

Employer Reg.

Dist. Ind.	Assign. Type	Form Type			
<input type="checkbox"/>	<input type="checkbox"/>	W			
		Received Date		CI	AI
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Reg. No.	<input type="text"/>				
Amount Paid	<input type="text"/>				

Annual Supplementary Contribution Report - 2015	Use this form if your total rate is 5.5% or higher. Use form IA7 if your total rate is 5.4% or lower.
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IMPORTANT: Read Carefully ANSWER ALL ITEMS	DOLLARS	ONLY	
1. Wages for New York State employment subject to the FUTA.	\$		The total in Line 1 should not exceed \$10,500 per employee.
2. Wages reported quarterly to this division for the calendar year.	\$		
3. Difference in wages (Line 1 minus Line 2). If Line 2 is equal to or greater than Line 1, NO CONTRIBUTION is due. Enter zero (0) and sign below.	\$		Employers who are liable for filing IRS Form 940 must file this report for contributions on: <ol style="list-style-type: none"> 1. Wages to high school students. 2. Dismissal wages. 3. Sick pay (except Workers' Compensation). <p><i>Do not send this report if you reported these wage payments on quarterly reporting forms NYS-45, Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return, for all four quarters of the year.</i></p> File this report and send any contributions due: <ul style="list-style-type: none"> • On or before January 31st of the year after you paid the wages; or • At the time your Employer's Annual Federal Return (form 940) is due with the IRS. <p>Late payments of contributions accrue interest at the rate of 1% per month, from the due date to date of payment.</p> <p>The amount in Line 7 represents the additional wages subject to contribution that formed the basis for the contribution due in Line 6. This figure is a modification of Line 3. The amount entered in Line 11 is the adjusted wages subject to contribution to be entered as Payroll Subject to Contribution (as defined in State Act) if completing Federal Form 940.</p>
4. Maximum credit allowable against FUTA. Multiply Line 1 by 5.4% (.054).	\$		
5. Contributions payable on wages previously reported to this Division. Multiply Line 2 by your NYS Contribution Rate. (Normal and Subsidiary Rates only.)	\$		
6. UI Contribution due. (Line 4 minus Line 5.) If Line 5 is equal to or greater than Line 4, NO CONTRIBUTION is due. Enter zero (0) and sign below.	\$		
7. Divide Line 6 (if not zero) by your NYS Contribution Rate. (Normal and Subsidiary Rates Only.) Example Line 6 (\$411.25) ÷ Contribution Rate (.08225) = \$5,000	\$		
8. Re-employment Service Fund due. Multiply Line 7 by 0.075% (.00075).	\$		
9. Total of Lines 6 and 8.	\$		
10. Amount of remittance payable to: NYS Unemployment Insurance Write your eight-digit employer registration number on your check. FOR HELP CALL 1-888-899-8810	\$		
11. Adjusted wages subject to contribution - Add Line 2 and Line 7.	\$		

I certify that the information contained in this report is true and correct.

Signature of Officer, Partner or Proprietor

Title

Date



Department of Labor