NAICS AUD CO

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT
ARKANSAS DEPARTMENT OF WORKFORCE SERVICES

P.O. BOX 8007 LITTLE ROCK, ARKANSAS 72203-8007 (501) 682-3798

DWS ID NUMBER
DATE QUARTER ENDED
FEDERAL ID NUMBER
REPORT DUE DATE
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	CASHIER'S STAMP
Amt received	

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)	_____ ___ _____	_____ __ _____	$ _____.____

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 AND NO PARTS OF THE CONTRIBUTION HAVE OR WILL BE BORNE BY ANY EMPLOYEE.

SIGNATURE _____ **TITLE** _____ **DATE** _____ **TELEPHONE** _____

DWS-ARK-209B
(REV. 01-09)

MAINTAIN COPY FOR YOUR RECORDS

CONTINUATION SHEET FOR FORM 209B

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 $ _____.___