



Department of Labor
 Employer Account Adjustment Section
 Harriman State Office Campus
 Albany, NY 12226

Employer Reg.

Dist. Ind. Assign. Type Form Type W

Received Date CI AI

Emp. Reg. No.

Amount Paid

Annual Supplementary Contribution Report - 2023

Use this form if your total rate is 4.8% or lower.
 Use Form IA7A if your total rate is 4.9% or higher.

IMPORTANT: Read Carefully ANSWER ALL ITEMS		DOLLARS ONLY		<p>The total in Line 1 should not exceed \$12,300 per employee.</p> <p>Employers who are liable for filing IRS Form 940 must file this report for contributions on:</p> <ol style="list-style-type: none"> 1. Wages to high school students. 2. Dismissal wages. 3. Sick pay (except Workers' Compensation). <p><i>Do not send this report if you reported these wage payments on quarterly reporting forms NYS-45, Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return, for all four quarters of the year.</i></p> <p>File this report and send any contributions due:</p> <ul style="list-style-type: none"> ● On or before January 31st of the year after you paid the wages; or ● At the time your Employer's Annual Federal Unemployment Return (form 940) is due with the IRS.
1. Wages for New York State employment subject to FUTA.	\$			
2. Wages reported quarterly to this division for the calendar year.	\$			
3. Difference in wages (Line 1 minus Line 2.) If Line 2 is equal to or greater than Line 1, NO CONTRIBUTION is due. Enter zero (0) and sign below.	\$			
4. UI contributions due. Multiply Line 3 by your New York State Contribution Rate. (Normal and Subsidiary Rates only.)	Dollars	Cents		
	\$			
5. Re-employment Service Fund due. Multiply Line 3 by 0.075% (.00075).	\$			
6. Total of Lines 4 and 5.	\$			
7. Amount of remittance payable to: New York State Unemployment Insurance Write your eight-digit employer registration number on your check. For help, call our Employer Hotline (888) 899-8810.	\$			
<p>I certify that the information contained in this report is true and correct.</p> <p>_____ Signature of Officer, Partner or Proprietor</p> <p>_____ Date</p> <p>_____ Title</p>				<p>Late payments of contributions accrue interest at the rate of 1% per month, from the due date to date of payment.</p>