Staple
Attachments Here

EMPLOYEE QUARTERLY EARNINGS REPORT

UC-5A (REV.11/28/05)

REGISTRATION NO.	REPORT PERIOD QTR YR	FEDERAL IDENTIFICATION NO.	SUC.	LIABILITY DATE	PASSWORD

CONNECTICUT DEPARTMENT OF LABOR
EMPLOYMENT SECURITY DIVISION
P.O. BOX 2940
HARTFORD, CT 06104-2940

SUBMIT THIS FORM !
Staple any continuation sheets you may have to the back of this form.

	EMPLOYEE SOCIAL SECURITY NUMBER		NAME OF EMPLOYEE Type or Print First Initial, Last Name	Total Gross Wages Paid This Quarter	
				Dollars	Cents
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

	Total Gross Wages this page
Total number of employees listed on all pages of this report	**Total Gross Wages all pages** (Same as line 1 on UC-2)