STATE FORM 250 (R9/3-11), FORM UC-1

EMPLOYEE COUNT *(SEE INSTRUCTIONS)*

1ST MO	2ND MO	3RD MO
99999	99999	99999

XXX COMPANY NAME (35) XXXXXXXXXXXXX

UC

ACCOUNT NO.	Q	YR	FEDERAL ID NO
999999X	9	99	99 9999999

PERIOD COVERED FROM 99 99 99 TO 99 99 99

REPORTS AND REMITTANCE DUE ON OR BEFORE MMM DD YYYY

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THIS REPORT IS TRUE AND COMPLETE

SIGNATURE OF EMPLOYER

TITLE

PHONE NUMBER

DATE

FAX NUMBER

CONFIDENTIAL RECORD PURSUANT TO IC-22-4-19-6,IC 4-1-6

"Invalid PostNet barcode"

INDIANA DEPT OF WORKFORCE DEVELOPMENT
PO BOX 7054
INDIANAPOLIS IN 46207-7054

2. TOTAL GROSS WAGES PAID THIS QTR	999999999.99
3. TOTAL EXCESS WAGES *(SEE INSTRUCTIONS)*	999999999.99
4. NET TAXABLE WAGES *(LINE 2 MINUS LINE 3)*	999999999.99
5. TOTAL PREMIUMS DUE LINE 4 X APPLIED RATE 99.999%	999999999.99
6. INTEREST *(SEE INSTRUCTIONS)*	999999999.99
7. PENALTY *(SEE INSTRUCTIONS)*	999999999.99
AMOUNT DUE	999999999.99

80999999999999999999999999999999999999