



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
 DIVISION OF EMPLOYMENT SECURITY

**TRANSMITTAL OF QUARTERLY WAGES REPORTED ON MAGNETIC MEDIA**

*\* You may submit the quarterly report and wage data online at [www.ustar.dolir.mo.gov](http://www.ustar.dolir.mo.gov).  
 Select 'File Transfer' option. This form can be found online at [www.mouitax.com](http://www.mouitax.com).*

<p><b>RETURN THIS FORM WITH MAGNETIC MEDIA AND          QUARTERLY CONTRIBUTION REPORT WITH REMITTANCE TO:</b></p> <p>DIVISION OF EMPLOYMENT SECURITY          ATTENTION: EMPLOYER ACCOUNTS UNIT/MAGNETIC MEDIA          P.O. BOX 59, 421 E DUNKLIN STREET          JEFFERSON CITY, MO 65104-0059          573-751-3422</p>	<p><b>THE EXTERNAL LABEL ON          MEDIA MUST INCLUDE:</b></p> <p><b>Account Number(s)</b>  <b>Employer Name(s)</b>  <b>Quarter/Year</b>  <b>Record Length</b>  <b>File Name</b></p>
<p><b>**NOTE: It is not necessary to send the Contribution Report to the P.O. Box 59 address and the magnetic media to the P.O. Box 888 address.</b></p>	

1. Employer Name	2. Quarter	3. Year
<b>4. Diskette/CD Format</b> Record Length * <input type="checkbox"/> 72 * <input type="checkbox"/> 275 (ICESA format only) * <input type="checkbox"/> 512 <input type="checkbox"/> Excel * <i>accepted on Internet</i>	Number of Diskettes _____ _____ _____ _____	5. Total Number of Employers Reported  6. Total Number of Employees Reported

**Employer Summary Information**

7. Missouri Employer Account Number	8. Number of Employees Reported	9. Missouri Employer Account Number	10. Number of Employees Reported

11. Mailing address for returning Magnetic Media Name: Address: City & State:	
Contact name (Please print)	Date
Title	Phone Number