ROMAN CATHOLIC DIOCESE OF OGDENSBURG
UNEMPLOYMENT INSURANCE

For the third quarter July – September 2012

This report is due at the Chancery on or before **October 15, 2012**. **Each location must complete this form. If no wages were paid to lay employees, write "no wages," sign your name and return the report to the Chancery.**

List all lay employees who received wages during the quarter and were on the W-2 forms. (Eliminate elementary and high school students by ruling off their names and not including them in totals.) In column A list the gross wages paid during the quarter. In column B list amounts of wages over $8,500 for the calendar year paid to employees during the present quarter. Subtract column B from column A and place the figure in column C. If column C is less than zero, enter zero. This is the taxable amount. Total **ALL COLUMNS** and compute the tax at the bottom.

_____ _____
(Number) *(Location)*

Date_____ Signed _____ Title_____

Social Security Number	Name of Employee	Column A Gross Wages paid this quarter	Column B Wages over $8,500	Column C Gross minus column B (taxable amount)
TOTALS		$	$	$

Total Column C times .02 = $ due to: Diocese of Ogdensburg - Unemployment Insurance

Unemployment Insurance Employer Registration Number _____
Unemployment Insurance Employer Registration number appears on your quarterly NYS-45 form.