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 ) 724-7000 Toll Free: (877) 319-7346

| FORM ID: UC30H-WORKSHEET | ANNUAL FILER WORKSHEET | YEAR ENDING 2002 |
|---|---|---|

**>>>>>>>>>>>>>>> DO NOT SUBMIT THIS WORKSHEET FOR YOUR ANNUAL FILING <<<<<<<<<<<<<<<**

**Use this worksheet to record information needed for your Annual Contribution and Wage Report.**

1. For each month: Record the number of employees, who PERFORMED SERVICE IN OR RECEIVED PAY FOR ANY PART OF THE PAYROLL PERIOD WHICH INCLUDES THE 12th OF THE MONTH.

2. For each quarter: Record wages paid in the quarter for each employee's social security number and name. Wages for an employee are to include all monies paid, such as tips received from customers, meals, lodging, bonuses, commissions, severance pay, vacation pay, sick pay (unless paid under a third party plan or system), and back-pay awards resulting from reinstatement of employment.

**1. NUMBER OF COVERED WORKERS WHO RECEIVED PAY FOR THE PAY PERIOD WHICH INCLUDES THE 12th OF EACH MONTH.**

| *FIRST QUARTER* | | | *SECOND QUARTER* | | | *THIRD QUARTER* | | | *FOURTH QUARTER* | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | | | | | | | | | | | |

**2. EMPLOYEE NAME, SSN AND WAGE INFORMATION FOR THIS ANNUAL REPORTING PERIOD.**

| EMPLOYEE | EMPLOYEE NAME | ********** 2002 WAGES ********** | | | |
|---|---|---|---|---|---|
| **SOC. SEC. NO.** | **FIRST MI LAST** | **1st QTR** | **2nd QTR** | **3rd QTR** | **4th QTR** |
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TO RECORD MORE THAN **10 EMPLOYEES, USE THE REVERSE SIDE OF THIS FORM.**

*The following information must be available in the records of all employers for inspection by authorized representatives of the Department of Employment Services, Tax Division, for the purpose of audits or investigations:*

- Æ Beginning and ending date of each pay period.
- Æ Date of payment for each pay period.
- Æ Wages paid for each pay period, including the cash value of other remuneration, gratuities and tips, and expenses incurred by each employee for which a deduction from wages is claimed.
- Æ The dates of employment and date and reason for separation.
- Æ Name and social security number of each employee.

*If one or more of your separated workers applies for unemployment benefits, we may send you a notice asking you to report that worker's quarterly wages, even though your annual report is not yet due. This quarterly wage information is needed to determine your former employee's monetary eligibility for unemployment benefits.*

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**2. EMPLOYEE NAME, SSN AND WAGE INFORMATION (continued)**

| EMPLOYEE | | | EMPLOYEE NAME | ********** 2002 WAGES ********** | | | |
|---|---|---|---|---|---|---|---|
| **SOC. SEC. NO.** | | | **FIRST MI LAST** | **1st QTR** | **2nd QTR** | **3rd QTR** | **4th QTR** |
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***RETAIN THIS INFORMATION FOR YOUR RECORDS. DO NOT SUBMIT THIS WORKSHEET FOR YOUR ANNUAL FILING.***