

U.I. NUMBER:

3

WORKSITES

OFFICE USE	BUSINESS NAME (division, subsidiary, etc) STREET ADDRESS (physical location) CITY, STATE, AND ZIP CODE WORKSITE DESCRIPTION (plant name, store number, etc)	NUMBER OF EMPLOYEES (subject to UI laws) During the Pay Period Which Includes the 12 th of the Month			QUARTERLY WAGES OF WORKSITE (subject to UI laws) Round to the nearest dollar
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			
					.00
		COMMENTS:			

Note: The totals MUST agree (except for rounding) with your Form ES903A.

TOTALS | | | | .00
