EMPLOYER'S QUARTERLY UNEMPLOYMENT TAX WORKSHEET

		Keep top por	tion for your recor	us,							
1,		s from line 1 on reverse (enter here and on II									
2.	(enter excess wages (or (enter here and on line	ver taxable wage base per worker per year; so a 2 of the report)	ne 1,	for this quarter.							
3.	Subtract line 2 from fir	e 1 (enter here and on line 3 of the report)									
4.		tax rate of % (the IRS on your 940 Federal Unemployment). This is the only port Tax Return (enter here								
5.	Multiply line 3 by your report)	surcharge rate of 0.22 % (0.0022).	(enter here and on lin	e 5 of your							
6.	*	illed after the due date of I for each month or fraction of a month past	, add line 4 & 5 due (enter here and on								
7.	\$25 mailed on or after	niled after the due date of \$75 mailed on or after ner report has been late this calendar year (e	, include penaity nter here and on line 7	. Add an							
8. 9.	Add prior amount due (add	or subtract overpaymentlines 4,5, 6 and 7, and add or subtract line 8) (enter here and on lin	e 9 of the report)							
	If there has been a	change in the status of your account, co	omplete below, cut to	separate from worksheet	, and return.						
	JI-3.2 (R.5/2011)	ACCOUNT STATE	TUS INFORMATION								
	KEIN	KEIN Name □ Change of business name - Na									
□ R	equest for cancellation (date business closed)		port Change in Ownership or D hole or Part, is available online							
□R	equest for inactive statu	s (date of last employment)		note of Fart, to a randole of thire	@ minusemproper						
□С	hange location address	ta:		rm Ui21, Report Change in Ow e of Business in Whole or Part,	F						
Stre	et		1	hlp Changes Requiring Form U							
City		State ZIP code	Individual to Partne Individual to Corpor Individual to Individual	rship Partnership to Corporation ation Partnership to Partnership at Partnership to Individual	Corporation to Corporation Corporation to LLC or LLP Corporation to Partnership						
	hange malling address t	o:		LLP Partnership to LLC or LLP adicated are hereby certified to be	-						
Stre	et			elief of the undersigned who is							
City		State ZIP code	— D								
			Signature		Date						
		t with payment on or before the due date. M		easurer, Kentucky Unemployr	nent Insurance Fund.						
Emp	loyer's Quarterly	Unemployment Wage and Tax		Dollars	Cents						
UI-	3	How many workers earned wages in the pay p including the 12th of each month?	200								
KEIN		Rate 1 ST Mo.	1. Gross Wages								
FEIN			2. Excess								
Qtr/Yr	***************************************	2™ Mo.	Wages 2 Tayablo		zio zalionilia zalizani						
Due D	a(e	780 Ma	3. Taxable Wages								
	* : : * : : : * : : : : : : : : : : : :	3 RD Mo.	4. Tax Due								
	**************************************	04704011041047477470740740747740	5. Surcharge								
	••••••										
			6. Interest Due								
11	I39913	Division of Unemployment Insurance	7. Penaity Due								
-	T 3 1 1 1 1 3	P.O. Box 2003 Frankfort, KY 40602-2003	8. Prìor Amount Due <i>or</i> Overpayment								
		Kentucky	9. Total Amount Due								

UI-3 (R. 04/2013)

DO NOT STAPLE OR PAPERCLIP ADDITIONAL PAGES ENCLOSE ADDITIONAL WAGE PAGES WITH REPORT.

Form UI-3 (R. 04/2013)

EMPLOYER'S QUARTERLY UNEMPLOYMENT WAGE WORKSHEET

(Fm	nlov	er's	Conv
(EM	picy	er s	Copy)

(Employer's	Col

	Kentucky	3
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K	Y EMP	ID#					QTR			YF	l.			Constitute of Sec	WY -
_		So	cial Secu	rity Nun	nber				Name	of Worker				Gross Wages	
			Taxal	ble Wag	e Base	(TWB) & Surc	harge	e (%)			1		Total for This Page	
ar 11	TWB \$8,000	% 0.00	Year 2014	_	rs prior %	-	TWB \$10,500	%	Year 2020	TWB \$11,400	% 0.19	1.		Total for All Pages	
)12)13	\$9,000 \$9,300	0.00	2015 2016	\$9,900 \$10,200	0.21	2018 2019	\$10,800 \$11,100	0.20	2021 2022	\$11,700 \$12,000	0.18				
N	EED HE	LP?	Telepi	hone ass	Istance	is avaik	able toll fr	ree fro	m 8:00 a	s.m. to 4:	30 p.m.	Easte	rn Time Mon	day through Friday at 1-800-	562-6397
Change in address/ownership 5			502 564 502 564	Call Fax 502 564-2168 502 564-544 502 564-2272 502 564-544 502 564-6835 502 564-559				-5442	2	http://oet.ky.gov					
om he	quarte the as Taxabl Surcha	er. P ssign e Wa rge ra	lease s ed UI d ge Bas ate wil	see line experie se will d It vary f	5 on nce r contir	front ate an ue to ear to	of UI3 f d is the increase	orm. same e by s Pleas	The S e rate \$300 p e note	urcharg for all K er year the tab	e is a s entuck throug	epa y en h 20	ages for rate rate nployers. 022 and or the	appeals or refund requests Commonwealth of Kentu Division of Unemployme P.O. Box 948 Frankfort, KY 40602-094 E-Mail Access: des.uit@ky.gov	icky nt Insur
YÆ	8	tach i	ted. Ind report a	complet	e info	rmation th payn	n could s	ubjec or bef	t you to	o fallure	to file p	enal ot in	ties. Iclude check	gross wages for each emp c stub with payment. er of Pages in This Report	
								· 	Cosc					Choss Wages	
	UI39	123									***			Total for This Page	**************************************
		_	Sign	ature:								Ť.s		Total for All Pages	de exilience l

Title

Date

Telephone Number