

Employee Aid, NFP
Unemployment Compensation
Location Report Form

Location Name _____
City _____

Illinois Account Number: _____
Quarter Ending: _____

	<u>Description</u>	<u>Amount</u>
1.	TOTAL WAGES PAID for covered employment (Same amount as line 2 on Form UI-3/40)	_____
2.	LESS: Wages in Excess of \$12000.00 per covered employee per calendar year	_____
3.	TAXABLE WAGES (Line 1 Minus Line 2)	_____
4.	CONTRIBUTION DUE (Multiply Line 3 by 1.0%)	_____

FILING PROCESS:

- Original Quarterly Report Sent to State
- Copy of Quarterly Report to Employee Aid, NFP, 412 N.E. Madison Avenue Peoria, IL 61603
- Copy of *Location Report Form* with 1% payment to **Employee Aid, NFP**, 412 N.E. Madison Avenue, Peoria, IL 61603
- Checks should be made payable to **Employee Aid, NFP**.

Questions: Contact Barb Thorne, Fulton Sheen Pastoral Center, (309) 671-1550 ext. 229

Please make extra copies for future use when mailing in future reports to Employee Aid, NFP