

ANNUAL RECONCILIATION STATEMENT



PLEASE TYPE THIS FORM - DO NOT ALTER PREPRINTED INFORMATION

00070104

YEAR ENDED _____ DUE _____ DELINQUENT IF NOT POSTMARKED OR RECEIVED BY _____ YEAR _____

EMPLOYER ACCOUNT NO. _____

DO NOT ALTER THIS AREA

P1	P2	C	P	U	S	A
T						
EFFECTIVE DATE		Mo.	Day	Yr.		

FEIN _____

ADDITIONAL FEINS _____

CHECK BOX IF: **A. NO WAGES PAID THIS YEAR**
B. OUT OF BUSINESS _____
Date

C. TOTAL SUBJECT WAGES PAID THIS CALENDAR YEAR _____