



Government of The District of Columbia

Department of Employment Services

Office of Unemployment Compensation P.O. Box 96664 Washington, D.C. 20090-6664 Telephone: Local: (202) 698-7550 Toll Free: (877) 319-7346

| | | | | | |
|-------------------------------|-----------|---|--|--|--|
| FORM ID: DOES-UC30H | | EMPLOYER'S ANNUAL CONTRIBUTION AND WAGE REPORT | | POSTMARK DATE (DO NOT USE THIS SPACE) | |
| EMPLOYER # | NAME CHK: | EMPLOYER'S NAME AND ADDRESS | | FEDERAL EIN # | |
| TAX RATE: | | | | YEAR ENDING: | |
| TAXABLE WAGE BASE: | | | | THIS REPORT DUE: | |

WAGE REPORTING (See instructions on page 3)

| 1. TOTAL NUMBER OF COVERED WORKERS WHO RECEIVED PAY FOR THE PAY PERIOD WHICH INCLUDES THE 12th OF EACH MONTH | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | | | | | | | | | | | |

Note: Please enter all employees wage detail on page 2. Employees wage details are mandatory

| | |
|---|----|
| 2. TOTAL TAXABLE WAGES PAID (to all covered workers this year from page 2)..... | \$ |
| 3. CONTRIBUTION DUE (Multiply ITEM 2 by your tax rate of %)..... | \$ |
| 4. PLUS ADMIN. ASSESSMENT DUE (Multiply ITEM 2 by two tenths of one percent (0.2%))..... | \$ |
| 5. PLUS INTEREST DUE..... | \$ |
| 6. PLUS PENALTY DUE..... | \$ |
| 7. MINUS APPROVED CREDIT..... | \$ |
| 8. EQUALS TOTAL REMITTANCE AMOUNT (Make check or money order payable to 'DOES') | \$ |

The IRS will disallow your FUTA tax credit if you do not pay your District of Columbia annual contributions by April 15. DC DOES does not allow deferments of the due date over weekends or holidays. No extensions are permitted.

STATUS CHANGES

| | |
|---|---|
| 9. ENTER THE APPROPRIATE INFORMATION BELOW ONLY IF ANY CHANGE OCCURRED. | |
| NAME: | CONTACT NAME: (If different) |
| STREET ADDRESS: | ADDRESS LINE 2: |
| CITY: | STATE: ZIP: |
| PHONE NO: | CONTACT PHONE: (If different) |
| EMAIL ADDRESS: | FEIN CORRECTION: (Supporting documentation required, please attach) |

10. IF YOU NO LONGER RESIDE IN THE DISTRICT OF COLUMBIA, ENTER DATE MOVED (MM/DD/YYYY) ____/____/____
11. IF YOU NO LONGER HAVE EMPLOYEES IN DC, ENTER DATE WAGES LAST PAID IN DC (MM/DD/YYYY) ____/____/____
12. DESCRIBE ANY OTHER CHANGE IN STATUS: _____

CERTIFICATION

| | | |
|--|------------|-------|
| UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY WAGE REPORT(S) AND ANY/OR SUPPLEMENTAL PAGE(S) ATTACHED HERETO IS TRUE AND CORRECT AND THAT NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE WORKER'S WAGES. | | |
| SIGNATURE: | TELEPHONE: | DATE: |
| PRINT NAME: | EMAIL: | |

ATTACH CHECK OR MONEY ORDER HERE

**GOVERNMENT OF THE DISTRICT OF COLUMBIA****DEPARTMENT OF EMPLOYMENT SERVICES**

Office of Unemployment compensation

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Washington DC 20090-6664

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|--------------------------------------|--|---|--|----------------------------------|--|---|--|-------------------------|--|--|--|
| FORM ID: DOES-UC30H | | EMPLOYER'S ANNUAL CONTRIBUTION AND WAGE REPORT | | | | POSTMARK DATE (DO NOT USE THIS SPACE) | | | | | |
| EMPLOYER # | | NAME CHK | | EMPLOYER NAME AND ADDRESS | | | | FEDERAL EIN #: | | | |
| TAX RATE: | | | | | | | | YEAR ENDING: | | | |
| TAXABLE WAGE BASE: \$9,000.00 | | | | | | | | THIS REPORT DUE: | | | |

13: EMPLOYEE WAGE INFORMATION FOR THIS ANNUAL REPORTING PERIOD.**NUMBER OF HOURS WORKED IS MANDATORY**

| EMPLOYEE SOC. SEC. NO | EMPLOYEE NAME | | | 1ST QTR | HRS | 2ND QTR | HRS | 3RD QTR | HRS | 4TH QTR | HRS | TOTAL WAGES | TAXABLE WAGES |
|---|---------------|-------|----|---------|------|---------|---|---------|------|---------|------|----------------|------------------|
| | LAST | FIRST | MI | WAGES | WRKD | WAGES | WRKD | WAGES | WRKD | WAGES | WRKD | | |
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| TO REPORT MORE THAN 10 EMPLOYEES, PLEASE MAKE A COPY OF THIS FORM | | | | | | | Transfer TAXABLE WAGE TOTAL to page 1, item 2 | | | | | | |
| | | | | | | | TOTAL WAGES ON THIS PAGE | | | | | | |



INSTRUCTIONS FOR FILING THE EMPLOYER'S ANNUAL CONTRIBUTION AND WAGE REPORT

NOTE: If you do not have a DC UI Tax account number, you are required to register on the District of Columbia Employer Tax System (DCETS) at <https://dcets.does.dc.gov>. Once you have a DC UI Tax account number, you may submit wage reports and electronic payments directly on DCETS. All employers are encouraged to file wage reports electronically on DCETS at <https://dcets.does.dc.gov>.

- o You must file this report if you pay wages to employees for work done in the District of Columbia.
- o You must also file this report even if you did not pay any wages to employees for work done in the District of Columbia unless you have closed your account or have been placed on an inactive status.
- o You must file this report even if you paid wages and had no tax liability.

RECORD KEEPING: Please make a copy of this report and proof of mailing for your records.

EXTENSION: This Office has NO authority to offer extensions of time to file annual reports or to pay contributions.

PAYMENT POLICY: If a payment made to DOES is DISHONORED, a \$65.00 dishonored payment penalty will be imposed.

- ITEM 1:** TOTAL NUMBER OF COVERED WORKERS. For each month in the calendar year being reported, count all workers who performed services in or received pay for any part of the payroll period that includes the 12th of the month.
- ITEM 2:** TOTAL TAXABLE WAGES. Enter the sum of taxable wages paid to all employees for the reporting calendar year.
- ITEM 3:** CONTRIBUTION DUE. Amount of UI taxes owed to DOES. Multiply ITEM 2 by your tax rate. Report this amount on IRS Form Schedule H, Household Employment Taxes (form 1040).
- ITEM 4:** ADMINISTRATIVE ASSESSMENT DUE. Amount of Administrative Assessment owed to DOES. Multiply ITEM 2 by two tenths of one percent (0.2 %). Do not report this amount on IRS form Schedule H.
- ITEM 5:** INTEREST DUE. Interest of 1.5 % per month or fraction thereof of the contribution due reported on line 3 will be assessed if the contribution due on the report is not paid on or before April 15.
- ITEM 6:** PENALTY DUE. In addition to interest, a penalty of 10 % of the contribution due reported on line 3, but not less than \$100.00, will be assessed if this report is not filed, or if the contribution due is not paid on or before April 15.
- ITEM 7:** APPROVED CREDIT. Subtract the amount of credit on your account as reported to you on the Credit Memorandum. (Please contact DOES to confirm the amount of credit memorandum is still valid).
- ITEM 8:** TOTAL REMITTANCE AMOUNT. Add ITEM 3, 4, 5 and 6, then subtract ITEM 7. Make check or money order payable to **'DEPARTMENT OF EMPLOYMENT SERVICES'** or **'DOES'**. You must include your employer UI Tax account number and the year reported on your check or money order. Attach your payment on the first page in the space indicated.

DO NOT SEND CASH. DO NOT EMAIL THIS REPORT.

MAIL REPORT AND PAYMENT TO: DC DOES, PO BOX 96664, WASHINGTON DC, 20090-9664

- ITEMS 9**
- THRU 12:** STATUS CHANGES. If any information listed has changed since the last reporting period, please enter the changed information and any other status changes. Please provide supporting documentation if required by asterisk (*).
- ITEM 13:** EMPLOYEE WAGE INFORMATION. Enter each employee's social security number, name, wages paid and number of hours worked in each quarter of the calendar year (1st Qtr Jan-Mar; 2nd Qtr April -June; 3rd Qtr July-Sept; 4th Qtr Oct-Dec). Wages for an employee are to include cash value of all remuneration paid in any medium other than cash. If you paid no wages in a quarter, enter '0'.
- TOTAL WAGES FOR EACH EMPLOYEE:** The total wages for each employee must equal the sum of the wages paid to the employee in each quarter.
- TAXABLE WAGES FOR EACH EMPLOYEE:** Enter the total of taxable wages paid to each employee for the reporting calendar year. If total wages are \$9000.00 or more, taxable wages are \$9000.00. If total wages are less than \$9000.00, taxable wages are the same as total wages. Taxable wages are limited to the first \$9,000 paid to each employee in the Calendar Year. If you reported wages for an employee to another state in the calendar year, those wages should be included when computing the first \$9,000 paid regardless of the state to which the wages were reported.

IMPORTANT NOTICE: TREASURY OFFSET PROGRAM (TOP)

Your account could be subject to a TOP review. The U.S. Department of the Treasury (U.S. Treasury) could reduce or withhold any eligible payments made to collect your debt. This process, known as "offset," is authorized by the Debt Collection Improvement Act of 1996, the Deficit Reduction Act of 1984, and other laws.

The Treasury Offset Program is a centralized offset program, administered by the Bureau of the Fiscal Service's Debt Management Services (DMS), to collect delinquent debts owed to federal agencies and states (including past-due child support), in accordance with 26 U.S.C. § 6402(d) (collection of debts owed to federal agencies), 31 U.S.C. § 3720A (reduction of tax refund by amount of the debts), and other applicable laws.

For more information visit https://fiscal.treasury.gov/fsservices/gov/debtColl/dms/top/debt_top.htm