



Division of Unemployment Insurance  
Employer Contribution Operations, QPR-1  
P.O. Box 9953  
Wilmington, Delaware 19809  
(302) 761-8482

**QUARTERLY PAYROLL REPORT**  
See Reverse Side for Instructions

DO NOT USE THIS REPORT FOR PRIOR-PERIOD CORRECTIONS

Reporting Period (Yr/Qtr):

Due Date:

Account No.:

Federal ID Number:

	Employee Social Security Number	Employee Name			Gross Covered Wages
		First Initial	Middle Initial	Complete Last Name	
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	Total this Page				.
26	Total from Additional Pages				.
27	<b>GRAND TOTAL</b>				\$ .
28	CONTACT PERSON (print)			TELEPHONE	

## GENERAL INSTRUCTIONS

Public Law 104-193, the "Personal Responsibility and Work Opportunity Reconciliation Act of 1996" (PRWORA), was enacted by Congress and signed into law by the President in August, 1996. This law requires that every public employer submit a quarterly payroll report to its state unemployment insurance agency, despite the entity's classification as a "reimbursable" employer. Title 19, Section 3125 of the Delaware Code allows for this reporting requirement. Failure to file a payroll report may result in a penalty.

## QUARTERLY PAYROLL REPORT

This form is to be used to report gross covered wages for all employees. "Wages" is defined as all remuneration for personal services including commissions, tips, bonuses (excluding any attendance bonus paid during, or incident to, any period of unemployment), dismissal payments, holiday pay and the cash value of all remuneration in any medium other than cash.

If you are an approved magnetic media filer and submit a tape or disk for this quarter, you do not need to complete this form.

### FORM CORRECTION:

#### To correct preprinted information:

Write a letter explaining the needed correction(s). Include the effective date of the change(s), the signature of an employer representative, and the name and telephone of a contact person. Enclose your letter with this report.

#### To correct previously submitted wage information:

Write a letter explaining the needed correction(s). Include the Reporting Period (Yr/Qtr) from the original report, the employee's name, social security number, and amount of correct wages. Also include the signature of an employer representative, and the name and telephone of a contact person. Enclose your letter with this report.

### FORM COMPLETION:

1. Report wages for this quarter only (see "Reporting Period"). **DO NOT INCLUDE NEGATIVE WAGES.** To correct previously submitted wages, see "Forms Correction" instructions above.
2. All columns must be completed or the form will not be processed. This may result in a penalty.
3. If additional space is needed to list all employees, use additional pages. Continuation forms will be provided upon request, or you may create your own. All additional pages must include 1) Employer Name; 2) Account Number; 3) Year/Quarter; and, 4) Employee Name, Social Security Number, and Gross Covered Wages.
4. Total additional page(s). Enter the total of those additional pages on line 26 of the Quarterly Payroll Report form.
5. Add lines 25 and 26 to determine the Grand Total on line 27.
6. Print the name and telephone number of a contact person on line 28.
7. If you have any questions concerning the completion of this form, please call us at (302) 761-8482.
8. Mail your report and enclosures to:

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