



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 4.9% or higher.  
 Use Form IA7 if your total rate is 4.8% or lower.

<b>IMPORTANT:</b> Read Carefully ANSWER ALL ITEMS	DOLLARS ONLY		The total in Line 1 should not exceed \$12,300 per employee.			
1. Wages for New York State employment subject to FUTA.	\$					
2. Wages reported quarterly to this division for the calendar year.	\$		Employers who are liable for filing IRS Form 940 must file this report for contributions on:  1. Wages to high school students. 2. Dismissal wages. 3. Sick pay (except Workers' Compensation).			
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. Maximum credit allowance against FUTA. Multiply Line 1 by 4.9% (.049).		<table border="1"> <tr> <th>Dollars</th> <th>Cents</th> </tr> <tr> <td>\$</td> <td></td> </tr> </table>		Dollars	Cents	\$
Dollars	Cents					
\$						
5. Contributions payable on wages previously reported to this Division. Multiply Line 2 by your NYS Contribution Rate. (Normal and Subsidiary Rates only.)	\$		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.			
6. UI Contribution due. (Line 4 minus Line 5.) If Line 5 is equal to or greater to Line 4, NO CONTRIBUTION is due. Enter zero (0) and sign below.	\$					
7. Divide Line 6 (if not zero) by your NYS Contribution Rate. (Normal and Subsidiary Rates Only.) Example Line 6 (\$411.25) ÷ Contribution Rate (.08225) = \$5,000	\$			File this report and send any contributions due: <ul style="list-style-type: none"> <li>On or before January 31<sup>st</sup> of the year after you paid the wages;</li> <li>or</li> <li>At the time your Employer's Annual Federal Unemployment Return (form 940) is due with the IRS.</li> </ul>		
8. Re-employment Service Fund due. Multiply Line 7 by 0.075% (.00075).	\$		Late payments of contributions accrue interest at the rate of 1% per month, from the due date to date of payment.			
9. Total of Lines 6 and 8.	\$					
10. 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 at: (888) 899-8810	\$		The amount in Line 7 represents the additional wages subject to contribution that formed the basis for the contribution due in Line 6. This figure is a modification of Line 3. The amount entered in Line 11 is the adjusted wages subject to contribution to be entered as Payroll Subject to Contribution (as defined in State Act) if completing Federal Form 940.			
11. Adjusted wages subject to contribution - Add Line 2 and Line 7.	\$					

I certify that the information contained in this report is true and correct.

Signature of Officer, Partner or Proprietor

Title

Date