Facsimile of Form ETA 581

Contribution Operations

U.S. Department of Labor

Employment and Training Administration

A. Report for quarter ended	B. Region Code	C. State Code	D. State	E. Wage Reporting Basis ("X" one) ☐ Request Reporting ☐ Wage Record	OMB Approval No. 1205-0178 Expires: 8/31/2005

	Line	End of Quarter Employers			Delinquency Cutoff Date	Total Number of Wage Items Received
Employer Count	101	1. Contributory	2. Reimbursing	3. Total	4.	5.

		Filing Reports For Preceding Quarters						12. No. of Outstanding Quarters Prior to Report Quarter	13. Total Estimated Contributions Due
		Contributory Employers			Reimbursing Employers				
Employer Reports		6. Filing Timely	7. Secured	8. Resolved	9. Filing Timely	10. Secured	11. Resolved		
	201								

		Status Determinations Made During Report Quarter						
		Newly Established Accounts			Successor Accounts			20. Inactivations/Terminations
Status Determinations		14. Number	15. Time Lapse of 90 Days or less	16. Time Lapse of 180 Days or Less	17. Number	18. Time Lapse of 90 Days or less	19. Time Lapse of 180 Days or Less	
	301							

Contributory Employers:		21. Total Receivables at Beginning of Period	22. Amount Determined Receivable During Report Period	23. Receivables Liquidated During Report Period	24. Receivables Declared Uncollectible During Report Period	25. Receivables Removed at End of Report Period	26. Total Receivables at End of Report Period	27. No. of Employers Owing Receivables
Receivables	401							
Age of Receivables		28. 6 Months or Less	29. 9 Months	30. 12 Months	31. 15 Months		32. Over 15 Months	
	402							
Reimbursing Employers:		33. Total Receivables at Beginning of Period	34. Amount Determined Receivable During Report Period	35. Receivables Liquidated During Report Period	36. Receivables Declared Uncollectible During Report Period	37. Receivables Removed at End of Report Period	38. Total Receivables at End of Report Period	39. No. of Employers Owing Receivables
Receivables	403							
Age of Receivables		40. 6 Months or Less	41. 9 Months	42. 12 Months	43. 15 Months		44. Over 15 Months	
	404							

Audit Activity		Number of Audits			48. Calendar Quarters Audited	Total Wages Audited	51. Hours Spent in Auditing	52. No. of Employees Misclassified as Indep. Contractors
		45. Large Employer Audits	46. Change Audits	47. Total Audits		49. Pre-Audit / 50. Post Audit		
	501							
		Amount Underreported				Amount Overreported		
		53. Total Wages	54. Taxable Wages	55. Contributions	56. Total Wages		57. Taxable Wages	58. Contributions
	502							

F. Signature Title Date

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents obligation to reply to these reporting requirements are required to obtain or retain benefits (SSA302(a)). Public reporting burden for this collection of information is estimated to average 8 1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Unemployment Insurance, Room S-4516, Washington, DC 20210 (Paperwork Reduction Project 1205-0178).