



Division of Unemployment Insurance
Employer Contribution Operations, QPR-2
P.O. Box 9953
Wilmington, Delaware 19809
(302) 761-8482

QUARTERLY PAYROLL REPORT
See Reverse Side for Instructions

DO NOT USE THIS REPORT FOR PRIOR-PERIOD CORRECTIONS

Quarter Ending:

Due Date:

Account No.:

Federal ID Number:

| | Employee Social Security Number | Employee Name | | | Gross Covered Wages |
|----|------------------------------------|------------------|-------------------|-----------------------|------------------------|
| | | First Initial | Middle Initial | Complete Last Name | |
| 1 | - - | | | | \$. |
| 2 | - - | | | | . |
| 3 | - - | | | | . |
| 4 | - - | | | | . |
| 5 | - - | | | | . |
| 6 | - - | | | | . |
| 7 | - - | | | | . |
| 8 | - - | | | | . |
| 9 | - - | | | | . |
| 10 | - - | | | | . |
| 11 | - - | | | | . |
| 12 | - - | | | | . |
| 13 | - - | | | | . |
| 14 | - - | | | | . |
| 15 | - - | | | | . |
| 16 | - - | | | | . |
| 17 | - - | | | | . |
| 18 | - - | | | | . |
| 19 | - - | | | | . |
| 20 | - - | | | | . |
| 21 | - - | | | | . |
| 22 | - - | | | | . |
| 23 | - - | | | | . |
| 24 | - - | | | | . |
| 25 | Total this Page | | | | . |
| 26 | Total from Additional Pages | | | | . |
| 27 | GRAND TOTAL | | | | \$. |
| 28 | CONTACT PERSON (print) | | | TELEPHONE | |

QUARTERLY PAYROLL REPORT

This form is to be 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 media filer and submit a tape or disk for this quarter, you do not need to complete this form.

FORM CORRECTION:

To correct preprinted information:

Write a letter explaining the needed correction(s). Include the effective date of the change(s), the signature of an employer representative, and the name and telephone of a contact person. Enclose your letter with this report.

To correct previously submitted wage information:

Write a letter explaining the needed correction(s). Include the quarter ending date from the original report, the employee's name, social security number, and amount of correct wages. Also include the signature of an employer representative, and the name and telephone of a contact person. Enclose your letter with this report.

FORM COMPLETION:

1. Report wages for this quarter only (see "Quarter Ending Date"). DO NOT INCLUDE NEGATIVE WAGES. To correct previously submitted wages, see "Forms Correction" instructions above.
2. All columns must be completed or the form will not be processed. This may result in a penalty.
3. If additional space is needed to list all employees, use additional pages. Continuation forms will be provided upon request, or you may create your own. All additional pages must include 1) Employer Name; 2) Account Number; 3) Year/Quarter; and, 4) Employee Name, Social Security Number, and Gross Covered Wages.
4. Total additional page(s). Enter the total of those additional pages on line 26 of the Quarterly Payroll Report form.
5. Add lines 25 and 26 to determine the Grand Total on line 27.
6. Print the name and telephone number of a contact person on line 28.
7. If you have any questions concerning the completion of this form, please call us at (302) 761-8482.
8. Mail your report and enclosures to:

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