

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 2017)

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:
27w457 Warrenville Rd, C/O LIMRiCC-UCGA Warrenville, IL 60555