

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

DWS ID NUMBER
DATE QUARTER ENDED
FEDERAL ID NUMBER
SEASONAL CODE
SEASONAL DATES

Check box and return if no wages paid

PART A.

	1st mo of qtr _____	2nd mo of qtr _____	3rd mo 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. Wages in excess of (see instructions)		\$< _____.	
4. Out of state wages if employee(s) are paid in multiple states (see instructions)		\$< _____.	
5. Taxable wages (subtract item 3 and 4 from item 2, enter results here)		\$ _____.	
6. Contribution rate for this reporting period.....			
7. Contribution due for this quarter (multiply item 5 by)		\$ _____.	
8. Amount of debit or credit from previous quarters		\$ _____.	
9. Interest (accrued on all unpaid contributions at the rate of 1.5% per month)		\$ _____.	
10. Penalty (see instructions)		\$ _____.	
11. Total amount due		\$ _____.	
12. Amount of remittance (make payable to Arkansas Department of Workforce Services)		\$ _____.	

DO NOT ALTER THIS FORM

Initial	
Amt received	

CASHIER'S STAMP

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 NO.	FIRST NAME, INITIAL & LAST NAME OF EMPLOYEE	WAGES PAID	
			IN SEASON	OUT OF SEASON
1)	_____	_____	\$ _____.	\$ _____.
2)	_____	_____	\$ _____.	\$ _____.
3)	_____	_____	\$ _____.	\$ _____.
4)	_____	_____	\$ _____.	\$ _____.
5)	_____	_____	\$ _____.	\$ _____.
6)	_____	_____	\$ _____.	\$ _____.
7)	_____	_____	\$ _____.	\$ _____.
8)	_____	_____	\$ _____.	\$ _____.
TOTAL WAGES FOR THIS PAGE			\$ _____.	\$ _____.

PAGE ONE OF _____ PAGE(S) TOTAL NO. OF EMPLOYEES ON THIS REPORT _____

I HEREBY CERTIFY THIS REPORT IS TRUE AND CORRECT AND NO PARTS OF THE CONTRIBUTION HAVE OR WILL BE BORNE BY ANY EMPLOYEE.

SIGNATURE _____ TITLE _____ DATE _____ TELEPHONE _____

CONTINUATION SHEET FOR FORM 209BS

DWS ID Number _____ Quarter End Date _____

Employer _____

Town _____ Page _____ of _____

SOCIAL SECURITY NO.	FIRST NAME, INITIAL & LAST NAME OF EMPLOYEE	WAGES PAID IN SEASON	WAGES PAID OUT OF SEASON
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) _____	_____	\$ _____	_____

TOTAL WAGES FOR THIS PAGE \$ _____