UC-018 (4-10)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
PO BOX 52027
PHOENIX, AZ 85072-2027
Telephone (602) 771-6601

ARIZONA ACCOUNT NUMBER

CALENDAR QUARTER ENDING

TO AVOID PENALTY MAIL BY

FEDERAL ID NO.

MAKE SURE FEDERAL ID NO. IS CORRECT!

For Online Filing: **www.azuitax.com**

TYPE OR USE BLACK INK ONLY

PLEASE RETURN ORIGINAL

UNEMPLOYMENT TAX AND WAGE REPORT
A. NUMBER OF EMPLOYEES –
Report for each month, the number of full and part-time covered workers who worked during or received pay subject to UI Taxes for the payroll period which includes the 12th of the month.

B. WAGES – List all employees in Social Security number order, or alphabetically by last name. For additional employees use white paper in the same format, or form UC-020. Filing via the internet at www.azuitax.com is preferred for reporting up to 999 employees. Magnetic Media filing via compact disk is preferred for reporting 1,000 or more employees, see the Arizona Magnetic Media Reporting (PAU-430) publication at the above website for specifications and application instructions.

C. **WAGE SUMMARY** – See instructions

1. **TOTAL WAGES PAID IN QUARTER**
   From Section B. Wage Listing   .

2. **SUBTRACT EXCESS WAGES**
   Cannot exceed Line 1 – See Instructions   .

3. **TAXABLE WAGES PAID**
   Up to $7,000 per Employee – Line 1 minus Line 2   .

4. **TAX DUE**
   Line 3 X Tax Rate of
   The decimal equivalent =   .

5. **ADD INTEREST DUE**
   1% of Tax Due for each month payment is late   .

6. **ADD PENALTY FOR LATE REPORT**
   0.10% of Line 1 ($35 min / $200 max)   .

7. **ADD JOB TRAINING TAX DUE**
   0.10% of Line 3   .

8. **TOTAL PAYMENT DUE**
   If the sum of lines 4 and 7 is equal to or less than $9.99,
   payment of the taxes due is not required.   .

9. **SUBTRACT ANY CREDIT BALANCE**
   If balance is listed, subtract from Line 8.   .

10. **AMOUNT PAID**
    Make check payable to DES Unemployment Tax   .

LIEN MAY BE FILED WITHOUT FURTHER NOTICE ON DELINQUENT TAXES.

1. Employee's Social Security Number	2. Employee's Name *(Last, First)*	3. Total Wages Paid in Quarter
	TOTAL WAGES THIS PAGE	
	TOTAL WAGES ALL PAGES	

Signature:

Title: Prepared by:

Date: Telephone No.: (   )

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