

LIMRiCC Unemployment Compensation Group Account  
Contribution Report

To: LIMRiCC From: \_\_\_\_\_

Date: \_\_\_\_\_

Quarter: \_\_\_\_\_

- First ending March 31  
 Second ending June 30  
 Third ending September 30  
 Fourth ending December 31

(1) Total wages paid in the quarter \$ \_\_\_\_\_ (Item 2, form UI-3/40)

**Less** (2) Wages paid in quarter that are in excess of \$12,960 per worker paid in calendar year \$ \_\_\_\_\_ Do not show on item 3 of form UI-3/40

(3) Taxable wages \$ \_\_\_\_\_ Do not show on item 4 of form UI-3/40

**Note:** For the fund, it's the first \$12,960 in wages per worker per calendar year, which is the same as the State of Illinois.

(4) Contribution: \_\_\_\_\_ % of line (3) above \$ \_\_\_\_\_  
 (Use the rate given to you for 2019)

Fill in items 1, 2, and 11 only on form UI-3/40. Sign and date the form, and send the *original* UI-3/40 to the Illinois Department of Employment Security.

**Due to LIMRiCC: Within 45 days of the last day of the quarter:  
 May 15, August 15, November 15 and February 15. Beginning with plan year 2017, Members will be subject to a \$50.00 fee for failing to submit any required UCGA paperwork and/or to make an installment payment within forty-five (45) days of the last day of the quarter.**

**Please make check payable to:**

LIMRiCC Unemployment Compensation Group Account

*And mail with this form, a copy of your UI-3/40 Employer's Contribution Report, and an Employer's Detailed Report of Wages Paid to Each Worker to:*

668 N. River Road, C/O LIMRiCC-UCGA Naperville, IL 60563