

TYPE INFO AS SHOWN ON FORM NCUI 101

(1) EMPLOYER LEGAL NAME

(5) QTR-YR

(7) EMPLOYER ID NUMBER

\*<sup>(14)</sup>SSN

\* (15) LAST NAME

\*<sup>(16)</sup>FIRST NAME

(17)MI

**\*<sup>(18)</sup>GROSS  
WAGES**

(19) OUT OF STATE  
TAXABLE WAGES

(20) OUT OF STATE CODE

F (21) HOURS  
WORKED

(22) EMPLOYEE/  
OFFICER

(23) SEASONAL

(24) LOCATION SUMMARY

(25) SOC  
CODE[illegible]

TOTALS