

## Payroll Minnesota Reporting

**\*\*\*All reports listed are generated by the Banyon's Payroll Software.**

**Quarterly Wages Report filed via Internet. Software generates all data to be included on the report.**

**Minnesota Quarterly Wages**
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U.C. Account	2344	Quarter/Year	1st / 01		Jan	Feb	Mar
Federal ID	41-45655	Due Date			4	2	0

Employee	QTD Gross	Hours					
Johnson, William	\$6,875.01	216.00	^	Total Wages	\$10,935.01		
KELLY, CHAD	\$760.00	80.00		Exclusions Over <u>\$22,000</u>	\$0.00		
SMITH, TOM	\$920.00	160.00		Taxable Wages	\$10,935.01		
WILSON, NICOLE	\$2,380.00	227.00		U.C. Tax Due @ <input style="width: 50px;" type="text" value="0.00%"/>	\$0.00		
				Assessment Due @ <input style="width: 50px;" type="text" value="0.00%"/>	\$0.00		
				Total Tax Due	\$0.00		
				Interest @ <input style="width: 50px;" type="text" value="0"/> * <input style="width: 50px;" type="text" value="0.00%"/>	\$0.00		
				Penalty	\$0.00		
				Prior Balance	\$0.00		
				Available Credit	\$0.00		
				Total Amount Remitted	\$0.00		
				Preparer Title			
				Preparer Phone			
				Tax Payer Title			
4 employees to report		\$10,935.01	683.00	v			

\*Employers reporting 50 or more employees are required to file via internet starting 3rd '03. For BDS filing options, click [Internet Filing Help](#)

# Employer's Unemployment Quarterly Tax Report (SUTA)

## Software prints this actual report with all headings

MINNESOTA DEPARTMENT OF ECONOMIC SECURITY  
 Tax Accounting Section - Unemployment Tax - 390 N. Robert Street - St. Paul, MN 55101  
 (651) 297-3674 - FAX (651) 297-5283 - TDD/TTY (651) 297-3944  
 INTERNET: www.mnweb.org/tax - E-mail: mde.ctax@state.mn.us  
**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

1-01	MN UTI TAX ACCOUNT NUMBER <b>2344</b>	FEDERAL ID NUMBER <b>41-45655</b>
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DEMONSTRATION DATA  
 4999 FRANCE AVENUE SOUTH  
 City ND, 55410

CALENDAR QUARTER <b>1st /01</b>
QUARTER ENDS <b>03-31-01</b>
REPORTS DUE

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1. <input type="checkbox"/> Check if tape or disk was submitted for Wage Detail. 2. <input type="checkbox"/> Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.	TO AVOID PENALTY, PLEASE FILE REPORT, EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)	DO NOT WRITE IN THIS SPACE.  <div style="text-align: center; font-size: 1.2em;">2344</div> POSTMARK DATE   BATCH NO.   ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINES INSTRUCTIONS)						
3. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 15TH OF THE MONTH. IF NONE, WRITE "0".	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: 0.8em;">1st Month</th> <th style="font-size: 0.8em;">2nd Month</th> <th style="font-size: 0.8em;">3rd Month</th> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> </tr> </table>	1st Month	2nd Month	3rd Month	4	2	0	
1st Month	2nd Month	3rd Month						
4	2	0						
4. TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal bid wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	<div style="font-size: 1.2em;">10,935.01</div>							
5. NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$99,999.00 paid each employee for the calendar year 2001. Amount cannot exceed Line 4. (SEE LINES INSTRUCTIONS)	<div style="font-size: 1.2em;">0.00</div>							
6. TAXABLE WAGES - Line 4 minus Line 5	<div style="font-size: 1.2em;">10,935.01</div>							
7. UTI TAX DUE - Multiply line 6 by 0.00% (0)	<div style="font-size: 1.2em;">0.00</div>							
8. DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by 0.00% (0) Not to be included in Federal Unemployment (FUTA) Tax return.	<div style="font-size: 1.2em;">0.00</div>							
9. TOTAL TAX DUE - Add Lines 7 and 8	<div style="font-size: 1.2em;">0.00</div>							
10. INTEREST - Multiply line 9 by 0.00% (0) for each month payment is late. (SEE LINE 10 INSTRUCTIONS)	<div style="font-size: 1.2em;">0.00</div>							
11. PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	<div style="font-size: 1.2em;">0.00</div>							
12. PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	<div style="font-size: 1.2em;">0.00</div>							
13. MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	<div style="font-size: 1.2em;">0.00</div>							
14. TOTAL AMOUNT DUE Make check payable to MINNESOTA UI FUND.  Check No. _____ Bank	<div style="font-size: 1.2em;">0.00</div> AMOUNT RECEIVED:							

SIGN HERE \_\_\_\_\_  
 SIGNATURE OF PREPARER (IF NOT TAXPAYER) TITLE DATE AREA CODE - TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND ACCURATE

## Minnesota Retirement Reporting (PERA)

Prints actual PERA Report and data can be transferred via Internet

### PERA Report

PERA Unit:

SDR #:

Pay Group:

Period:

2 2001  
1.1 2001

Period Begin:

Period Ending:

Report Date:

Click to Load PERA Contributions

Employee Name	Plan	Type	Gross	Employee	Employer	Additional
<input checked="" type="checkbox"/> Doe, John	1	01	\$30,000.00			
<input checked="" type="checkbox"/> Johnson, William	1	01	\$2,291.67	\$104.02		
<input checked="" type="checkbox"/> KELLY, CHAD	1	01	\$380.00	\$15.20		
<input type="checkbox"/> SMITH, TOM	1	01				
<input checked="" type="checkbox"/> WILSON, NICOLE	1	01	\$593.75	\$23.75		
* <input checked="" type="checkbox"/>						
All Plans			\$33,265.42	\$142.97		

### PERA Salary Deduction Report

DEMONSTRATION DATA  
4999 FRANCE AVENUE SOUTH  
  
City, MN 55410

Employer ID#: 45345 Pay Cycle: Semi-Monthly Page: 1 of 2 SDR ID#:	Send Check and Completed SDR to: PERA P O BOX 75608 ST PAUL MN 55175-0608
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Insert (in box to the right) the date you paid the employees listed below. For each employee, fill in the appropriate columns (hours, earnings, deductions, dates, etc.). Add employees or report adjustments as needed to update or correct PERA's records.							EMPLOYEE PAID DATE: <b>3/15/2001</b>	
Member Name and Social Security Number	PERA Plan	Pay Type	Eligible Earnings	Contribution		Pay Period		Adjustment
				Member	Employer	Beginning	Ending	
Doe, John	Basic	01	30,000.00	0.00	0.00	3/1/2001	3/15/2001	
Johnson, William 123-45-6789	Basic	01	2,291.67	104.02	0.00	3/1/2001	3/15/2001	
KELLY, CHAD 456-12-3789	Basic	01	380.00	15.20	0.00	3/1/2001	3/15/2001	
WILSON, NICOLE 147-25-8369	Basic	01	593.75	23.75	0.00	3/1/2001	3/15/2001	

### DEMONSTRATION DATA PERA Exclusion Report

03/14/07 10:46 AM  
Page 1 of 1

**Unit No.:** 45345  
**Prepared Date:**  
**Contract Year:** 01/01/2001 - 12/31/2001

Excl. Code	S.S.#.	Employee Name	Ceased Working	Y-T-D Gross	Current Gross	Pay Cycle
003	987-65-4321	SMITH, TOM	No	0.00	2.00	Bi-Weekly