FROM
DELAWARE DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE
P.O. BOX 9953
WILMINGTON, DE 19809-0953

FORWARD SERVICE REQUESTED

EMPLOYER'S QUARTERLY REPORT - FORMS SET

UNEMPLOYMENT INSURANCE
UC-8 QUARTERLY TAX REPORT
UC-8A QUARTERLY PAYROLL REPORT
UC-8C CHANGE REPORT

0922-01-00-0020037-0001-0100406

STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Use this form to report changes in status or corrections to pre-printed information

DOL UI TAX LOCKBOX (UC8 & UC8A)
PO BOX 5515
BINGHAMTON, NY 13902

☐ Covered employment was permanently discontinued on _____ Date

☐ Operations were permanently discontinued on _____ Date

☐ Business reorganized effective _____ Date

☐ Business sold on _____ Date

☐ Name change/correction _____

☐ Telephone number ( ) -

☐ Mailing Address _____

_____

_____

(OUTSIDE REPRESENTATIVE MUST FILE A POWER OF ATTORNEY)

☐ Change in ownership interest _____

Please explain _____

☐ If the Federal ID shown, is incorrect, please print correct number here. _____

X _____ _____ _____
Signature of owner or duly authorized representative | Title | Date

Form UC-8C Doc. No. 60-06/00/09/21

CHANGE REPORT

0922-01-00-0020037-0002-0100407

04DOL125453

REMOVE BEFORE INSERTING INTO ENVELOPE

▼ DETACH AT PERFORATION ▼

Detach at Perforation
and Return with Payment

MAKE CHECK PAYABLE TO: DELAWARE UNEMPLOYMENT COMPENSATION FUND (DUCF)

EMPLOYER NAME	ACCOUNT NO.	AMOUNT ENCLOSED

DOL UI TAX LOCKBOX (UC8 & UC8A)
PO BOX 5515
BINGHAMTON, NY 13902

PAYMENT COUPON

0922-01-00-0020037-0003-0100408

READ INSTRUCTIONS ON INSIDE COVER BEFORE COMPLETING THIS REPORT

DO NOT USE THIS REPORT TO MAKE CORRECTIONS

STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Reporting Period (Yr/Qtr)

Due Date

Account No.

Federal ID Number

Tax Rate

	1st Month	2nd Month	3rd Month
1. For each month, report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.			
2. Gross covered wages paid this quarter (Enter total from UC-8A, line 33.) If you had no covered wages this Quarter, enter 0; sign and return.			
3. Excess wages (Wages included in line 2 that exceed $12,500 annually per employee)			
4. Taxable Wages (Line 2 less line 3)			
5. Tax due (Multiply line 4 by)			
6. Approved credit (See instructions.)			
7. Net tax due (Line 5 less line 6)			
8. Interest (See instructions.)			
9. Penalty (See instructions.)			
10. Payment due (Total of lines 7, 8 and 9)			

I certify, to the best of my knowledge, this report and the attached payroll reports are true and correct.

X _____

Signature of owner or duly authorized representative

Title _____ Date _____

Make check payable to:

Delaware Unemployment Compensation Fund (DUCF)

Write account number on check and return with Payment Coupon to:

DOL UI Tax Lockbox
(UC8 & UC8A)
PO Box 5515
Binghamton, NY 13902

Form UC-8 Doc. No. 60-06/00/09/21

QUARTERLY TAX REPORT

AGENCY COPY

0922-01-00-0020037-0004-0100409

STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Reporting Period (Yr/Qtr)

Due Date

Account No.

Federal ID Number

☐ IF YOU ARE AN APPROVED MAGNETIC MEDIA FILER, CHECK BOX AND RETURN THIS FORM. NO FURTHER ENTRIES ARE REQUIRED.

	Employee Social Security Number	Employee Name (First Initial, Middle Initial and Last Name)	Gross Covered Wages
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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24			
25			
26			
27			
28			
29			
30			
31	Total this Page		
32	Total from additional pages		
33	GRAND TOTAL		

Form UC-8A Doc. No. 60-06/00/09/21

AGENCY COPY

QUARTERLY PAYROLL REPORT

DO NOT USE THIS REPORT TO FILE CORRECTIONS.

0922-01-00-0020037-0005-0100410