DOMESTIC EMPLOYER ELECTION TO REPORT QUARTERLY WAGES AND PAY CONTRIBUTIONS ANNUALLY

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

Account Number: _____

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

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. Penalties and interest may apply if the report is not filed and contributions are not paid on time.

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The employer understands and agrees that this election may be withdrawn by filing a written application requesting withdrawal with the Department no later than December 31 to be effective at the beginning of the next calendar year.

Name: _____   Date: _____

Signature: _____   Title: _____

Email: _____   Phone: _____

Do not write in this space, for SD DLR use only

Approved date: _____

By _____ Effective Date: _____