



Government of The District of Columbia

Department of Employment Services

Office of Unemployment Compensation P.O. Box 96664 Washington, D.C. 20090-6664 Telephone: Local: (202) 698-7550 Toll Free: (877) 319-7346

FORM ID: DOES-UC30 EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT POSTMARK DATE (DO NOT USE THIS SPACE) EMPLOYER NUMBER: NAME CHK: FEDERAL IDENTIFICATION NUMBER: TAX RATE: QUARTER ENDING: TAXABLE WAGE BASE: THIS REPORT DUE:

SEE INSTRUCTIONS ON PAGE 3

ATTACH CHECK OR MONEY ORDER HERE

Table with 3 columns: 1st Month, 2nd Month, 3rd Month

- 1. TOTAL NUMBER OF COVERED WORKERS (employed in Washington, DC.)
2. TOTAL WAGES PAID (this quarter, to all covered workers)
DO YOU SUBMIT YOUR WAGE DATA ON MAGNETIC MEDIA? YES NO

RATED EMPLOYERS COMPLETE ITEMS 3 THROUGH 10 -SELF INSURED EMPLOYERS SKIP TO ITEM 11

- 3. NON-TAXABLE WAGES
4. TAXABLE WAGES (Subtract ITEM 3 from ITEM 2)
5. CONTRIBUTION DUE (Multiply ITEM 4 by your tax rate of %)
6. PLUS ADMIN. ASSESSMENT DUE (Multiply ITEM 4 by two tenths of one percent (0.2 %)
7. PLUS INTEREST DUE
8. PLUS PENALTY DUE
9. MINUS APPROVED CREDIT
10. EQUALS TOTAL REMITTANCE AMOUNT (Make check or money order payable to 'DOES')

STATUS CHANGES

11. ENTER THE APPROPRIATE INFORMATION IF ANY CHANGE HAS OCCURRED:

Form with fields: ENTITY NAME, TRADE NAME, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, ZIP CODE, CONTACT NAME, CONTACT TELEPHONE, BUSINESS TELEPHONE, BUSINESS FAX, EMAIL ADDRESS, NEW FEIN

- 12. IF YOU HAVE SOLD OR TRANSFERRED YOUR BUSINESS, enter date of sale or transfer:
IF NO LONGER IN BUSINESS, enter date wages last paid in DC:
13. DESCRIBE ANY OTHER CHANGE IN STATUS:

CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY WAGE REPORT(S) ATTACHED HERETO IS TRUE AND CORRECT AND THAT NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE WORKER'S WAGES.

Form with fields: SIGNATURE, TELEPHONE, DATE, PRINT NAME, TITLE



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FORM ID: DOES-UC30		EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT		
EMPLOYER NUMBER:	NAME CHK:			FEDERAL IDENTIFICATION NUMBER:
TAX RATE:				QUARTER ENDING:
TAXABLE WAGE BASE:				THIS REPORT DUE:

14. EMPLOYEE WAGE INFORMATION FOR THIS QUARTER

EMPLOYEE SOC. SEC. NO.	EMPLOYEE NAME (PLEASE TYPE OR PRINT)			TOTAL GROSS WAGES PAID THIS QUARTER	
	LAST	FIRST	MI	DOLLARS	CENTS
TOTAL WAGES THIS PAGE					

NOTE: All employers with more than 25 employees are encouraged to file wage reports electronically. However, employers with 250 or more employees MUST FILE wage reports electronically. For further information about electronic filing, please refer to PART 2 on Page 4.