

EMPLOYER'S QUARTERLY WAGE AND CONTRIBUTION REPORT ES903A

DO NOT WRITE IN THIS SPACE

DATE RECEIVED

SCHEDULE A

NM DEPARTMENT OF WORKFORCE SOLUTIONS P O BOX 2281, ALBUQUERQUE, NM 87103-2281

RETURN THIS REPORT AND TAX DUE BY THE END OF THE MONTH FOLLOWING THE CLOSE OF THE CALENDAR QUARTER, IF NO WAGES, SHOW "NONE"

Table with 2 columns: EMPLOYER'S NUMBER, QUARTER ENDING, FEDERAL IRS NUMBER, CRSDIDENTIFICATION NUMBER and TOTAL TAX RATE, DUE DATE, FIELD CODE.

- 1. TOTAL WAGES (TOTAL COLUMN 12)
2. DEDUCT EXCESS WAGES (TOTAL COLUMN 13)
3. TAXABLE WAGES (ITEM 1 LESS ITEM 2)
4. TOTAL TAX DUE (TAXABLE WAGES X TOTAL TAX RATE)
5. INTEREST DUE (1% PER MONTH AFTER DUE DATE)
6. LATE REPORT PENALTY (ADD \$50.00)
7. LATE PAYMENT PENALTY (ADD 5% OF TAX DUE OR \$25.00, WHICHEVER IS GREATER)
8. AMOUNT OF NMDWS REMITTANCE

See Instructions for completing form ES-903A, Item 4, for tax distribution

UI Annual Taxable Wage Base (Each Employee)

FOR EACH MONTH OF THIS QUARTER, REPORT IN THE BOXES BELOW THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDED THE 12TH OF THE MONTH.

1ST MTH. 2ND MTH. 3RD MTH.

PAGE ____ OF ____

IF ADDITIONAL SPACE IS NEEDED FOR SCHEDULE B, ATTACH THE SUPPLEMENTAL PAGE AND COMPLETE THE PAGE NUMBER INFORMATION ON EACH PAGE.

SCHEDULE B

Main table with columns: 10. EMPLOYEE SOCIAL SECURITY NUMBER, 11. NAME OF EMPLOYEE, 12. GROSS WAGES FOR THIS QUARTER, 13. THIS QUARTER'S EXCESS WAGES, 14. STATE INCOME TAX WITHHELD *, 15. WC FEE. Includes summary rows at the bottom.

INCOMPLETE AND/OR UNSIGNED REPORTS ARE SUBJECT TO BEING RETURNED AND LATE REPORT PENALTIES BEING ASSESSED. I certify that this report is true and correct according to law and department regulations, and that no part of the contribution was deducted from any employee's wages.

DATE _____ SIGNED _____ TITLE _____

THIS FORM CAN BE FILED ON-LINE @ https://efile.state.nm.us/