
4. Taxable Wages (Line 2 less line 3)							
5. Tax due (Multiply line 4 by )			Î				
Approved credit (See instructions.)							
7. Net tax due (Line 5 less line 6)							
8. Interest (See instructions.)							
9. Penalty (\$17.25 for late reporting)		1					
10. Payment due (Total of lines 7, 8 and 9)			,				
certify, to the best of my knowledge, this report and the attached payroll reports are true and correct.  X  Signature of owner or duly authorized representative		Delaware U Compensati	payable to: nemployment on Fund (DUCF int number on eturn with				
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Form UC-8 Doc. No. 60-06/00/06/05

QUARTERLY TAX REPORT

AGENCY COPY

### STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Reporting Period (Yr/Qtr) **Due Date** 

Account No.

Federal ID Number

IF YOU ARE AN APPROVED MAGNETIC MEDIA FILER, CHECK BOX AND RETURN THIS FORM. NO FURTHER ENTRIES ARE REQUIRED.

	FURTHER ENTRIES ARE	REQU	JIRED.	
En	nployee Social Security Number	Emplo	oyee Name (First Initial, Middle Initial and Last I	Name) Gross Covered Wages
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Form	UC-8A Dac. No. 60-06/00/08/05	OHA	DTEDIV DAVBOLL DEDODT	DO NOT USE THIS REPORT

DETACH AT PERFORATION

QUARTERLY PAYROLL REPORT

TO FILE CORRECTIONS.

AGENCY COPY