TN DEPT OF LABOR & WORKFORCE DEVELOPMENT EMPLOYMENT SECURITY DIVISION EMPLOYER ACCOUNTS OPERATIONS P.O. BOX 101 NASHVILLE TN 37202-0101



EMPLOYER NAME AND **ADDRESS**

(615) 741-2486

Show any address change above See Reverse Side for Instructions.

TENNESSEE DEPARTMENT OF LARGE AND WORKFORCE DEVELOPMENT PREMIUM REPORT

			Water and the second second			MENT INSURANCE		
STATE ACCOUN	T NUMBER	QTR/YEAR	QTR END DAT	ΓE	DATE DUE	FEDERAL ID NUMBER	RATE	AREA
Number of covere	ed workers w	ho worked during	or received pay	for the		FOR	OFFICE USE ON	
payroll	period which	n includes the 12th	of the month			TOR	DR	
1st month	า	2nd month		3rd month				
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		DOLLARS		CENTS				
TOTAL WAGES							NW	Route
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NET TAXABLE WAGES (ITEM 1 minus ITEM 2)							7000	
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INTEREST DUE			00000			that the informations true and correct.		
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NO LONGER VALID					Title			
NO LUNGER VALID					Date			
PENALTY DUE								
OUTSTANDING DEBIT OR CREDIT)		
TOTAL DUE					FAX NO			

LB-0456 (REV.08/13)

FOR OFFICE USE ONLY

RDA 2438

Make check payable to: Tennessee Department of

Labor and Workforce Development and mail original reports (NO PHOTOCOPIES) to the

return address above.

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT WAGE REPORT EMPLOYMENT SECURITY DIVISION / BUREAU OF UNEMPLOYMENT INSURANCE

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EMPLOYER NAME				_			7700	
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ee reverse side of Premium Rep	oort for other instru			LOYEE		6159.0	n	
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TOTAL WAGE ITEMS TH	HIS REPORT	FILED C	N CD/DISKETTE			TOTAL WA	GES THIS PAGE	