Government of The District of Columbia ★★★ Department of Employment Services

Office of Unemployment Compensation   P.O. Box 96664   Washington, D.C.   20090-6664   Telephone: Local: (202) 698-7550   Toll Free: (877) 319-7346

FORM ID: **DOES-UC30**	EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT	POSTMARK DATE (DO NOT USE THIS SPACE)
EMPLOYER #: NAME CHK:	EMPLOYER NAME AND ADDRESS	FEDERAL EIN #:
TAX RATE:		QUARTER ENDING:
TAXABLE WAGE BASE:		THIS REPORT DUE:

<div style="writing-mode: vertical">ATTACH CHECK OR MONEY ORDER HERE</div>

SEE INSTRUCTIONS ON PAGE 3

	1st Month	2nd Month	3rd Month
1. TOTAL NUMBER OF COVERED WORKERS (employed in Washington, DC)			

2. TOTAL WAGES PAID (this quarter, to all covered workers)... $ _____

RATED EMPLOYERS COMPLETE ITEMS 3 THROUGH 10 — SELF INSURED SKIP TO ITEM 11

3. NON-TAXABLE WAGES .... $ _____

4. TAXABLE WAGES (**Subtract** ITEM 3 from ITEM 2).. $ _____

5. CONTRIBUTION DUE (**Multiply** ITEM 4 by your tax rate of _____ %)............................. $ _____

6. **PLUS** ADMIN. ASSESSMENT DUE (**Multiply** ITEM 4 by two tenths of one percent (0 .2 %) $ _____

7. **PLUS** INTEREST DUE... $ _____

8. **PLUS** PENALTY DUE.. $ _____

9. **MINUS** APPROVED CREDIT .... $ _____

10. **EQUALS** TOTAL REMITTANCE AMOUNT (Make check or money order payable to 'DOES') $ _____

STATUS CHANGES

11. ENTER THE APPROPRIATE INFORMATION BELOW *ONLY IF ANY CHANGE HAS OCCURED*

ENTITY NAME: *	TRADE NAME: *
STREET ADDRESS:	ADDRESS LINE 2:
CITY:	STATE: ZIP:
CONTACT NAME:	CONTACT TELEPHONE:
BUSINESS TELEPHONE:	BUSINESS FAX:
EMAIL ADDRESS:	FEIN CORRECTION: *

12. IF YOU HAVE SOLD OR TRANSFERRED YOUR BUSINESS, enter date of sale or transfer: *   _____/_____/_____

      IF NO LONGER IN BUSINESS, enter date wages last paid in DC:..   _____/_____/_____

13. DESCRIBE ANY OTHER CHANGE IN STATUS: _____

   Asterisk (*) Indicates supporting documents required. Please attach supporting documents to the report..

CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY WAGE REPORT(S) ATTACHED HERETO IS TRUE AND CORRECT AND THAT NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE WORKER'S WAGES.

SIGNATURE:	TELEPHONE:	DATE:
PRINT NAME:	EMAIL:	TITLE:

DO NOT EMAIL THIS REPORT

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EMPLOYER #:	NAME CHK:	EMPLOYER'S NAME AND ADDRESS	FEDERAL EIN #:
TAX RATE:			QUARTER ENDING:
TAXABLE WAGE BASE:			THIS REPORT DUE:

14. EMPLOYEE WAGE INFORMATION FOR THIS QUARTER

EMPLOYEE	EMPLOYEE NAME (PLEASE TYPE OR PRINT)	TOTAL HOURS	TOTAL GROSS WAGES PAID THIS QUARTER	
SOC. SEC. NO.	LAST NAME, FIRST NAME, MI	WORKED	DOLLARS	CENTS
	TOTAL WAGES THIS PAGE			

NOTE: DC law requires that employers with 250 or more employees **MUST FILE** wage reports electronically on Employer Self-Service Portal (ESSP) at https://essp.does.dc.gov. All employers are encouraged to file wage reports electronically. For further information about electronic filing, Please refer to PART 2 on page 4.

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INSTRUCTIONS FOR FILING THE EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT

o   You must file this report for the quarter indicated if you had employees who worked in the District of Columbia **regardless of their state of residence.**

o   You must also file this report even if you did not pay any wages to employees for work done in the District of Columbia **unless you have closed your account or have been placed in an inactive status.**

o   You must file this report even if you paid wages and had no tax liability.

RECORD KEEPING: Please make a copy of the report for your records.

EXTENSION: This Office has **NO** authority to offer extensions of time to file quarterly reports or to pay amount due.

PAYMENT POLICY: In addition to the **PENALTY** discussed in **ITEM 8,** if a payment to DOES is **DISHONORED,** a $65.00 penalty will be imposed.

ITEM 1:   TOTAL NUMBER OF COVERED WORKERS: For each month, count all workers (including corporate officials, executives, etc.) who performed services in or received pay for any part of the payroll period that includes the 12th of the month

ITEM 2:   TOTAL WAGES PAID THIS QUARTER. Enter the total gross wages paid (before deductions) including the cash value of all remuneration paid in any medium other than cash. Gross wages must agree with the total of all wages reported under ITEM 14 of your quarterly wage report. If you paid no wages, enter '0'.

ITEM 3:   NON-TAXABLE WAGES. Non-taxable wages can never be greater than gross wages. Enter the total of wages paid to each employee in this quarter that is in excess of the first $9,000 paid to each employee in this Calendar Year (See example in PART 1 on Page 4). If wages for an employee were reported to another state in this calendar year those wages should be included when computing the first $9,000 paid.

ITEM 4:   TAXABLE WAGES. Subtract ITEM 3 from ITEM 2. Taxable wages are limited to the first $9,000 of gross remuneration paid to each employee in any Calendar Year, regardless of the state to which the wages were reported.

ITEM 5:   CONTRIBUTION DUE. Amount of UI taxes owed to DOES. Multiply ITEM 4 by your tax rate. Report this amount on IRS form 940.

ITEM 6:   ADMINISTRATIVE ASSESSMENT DUE. Amount of Administrative Assessment owed to DOES. Multiply ITEM 4 by two tenths of one percent (0.2 %). Do not report this amount on IRS form 940

ITEM 7:   INTEREST DUE. Interest of 1.5 % per month or fraction of month of the amount due will be assessed if the amount due on the report is not paid by the end of the month following the close of the quarter to which it pertains.

ITEM 8:   PENALTY DUE. In addition to interest, a penalty of 10 % of the amount due, BUT NOT LESS THAN $100.00, will be assessed if this report is not filed, or if the amount due is not paid by the end of the month following the close of the quarter to which it pertains.

ITEM 9:   APPROVED CREDIT. The amount of your approved credit that will be applied towards your amount owed. (Please contact DOES to confirm the amount of any credit balance on the account).

ITEM 10:   TOTAL REMITTANCE AMOUNT. Add ITEMS 5, 6, 7 and 8, then subtract ITEM 9. Make check or money order payable to 'DEPARTMENT OF EMPLOYMENT SERVICES' or 'DOES'. You must include your employer UI Tax account number and the quarter/year on your check or money order. Attach your payment on the first page in the space provided.
DO NOT send cash or EMAIL THIS REPORT.

MAIL REPORT AND PAYMENT TO: DC DOES, PO BOX 96664, WASHINGTON DC, 20090-6664

ITEMS: (11-13)   STATUS CHANGES. If any information listed has changed since the last reporting period, please enter the changed information and provide supporting documentation as indicated by asterisk (*).

ITEM 14:   EMPLOYEE WAGE INFORMATION. Enter each employee's complete social security number, complete name, total hours worked in the quarter, and total wages paid in this quarter. Wages for an employee are to include all remuneration paid, such as tips received from customers, bonuses, commissions, severance pay, vacation pay, sick pay (unless paid under a third party plan or system),and back pay awards resulting from reinstatement of employment as well as the value of meals and lodging.

NOTE: Employers with 250 or more employees MUST FILE wage reports electronically on Employers Self-Service Portal (ESSP) at https://essp.does.dc.gov. All employers are encouraged to file wage reports electronically. For further information about electronic filing, please refer to PART 2 on Page 4.

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PART 1	EXAMPLE NON-TAXABLE WAGE CALCULATION FOR AN EMPLOYER

Employee A: **Wages never exceed taxable wage base of $9,000 for this Calendar Year**

Reporting Quarter	QTR1	QTR2	QTR3	QTR4
Wages Paid	$2000	$2000	$2300	$2000
Non-Taxable Wages	$0	$0	$0	$0
Taxable Wages	$2000	$2000	$2300	$2000

Employee B: **Wages exceed taxable wage base of $9,000 in 2nd quarter**

Reporting Quarter	QTR1	QTR2	QTR3	QTR4
Wages Paid	$4,500	$5,500	$6,000	$5,000
Non-Taxable Wages	$0	$1,000	$6,000	$5,000
Taxable Wages	$4,500	$4,500	$0	$0

Employee C: **Wages exceed taxable wage base of $9,000 in 1st quarter**

Reporting Quarter	QTR1	QTR2	QTR3	QTR4
Wages Paid	$20,000	$20,000	$20,000	$25,000
Non-Taxable Wages	$11,000	$20,000	$20,000	$25,000
Taxable Wages	$ 9,000	$0	$0	$0

SAMPLE QUARTERLY REPORTS (UC-30) FOR THIS EMPLOYER

	QTR1	QTR2	QTR3	QTR4
ITEM 2. Total Wages Paid	$26,500	$27,500	$28,300	$32,000
ITEM 3. Non-Taxable Wages	$11,000	$21,000	$26,000	$30,000
ITEM 4. Taxable Wages (2 minus 3)	$15,500	$6,500	$2300	$2000

PART 2	DISTRICT OF COLUMBIA ELECTRONIC WAGE REPORTING REQUIREMENTS

Per DC law, D.C. Code 51-104(b)(2), employers with 250 or more employees are required to submit wage information electronically; however, all employers are encouraged to submit reports electronically. DC Department of Employment Services requires that all electronic wage files be uploaded on Employer Self-Service Portal (ESSP) at https://essp.does.dc.gov.

If you have any questions regarding the electronic filing formats
please contact us at the following email address:
UItax.info@dc.gov
Or visit us on the WEB at: WWW.DOES.DC.GOV

PART 3	TREASURY OFFSET PROGRAM (TOP)

TREASURY OFFSET PROGRAM (TOP): Your account could be subject to a TOP review. The U.S. Department of the Treasury (U.S. Treasury) could reduce or withhold any eligible payments made to collect your debt. This process, known as offset, is authorized by the Debt Collection Improvement Act of 1996, the Deficit Reduction Act of 1984, and other laws.

The Treasury Offset Program is a centralized offset program, administered by the Bureau of the Fiscal Service's Debt Management Services (DMS), to collect delinquent debts owed to federal agencies and states (including past-due child support), in accordance with 26 U.S.C. 6402(d) (collection of debts owed to federal agencies), 31 U.S.C. 3720A (reduction of tax refund by amount of the debts), and other applicable laws.

For more information visit *https://fiscal.treasury.gov/fsservices/gov/debtColl/dms/top/debt_top.htm*