

EMPLOYER'S ANNUAL REPORT

South Dakota Department of Labor and Regulation, Reemployment Assistance Division

PO Box 4730 • Aberdeen, SD 57402-4730 • Phone 605.626.2312 • Fax 605.626.3347 • www.sdjobs.org

Account Number _____
 Employer Name _____
 Address _____
 Year _____

Computation of Payment Due	1st Quarter 3/31/	2nd Quarter 6/30/	3rd Quarter 9/30/	4th Quarter 12/31/	Totals
1. Total Gross Wages Paid during this Quarter					
2. Wages in Excess of Annual Wage Base					
3. Taxable Wages					
4. RA Contribution Rate % x Line 3					
5. Administrative Fee x Line 3					
6. Investment Fee % x Line 3					
7. Total Tax Due					
8. Adjustments from Prior Quarters					
9. Interest	%	%	%	%	
10. Penalty for Late Filing					
11. Penalty for Late Payment					
12. Total Remittance					

1. Enter total gross wages paid to all employees, per quarter, from Form(s) 21E.
2. Enter total wages paid in excess of annual wage base, per individual, from Form(s) 21E. The taxable wage base for 2015 and after is \$15,000.
3. Subtract Line 2 from Line 1.
4. Enter your Reemployment Assistance contribution rate. Multiply Line 3 by rate.
5. Enter your Administrative Fee rate. Multiply Line 3 by rate.
6. Enter your Investment Fee rate. Multiply Line 3 by rate.
7. Add Lines 4, 5 and 6. This is total quarterly tax due.
8. Enter any amounts due or refunds due to you from prior quarters.
9. Enter the interest due if report is late for the corresponding calendar quarter. The interest amount is computed by multiplying the tax due (Line 7) by 1.5% per month or fractional part of a month the report is delinquent.
10. Enter penalty due if you are late in filing a report. The penalty is \$25 per month or fractional part of a month from the due date of a report. Maximum penalty is \$150 per quarter.
11. Enter penalty due if you are late making full payment. This penalty is \$25 per month or fractional part of a month. Maximum penalty is \$150 per quarter.
12. Enter the sum of Lines 7-11. Payable to "SD Dept. of Labor and Regulation UI Division."

Explanation (as needed):

Signature _____
 Date _____ Phone _____
 Email Address _____

Note: When you make a check payment, you authorize us to use information from your check to make a one-time electronic funds transfer (EFT) from your account. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment. You will not receive your check back from your financial institution.

