EMPLOYER'S CONTRIBUTION AND WAGE REPORT Do NOT staple reports or payment. Employers that have less than 25 employees have the option of using this form. If the employer has 25 or more employees, the employer Page No. 1 of___ This report & payment can be mailed to: IDES, PO Box 19300, Springfield, IL 62794-9300 Do NOT include wage corrections STATE OF ILLINOIS Department of Employment Security must file electronically. for a prior quarter in this report. FORM UI-3/40 Rev. 3/2017 9. NAME OF WORKER D.C. NO. 8. Worker's Social Security 10. TOTAL Wages Paid Account Number (First and initial) (Type or Print) (Include Wages in Excess of \$12,960) 0000 000 00 Enter Dollars & Cents: PENALTY (\$50.00 MIN.) DUE AFTER ABOVE DATE INTEREST DUE AFTER ABOVE DATE PERIOD ENDING Your Federal Employer Identification Number (If not shown or if incorrect enter correct number) CHANGE IN STATUS If a change has occurred in the status of your business, complete form UI-50A. Check this box to indicate that you no longer have workers in Illinois and want your account terminated. Also, complete form UI-50A. 1. ENTER THE TOTAL NUMBER OF COVERED WORKERS (full and part time) who performed services during or received pay for the payroll period including the 12th of each month of the quarter. If none, enter "0". 1ST MONTH _2ND MONTH_ _3RD MONTH_ 2. TOTAL WAGES PAID for covered employment (If no wages were paid, see instructions.) IMPORTANT — SEE INSTRUCTIONS 3. LESS: Wages in excess of \$12,960 per covered worker per calendar year. 4. TAXABLE WAGES (line 2 minus line 3) 5A. If the quarter's TOTAL WAGES (Line 2) are less than \$50,000, calculate at the lessor of your rate as shown on your "Annual Contribution Rate Determination" or 5.4%. Use this space if TOTAL WAGES (Line 2) are \$50,000 or more this quarter. 5B. CONTRIBUTION DUE - Multiply line 4 by your rate. 6A. Add: Interest at 2% (.02) per month for late payment 6B. Add: Penalty for late filing (\$50.00 minimum) 6C. Add: Previous Underpayment PLUS interest 6D. Deduct: Previous Overpayment 7. TOTAL PAYMENT DUE MAKE CHECK PAYABLE TO "ILLINOIS DIRECTOR OF EMPLOYMENT SECURITY" (If less than \$2.00 - Send report only) I hereby certify that the information contained in this report and in all accompanying schedules is true and correct to the best of my knowledge and This agency is requesting both disclosure of belief; and that no part of the contribution reported information and payment of contributions that

information and payment of contributions that are necessary to accomplish the statutory purpose as outlined under 820 ILCS 405/100-3200. Disclosure of information and payment of contributions are REQUIRED. Failure to provide information or pay contributions may result in this form not being processed and may result in statutorily prescribed sanctions, including penalties and/or interest.

 11. Total Wages