

EMPLOYER'S QUARTERLY TAX AND WAGE REPORT - PART II

GEORGIA DEPARTMENT OF LABOR - P.O. BOX 740234 - ATLANTA, GA 30374-0234 Tel. (404) 232-3001

* 4 4 9 9 9 *



REPORT FOR THE QUARTER ENDING

ELECTRONIC FORM PROCESSING	345-45653	<input type="checkbox"/>	4 0 6	1.38	01-31-2007
DO NOT staple any items to this page. Use BLACK Ink only.					
DOL Account Number		Qtr/Yr	Total Tax Rate	Form must be Filed By	

FORM ENTRY EXAMPLE: (PLEASE PRINT CLEARLY)	1	2	3	4	5	6	7	8	9	0	0
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1. For each month, report the number of covered workers who worked during or received pay for the payroll period which included the 12th of the month	0	0	3
	(1ST MONTH)	(2ND MONTH)	(3RD MONTH)
2. Total GROSS WAGES Paid This Quarter	\$		15,305.25
3. MINUS Non-Taxable Wages Paid This Quarter			2,135.00
4. TAXABLE WAGES Paid This Quarter			13,170.25
5. Contribution Tax Due: 1.30% x taxable wages (line 4)			171.21
6. Administrative Assessment Due: 0.08% x taxable wages (line 4)			10.54
7. Interest On Line 5 and 6: See Instructions.			
8. Penalty is for filing late, not based on total amount due: (See Instructions) Due after CREDIT			
9. Balance as of			
10. TOTAL AMOUNT DUE: (Sum of lines 5 thru 9)	\$		181.75

PARTS I & II OF THIS REPORT MUST ALWAYS BE SUBMITTED. ENTER ZEROES ON LINE 2 IF NO WAGES WERE PAID THIS QUARTER.

UNLESS PARTS I & II OF THIS REPORT ARE FILED AND THE TOTAL AMOUNT DUE IS PAID, A FI, FA, (TAX LIEN) WILL BE ISSUED AS REQUIRED BY LAW.

Return these original forms (Parts I & II) with check payable to GA DEPT of LABOR.

FOR DEPT USE ONLY

Phone: (404) 858-5590 **EMPLOYER CHANGE REQUEST** - If ANY of the following items have changed, please complete the appropriate information below.

A. If you are a new employer, or the name of your business or MAILING ADDRESS has changed, or is incorrect, enter the correct information below:

B. If the PRINCIPAL LOCATION of your business operations in GEORGIA has changed, enter the correct address below (DO NOT use a P.O. Box number for Principal Location):

C. As a new employer, enter your Federal Identification number below.

If the Federal ID number changed due to a change in ownership, complete section D.

D. If your business was discontinued or if a change in ownership has occurred, please complete the following:

Business Discontinued	Entire Business Sold	Corporation Formed
Partners Added or Withdrawn	Merger	Partial Sale

Corporate Name Change Only (Attach copy of Amendment to Charter)

Other (Attach Explanation)

Effective Date (MM/DD/YY)

ABC Company Inc.
2342 Roswell Rd
Atlanta, GA 30350



I certify that the information contained in this report and any subsequent pages attached is true and correct and that no part of the tax was or is to be deducted from the worker's wages.

Jessie Weinberger President 770-998-5790 08/15/06
Signature and title of individual responsible for information provided Phone No. Date

EMPLOYER'S QUARTERLY TAX AND WAGE REPORT - PART 1

GEORGIA DEPARTMENT OF LABOR - P.O. BOX 740234 - ATLANTA, GA 30374-0234
 Tel. (404) 658-3146 REPORT FOR THE QUARTER ENDING

12/31/06

**Attach any wage sheets
to this page**

Use BLACK Ink Only

345-45653	0	4/06	1.38%	1/31/07
DOL Account Number		Qtr/Yr.	Total Tax Rate	Form must be Filed By

**Parts I & II of this report must
always be submitted. Enter zeroes
in TOTAL GROSS WAGES PAID THIS QUARTER if
no wages were paid for this quarter**

ABC Company Inc.
 2342 Roswell Rd
 Atlanta, GA 30350

1. Social Security Number	2. Employee's Name			3. Total Individual wages Paid This Quarter
	Last	First	MI	
346547556	Billads	Tim		\$3,890.00
253646456	Brownly	John		\$923.75
453456465	George	Eddy		\$459.00
654564645	Johnson	Mike		\$3,430.00
476684323	Jones	Fred		\$4,320.00
235353534	Smith	George		\$1,430.00
345353536	Snead	Sam		\$852.50

PAGE 1 OF 1 WAGESHEETS

TOTAL WAGES \$ 15,305.25
FOR THIS PAGE
TOTAL GROSS WAGES \$ 15,305.25
PAID THIS QUARTER

(Enter this amount on PART II, Line 2).....

MESSAGE AREA

