

**SEASONAL EMPLOYER QUARTERLY PAYROLL
REPORT - CONTINUATION**

DWD Form UC-5-SE
State Form 21390 (R2 / 3-10)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N. SENATE AVE, RM SE003
INDIANAPOLIS, IN 46204-2201

CONFIDENTIAL RECORD
Pursuant to IC 22-4-19-6, IC 4-1-6

TO BE COMPLETED BY SEASONAL EMPLOYER ONLY.

To Employer: To obtain additional copies of this Seasonal Employer Quarterly Payroll Report-Continuation Sheet, please submit your request in writing to above address ATTN: Wage Record, RM SE003.

Name of Employer				Indiana Account Number		Date Quarter Ended <small>(mm/dd/yyyy)</small>		Page Number		
Under Indiana Account Number, show the Account Number which appears on Form UC-1 and UC-5A. Do not show the Federal Identification Number.					NOTE: Form UC-5A, Quarterly Payroll Report, must accompany this form. Detailed instructions for preparation of this form are given in the cover letter.					
(1) Social Security Number			(2) Name of Employee <small>(Please type or print.)</small>			(3) All Remuneration Including Excess Over \$7,000.00		(4) Seasonal Code Number		
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Total of all remuneration listed in column (3) must be shown on last page and under item D of Form UC-5A.					TOTAL FOR THIS PAGE					