



FIRST QUARTER CONTRIBUTION REPORT FOR (JULY, AUGUST, SEPTEMBER)

NAME OF DISTRICT _____ ACCOUNT #650 _____

#/EMPLOYEES _____ FILING STATUS _____

PAYMENT FOR QUARTER ENDING SEPTEMBER 30

REPORT PREPARED BY _____ DATE _____

- 1. GROSS WAGES paid to all covered employees to date during the Fiscal Year. _____
- 2. LESS any wages included in No. 1 above, paid during fiscal year excess of \$7,000 paid to each employee. _____
- 3. TOTAL fiscal year to date taxable wages subject to contributions (Item No. 1 minus item No. 2) _____
- 4. YEAR TO DATE CONTRIBUTION due Trust (Multiply amount on line 3 by your rate of (_____)). _____
- 5. LESS Contribution paid in prior quarter(s) to Tennessee School Boards Unemployment Compensation Trust. _____
- 6. AMOUNT DUE THIS QUARTER (subtract line 5 from line 4). _____

Payment of the amount entered on line (6) should be made on the 10th of the month following the end of this calendar quarter. Send report to the Tennessee School Boards Unemployment Compensation Trust. Make a copy for your files. Thank you for your cooperation.

MAKE CHECK PAYABLE TO AND REMIT TO:
 TENNESSEE SCHOOL BOARDS UNEMPLOYMENT COMPENSATION TRUST
 1525 HUNT CLUB BLVD, SUITE 300
 GALLATIN, TN 37066