QUARTERLY PAYROLL REPORT - CONTINUATION

DWD Form UC-5B
State Form 4384 (R2 / 5-05)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N SENATE AVE RM SE106 INDIANAPOLIS IN 46204-2277
Local: 317-232-7436 Toll Free: 1-800-891-6499 Fax: 317-233-2706

CONFIDENTIAL RECORD Pursuant to IC 22-4-19-6, IC 4-1-6

TO EMPLOYER: To obtain additional copies of this Continuation Sheet, please submit your request in writing to the above address ATTN: Wage Records, RM SE 106.

Name of Employer			Page _____ of _____
SUTA Account No.*	**Federal Identification No.**	**Date Quarter Ended**	

*** Under SUTA Account No., show the Account Number which appears on Forms UC-1 and UC-5A. Do not show the Federal Identification Number in this column.**

NOTE: Forms UC-5A, Quarterly Payroll Report, must accompany this form. Detailed instructions for preparation of this form are shown on the reverse side of Form UC-5A.

(1) Social Security Number			(2) Name of Employee *(Please type or print)*	(3) GROSS WAGES
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Do not show red figures or corrections of previous reports on this report. See instructions under "Adjustments."

SEE INSTRUCTIONS FOR PREPARATION OF QUARTERLY PAYROLL REPORT, ITEM 7.

TOTAL FOR THIS PAGE .