

This form is semi-interactive and may be completed on-line but must be mailed or faxed to the address noted below.



Mail To: Louisiana Workforce Commission
 Office of Unemployment Insurance Administration
 P.O. Box 94050
 Baton Rouge, LA 70804-9050
 Fax:(225) 342-5822

1. Number of covered workers who worked or received pay for the payroll period which includes the 12th of the month

EMPLOYER'S ANNUAL WAGE & TAX REPORT

1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	2. Due Date	3. Year	4. Federal ID NO.	5. State ID No.	6. Rate %			
7. Worker's SSN		8. Worker's Name		9a. Total Wages Jan 1 to Mar 31		9b. Total Wages April 1 to June 30		9c. Total Wages July 1 to Sept 30		9d. Total Wages Oct 1 to Dec 31	
1					.00	.00	.00	.00	.00	.00	
2					.00	.00	.00	.00	.00	.00	
3					.00	.00	.00	.00	.00	.00	
4					.00	.00	.00	.00	.00	.00	
5					.00	.00	.00	.00	.00	.00	
6					.00	.00	.00	.00	.00	.00	
9. Totals				9a.	.00	9b.	.00	9c.	.00	9d.	.00

10. Total Wages for the Year
 Total wages for the year will print in Item #8 of the Annual Report of Wages Paid. for the Year .00

Employer Name, D.B.A. & Address	I certify that the information on this report is true and correct.	
	Signature:	Date:
	Title:	Phone Number:

Cut along this line to separate these documents. Reminder: A signature is required on both portions of these forms.

1. Number of covered workers who worked or received pay for the payroll period which includes the 12th of the month

ANNUAL REPORT OF WAGES PAID

1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	2. Due Date	3. Year	4. Federal ID NO.	5. State ID No.	6. Rate %	
Employer Name, D.B.A. & Address				8. Total wages this year.				.00	
				9. Less wages in excess of \$.00	
				10. Taxable wages this year.				.00	
				11. Contributions (tax) due.					
				12. Subtract overpayment from last year.					
13. Add underpayment from last year.									
I certify that the information on this form is true and correct.				14. Total Remittance (include interest & penalty charges if filed after due date.)					

Signature:	Date:	Make check payable to: Office of Unemployment Insurance P.O. Box 94050 Baton Rouge, LA 70804-9050
Title:	Phone:	