

EMPLOYER'S UNEMPLOYMENT INSURANCE (UI) QUARTERLY REPORT

Form 21 (rev. 01/18)

South Dakota Department of Labor and Regulation, Unemployment Insurance Tax Division
 PO Box 4730 • Aberdeen, SD 57402-4730 • Phone 605.626.2312 • Fax 605.626.3347 • www.sdjobs.org

Account Number

Instructions available in "Instructions" tab.

Quarter/Year

 /

Due Date

Business Name and Address

3. Total gross wages paid in this quarter (Item 22)	
4. Wages paid this quarter in excess of annual per person (Item 23)	
5. Taxable wages (Item 3 minus Item 4)	
6. UI contribution rate	% x line 5
7. Administrative fee rate	% x line 5
8. Investment fee rate	% x line 5
9. Total due (add lines 6, 7 & 8)	
10. Adjustment from prior quarters (explain on "Line 10 & Line 15" tab)	
11. Interest: Line 9 x 1.5% per month from due date	%
12. Penalty for late filings: \$25.00 per month	
13. Penalty for late payments: \$25.00 per month	
14. Total remittance (sum of lines 9 through 13)	

1. For each month, report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.

If none, enter "0"		
1st month	2nd month	3rd month
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Does this account operate in more than one location in South Dakota? Yes No

15. If your business in South Dakota has changed in any way, please complete the "Line 10 & Line 15" worksheet. If the ownership changed during this quarter, each owner must submit a report.

Make remittance payable to "SD Unemployment Insurance"

Note: When you make a check payment, you authorize us to use information from your check to make a one-time electronic funds transfer (EFT) from your account. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment. You will not receive your check back from your financial institution.

16. Employee's Social Security Number	17. Employee's Name (Last, First)	18. Total Gross Wages Paid This Quarter	19. Excess Wages Paid This Quarter
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Signature I certify all information on this report is complete and correct.

Title Date

Prepared by Telephone

Email Address

20. Total Gross Wages This Page	21. Total Excess Wages This Page
<input type="text"/>	<input type="text"/>
22. Total Gross Wages All Pages	23. Total Excess Wages All Pages
<input type="text"/>	<input type="text"/>