

**QUARTERLY CONTRIBUTION
 AND WAGE REPORT**

File online at uinteract.labor.mo.gov

EAU4

1. EMPLOYER NAME AND ADDRESS

14. FEDERAL ID NUMBER _____

If mailing, return this page with remittance to:
Division of Employment Security
P.O. Box 888
Jefferson City, MO 65102-0888
 Make check payable to Division of Employment Security
 or pay online at uinteract.labor.mo.gov

15. THIS REPORT IS DUE BY
 GREATER OF 10% OR \$100 PENALTY AFTER
 GREATER OF 20% OR \$200 PENALTY AFTER

Place X in applicable box and complete "Employer Change Request."
 Business Sold Employment Ceased Change of Address

(Please Print) I certify that the information contained in this report,
 including name and address in Item 1, is true and correct.

TAXPAYER OR PREPARER _____ TITLE _____ PHONE _____

2. MO EMPLOYER ACCOUNT NO.	YEAR	AUDIT (DO NOT USE)		
3. CALENDAR QUARTER				
1st <input type="text"/>	2nd <input type="text"/>	3rd <input type="text"/>	4th <input type="text"/>	Date Paid
MUST HAVE AMOUNTS IN 4, 5, & 6, EVEN IF ZERO				
4. TOTAL WAGES PAID				
5. WAGES PAID IN EXCESS OF PER WORKER PER YEAR (See Instruction Sheet)				
6. TAXABLE WAGES (Item 4 Minus Item 5)				
7. TAXES DUE (Multiply Item 6 by Your Rate)				
8. INTEREST ASSESSMENT DUE TO FEDERAL ADVANCES				
9. INTEREST CHARGES OF PER MONTH IF PAID AFTER				
10. LATE REPORT PENALTY CHARGES (See Item 15 to the Left)				
11. OUTSTANDING AMOUNTS AS OF				
12. TOTAL PAYMENT				
13. FOR EACH MONTH, ENTER THE NUMBER OF COVERED WORKERS WHO WORKED OR RECEIVED PAY FOR THE PERIOD THAT INCLUDES THE 12TH OF THE MONTH.				
1st <input type="text"/>	2nd <input type="text"/>	3rd <input type="text"/>		

16. SSN	17. First Name	Middle Initial	Last Name	18. Total Wages	19. Multi- state	20. Probationary		
						Check If Yes	Start Date	End Date
21. PAGE OF PAGES			TOTAL THIS PAGE					

MODES-4 (01-19)
UITax