

Domestic Employer Election to Report Quarterly Wages and Pay Contributions Annually**South Dakota Department of Labor and Regulation**

Unemployment Insurance Division

PO Box 4730, Aberdeen, SD 57402-4730 • Phone 605.626.2312 • Fax 605.626.3347 • www.sdjobs.org

Complete and submit this form to the above address if the Unemployment Insurance (UI) Division has determined you are a domestic employer and you wish to report to the UI Division on an annual basis. The same wage information and contribution payment is required. If you become liable under another category of employment, the UI Division will terminate this election.

Account Number:	
Employer Name:	
Street or P. O. Box:	
City, State and Zip Code:	

The above domestic employer elects to report quarterly wages and pay quarterly contributions annually, and agrees to provide wage figures at other times as necessary to establish wage records for claims purposes.

Quarterly wages and contributions will become due and are required to be filed and paid by the employer no later than January 31 with respect to wages for employment paid in the preceding calendar year. Penalty and interest may apply if the report is not filed and contributions paid timely.

The effective date of this election is the first day of January, _____ (year), except that the Department may terminate this election if the employer becomes liable under another category of employment. It is understood and agreed that this election must be received no later than December 31 to be effective at the beginning of the next calendar year. This election remains in place until the employer submits a request to withdraw this election on the form designated by the Agency for that purpose.

The employer understands and agrees that this election may be withdrawn by filing a written application requesting withdrawal with the Department no later than December 31 to be effective at the beginning of the next calendar year.

Signature of Employer or Authorized Representative:	Title:
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This election must be signed by the employer or an authorized representative of the employer.

Print Your Name:	Date:
Telephone Number:	Email Address:

For SD DLR use only: Approved date _____ By _____ Effective date _____
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