



**QUARTERLY WAGE REPORT
CONTINUATION SHEET**

P.O. Box 888
Jefferson City, MO 65102-0888

Type or print in ink.

Print employer's name and account number as shown on Form MODS-4 Quarterly Contribution and Wage Report				CALENDAR QUARTER AND YEAR						
				1st <input type="text"/>		2nd <input type="text"/>		3rd <input type="text"/>		4th <input type="text"/>
				Year <input type="text"/>						
16. Social Security No.	17. First Name	Middle Initial	Last Name	18. Total Wages	19. Multi-State	20. Probationary	Probationary Start Date	Probationary End Date		
					<input type="checkbox"/>	<input type="checkbox"/>				
					<input type="checkbox"/>	<input type="checkbox"/>				
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					<input type="checkbox"/>	<input type="checkbox"/>				
21. PAGE _____ OF _____ PAGES				TOTAL THIS PAGE						

Be sure that each page carries employer's name, account number, page number, and calendar quarter and year.
Return the original completed form to the Division of Employment Security, P.O. Box 888, Jefferson City, MO 65102-0888.
Retain copy for your file.

IMPORTANT: If needed, call 573-751-1995 for assistance in the translation and understanding of the information in this document.
¡IMPORTANTE! Si es necesario, llame al 573-751-1995 para asistencia en la traducción y entendimiento de la información en este documento.
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