Department of Workforce Development
Division of Unemployment Insurance
PO Box 7945
Madison, WI 53707-7945

DWD

2015 Unemployment Insurance
Tax Rate Notice
Section 108.18 Wisconsin Statutes

October 6, 2014

SAMPLE FORM

Account Number:

**Be sure this notice reaches the
person or agent responsible for the
Unemployment Insurance tax.**
If you have questions, call
(608) 261-6700

This is your Unemployment Insurance tax rate notice for next year. UI Tax Rates are not appealable. You have the option of making a voluntary contribution which may lower your tax rate. Please see other side for instructions. If you decide to make one, **your voluntary contribution must be received by November 30.**

2015 Rate Information

Taxable Payroll Fiscal Year Ending June 30, 2014	Code	Reserve Account Balance as of June 30, 2014	Code	Reserve Percentage (C as % of A)	Basic Rate %	Code	Solvency Rate %	Total Rate (F + H) %
A	B	C	D	E	F	G	H	J
+1,350,483.82		-36,701.91	NRF	-2.71	6.30		1.30	7.60

NRF - Your reserve fund balance is negative.

Explanation of Tax Rates. The wage base (the maximum taxable amount of wages per employee per year) for 2015 is $14,000. The reserve account balance (col. C) includes any required contributions received by July 31. The solvency rate (col. H) determines the amount credited to a shared risk account, to which all employers contribute. The tax bracket and associated rates for your reserve percentage (col. E) are from the rate schedule on the other side.

To determine if you will benefit by making a voluntary contribution to lower your rate and for payment instructions see directions on the back of this form.

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VOLUNTARY CONTRIBUTION - DEADLINE November 30

Account Number:

Please submit your payment by Electronic Funds Transfer (EFT) at
http://dwd.wisconsin.gov/uitax/ or by check
Your voluntary contribution must be received by
November 30
Instructions on the reverse side

Mail check payments and this form to:
DWD
Unemployment Insurance
P.O. Box 7945
Madison, WI 53707-7945

Print Name of Signer	Position of Signer	Amount of Check $
Signature of Person Completing Form	Telephone Number of Signer	Date Signed (MM/DD/YYYY)

UCT-100B-E (R. 10/02/2010)

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