

**EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT  
 ARKANSAS DEPARTMENT OF WORKFORCE SERVICES  
 P.O. BOX 8007 LITTLE ROCK, ARKANSAS 72203-8007 (501) 682-3798**

**REIMBURSABLE**

**DWS ID NUMBER  
 DATE QUARTER ENDED  
 FEDERAL ID NUMBER  
 REPORT DUE DATE**

**Check box and return if no wages paid**

**PART A.**

- |  |               |               |               |
|--|---------------|---------------|---------------|
|  | <b>1st mo</b> | <b>2nd mo</b> | <b>3rd mo</b> |
|  | of qtr _____  | of qtr _____  | of qtr _____  |
1. Number of employees in the pay period including the 12th of: \_\_\_\_\_
  2. Total of all wages paid for personal services, including bonuses/commissions ..... \$ \_\_\_\_\_.
  3. Penalty (see instructions) ..... \$ \_\_\_\_\_.
  4. Amount of remittance (make payable to Arkansas Department of Workforce Services) ..... \$ \_\_\_\_\_.

**DO NOT ALTER THIS FORM**

CASHIER'S STAMP

Initial	
Amt received	
Penalty code	

**PART B.**

Enter the SSN, first name, middle initial, last name and total wages paid to each employee during the calendar quarter in the space provided below (continuation sheet provided).

ATTACH CHECK HERE

SOCIAL SECURITY NUMBER	FIRST NAME, MIDDLE INITIAL & LAST NAME OF EMPLOYEE	TOTAL WAGES PAID
1) _____	_____	\$ _____.
2) _____	_____	\$ _____.
3) _____	_____	\$ _____.
4) _____	_____	\$ _____.
5) _____	_____	\$ _____.
6) _____	_____	\$ _____.
7) _____	_____	\$ _____.
8) _____	_____	\$ _____.
9) _____	_____	\$ _____.
10) _____	_____	\$ _____.
11) _____	_____	\$ _____.
12) _____	_____	\$ _____.

PAGE ONE OF \_\_\_\_\_ PAGE(S)      TOTAL NO. OF EMPLOYEES ON THIS REPORT \_\_\_\_\_      TOTAL WAGES FOR THIS PAGE \$ \_\_\_\_\_.

I HEREBY CERTIFY THIS REPORT IS TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**CONTINUATION SHEET FOR FORM 209BR**

DWS ID Number \_\_\_\_\_ Quarter End Date \_\_\_\_\_

Employer \_\_\_\_\_

Town \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NUMBER	FIRST NAME, MIDDLE INITIAL & LAST NAME OF EMPLOYEE	TOTAL WAGES PAID
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____
4) _____	_____	\$ _____
5) _____	_____	\$ _____
6) _____	_____	\$ _____
7) _____	_____	\$ _____
8) _____	_____	\$ _____
9) _____	_____	\$ _____
10) _____	_____	\$ _____
11) _____	_____	\$ _____
12) _____	_____	\$ _____
13) _____	_____	\$ _____
14) _____	_____	\$ _____
15) _____	_____	\$ _____
16) _____	_____	\$ _____
17) _____	_____	\$ _____
18) _____	_____	\$ _____
19) _____	_____	\$ _____
20) _____	_____	\$ _____
21) _____	_____	\$ _____
22) _____	_____	\$ _____
23) _____	_____	\$ _____
24) _____	_____	\$ _____
25) _____	_____	\$ _____
26) _____	_____	\$ _____

TOTAL WAGES FOR THIS PAGE \$ \_\_\_\_\_