

This form is semi-interactive. It may be filled out on-line but must be printed and mailed in.

**IMPORTANT:** Complete the Employer Wage Report first. The total entered on Line 10 of that document is the total wages for this quarter to be entered on Line 8 of this document.

QUARTERLY REPORT OF WAGES PAID			1. Due Date	2. Federal ID No.	3. Year/ Qtr	4. State ID No.	5. Rate %							
			4/30/01	012020202	2001 1	45099303-2	1.25							
6. Number of covered workers who worked or received pay for the payroll period which includes the 12th of the month			<b>8. TOTAL WAGES THIS QUARTER</b>				11732	29						
<table border="1"> <tr> <td><b>1st</b></td> <td><b>2nd</b></td> <td><b>3rd</b></td> </tr> <tr> <td>3</td> <td>0</td> <td>0</td> </tr> </table>			<b>1st</b>	<b>2nd</b>	<b>3rd</b>	3	0	0	9. WAGES IN EXCESS THIS QUARTER <sup>7,000</sup>				0	00
<b>1st</b>	<b>2nd</b>	<b>3rd</b>												
3	0	0												
<b>7. EMPLOYER NAME, DBA &amp; ADDRESS</b>			<b>10. TAXABLE WAGES THIS QUARTER</b>				11732	29						
THE XYZ COMPANY  123 WINDING ROAD 123 Winding Road LITTLETOWN, TEXAS 78654			<b>11. CONTRIBUTIONS (TAX )DUE</b>				146.65							
			<b>12. SUBTRACT TAX OVERPAYMENT AMOUNT</b>				0.00							
			<b>13. ADD PRIOR QUARTER DELINQUENCY</b>				0.00							
			<b>14. TOTAL AMOUNT OF REMITTANCE</b>				146.65							
I certify the information on this form is true and accurate.							<b>DO NOT SEND CASH OR CHANGE</b>							
Signature		Phone: 800-577-4169		<b>MAIL TO: LOUISIANA DEPARTMENT OF LABOR OFFICE OF REGULATORY SERVICES CASHIERING UNIT P O BOX 94050 BATON ROUGE, La. 70804-9050</b>										
Title		Date: 10/28/200												
LDOL-ES4/WEB		Rev. 7/2001												

The Employer Wage Report (LDOL-ES4 B/WEB) must be attached to this form.

This document is semi-interactive. It can be filled out on-line but must be printed and mailed in.  
 Please review the instructions for completing the employer's wage report before entering your data.  
 Do not enter cents. Round wages to the nearest dollar amount.

## EMPLOYER'S WAGE REPORT

If you have questions regarding this form, call: Wage Records Unit (225) 342-2827

MAIL TO: LOUISIANA DEPARTMENT OF LABOR  
 OFFICE OF REGULATORY SERVICES  
 P. O. BOX 94050  
 BATON ROUGE, LA. 70804-9050

1. Number of covered workers who worked or received pay for the payroll period which includes the 12th of the month. If none, enter zero.		
<b>1ST</b>	<b>2ND</b>	<b>3RD</b>
3	0	0
2. DUE DATE	YEAR/QUARTER	3. STATE ID. NO.
4/30/01	2001 1	45099303-2
4. RATE	5. FEDERAL I.D. NUMBER	
1.25	012020202	

CONTINUATION SHEET(S) ATTACHED  
 (check box if so)

6. WORKER'S SOC. SEC. NO	7. TOTAL WAGES PAID	8. WORKER'S NAME	6a. WORKER'S SOC. SEC. NO.	7a. TOTAL WAGES PAID	8a. WORKER'S NAME
123459624	2285.48	Nichols TD	13		
123459550	2863.69	Lewis DB	14		
123459606	6583.12	Matthews DT	15		
			16		
			17		
			18		
			19		
			20		
			21		
			22		
			23		
			24		

9. Page Total Lines 1 to 24	11,732.29	10.*TOTAL WAGES PAID	11,732.29
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EMPLOYER NAME & ADDRESS  THE XYZ COMPANY 123 WINDING ROAD 123 Winding Road LITTLETOWN, TEXAS 78654	<b>RULE #309 REQUIRES EMPLOYERS WHO REPORT 250 OR MORE EMPLOYEES QUARTERLY TO REPORT BY MAGNETIC MEDIA.</b>
	I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND CORRECT.
	SIGNED: _____ DATE: 10/28/2003 TITLE: _____ PHONE: 800-577-4169