

COMPLETING PARTS I AND II OF ANNUAL TAX AND WAGE REPORT FOR DOMESTIC EMPLOYMENT, FORM DOL-4A

Part I

Enter your DOL account number, the report year, employer name, mailing address, and email address. Note: If you are a new employer and have not yet been assigned a DOL account number, enter "Applied For" in the account number field and attach a DOL-1A, Employer Status Report, if not previously submitted.

Enter the Social Security Number, last name, first name, and total covered wages paid in each quarter separately. All wages paid to an employee must be reported by the employer for the quarter in which payment was actually made.

Part II

- Line 1** Amount of total reportable gross wages paid for all employees. Show the amount paid for each quarter separately.
- Line 2** Subtract non-taxable wages (amount of wages above \$9500 per employee per calendar year) as applicable for each quarter.
- Line 3** Enter the difference between Lines 1 and 2. This amount is used to calculate the amount of taxes to be paid.
- Line 4** In the area provided, enter the Contribution tax rate. To calculate the Contribution tax, multiply your Contribution tax rate by the amount in Line 3 for each quarter. Effective January 1, 2017, new employers must use 2.64%. For tax periods prior to January 1, 2017, new employers must use 2.62%.
- Line 5** In the area provided, enter the Administrative Assessment rate. To calculate the Administrative Assessment tax, multiply the Administrative Assessment rate (.06% or .0006 effective January 1, 2017) by the amount in Line 3 for each quarter. For tax periods prior to January 1, 2017, the Administrative Assessment rate is .08% or .0008. This applies to all employers except employers with the minimum rate or the maximum rate and those employers who have elected to make payments in lieu of contributions as provided by Code Section 34-8-158.
- *The total tax rate is contribution + administrative assessment.
- Line 6** The sum of Lines 4 and 5 for each quarter.
- Line 7** Enter the amount of taxes previously paid for this reporting year.
- Line 8** Enter the difference between Lines 6 and 7.
- Line 9** The sum of each quarter from Line 8.
- Line 10** Interest is computed on the tax due (Line 9) from the due date (January 31) at the rate of 1.5% per month or fraction of a month. Interest accrues until all tax and administrative assessments are paid.
- Line 11** Enter penalty if the report is filed after January 31. Penalty is \$20 or .05% (.0005) of total wages whichever is greater, for each month the report is late. Compute penalty as .05% (.0005) of total wages whenever total wages for the quarter are more than \$40,000.
- Line 12** Enter the sum of Lines 9 through 11.

Changes in your business information should be reported in Sections A-D at the bottom of Part II. For assistance with completing Sections A-D, call 404-232-3301. Sign and mail the report, Parts I and II, no later than January 31.

Visit dol.georgia.gov for online payment options or make check or money order payable to Georgia Department of Labor and provide your DOL account number on your check.

ANNUAL TAX AND WAGE REPORT FOR DOMESTIC EMPLOYMENT - PART I

GEORGIA DEPARTMENT OF LABOR - P.O. BOX 740234 - ATLANTA, GA 30374-0234
 Tel. (404) 232-3245
 www.dol.state.ga.us

48999



_____ | _____
 DOL Account Number Year

Parts I & II of this report must always be submitted.

 (Employer's Name)

 (Street Address)

 (Street Address)

_____ (City) _____ (State) _____ (Zip + 4)

 (email Address)

1. Social Security Number	2. Employee's Name (If blank, please enter.)	3. Total Individual Reportable Gross Wages	For Quarter Ending
_____	_____	\$ _____	March 31
Social Security Number	Full Last Name, Full First Name	\$ _____	June 30
		\$ _____	September 30
		\$ _____	December 31
_____	_____	\$ _____	March 31
Social Security Number	Full Last Name, Full First Name	\$ _____	June 30
		\$ _____	September 30
		\$ _____	December 31
_____	_____	\$ _____	March 31
Social Security Number	Full Last Name, Full First Name	\$ _____	June 30
		\$ _____	September 30
		\$ _____	December 31
_____	_____	\$ _____	March 31
Social Security Number	Full Last Name, Full First Name	\$ _____	June 30
		\$ _____	September 30
		\$ _____	December 31
_____	_____	\$ _____	March 31
Social Security Number	Full Last Name, Full First Name	\$ _____	June 30
		\$ _____	September 30
		\$ _____	December 31
		TOTAL REPORTABLE GROSS WAGES PAID THIS YEAR	\$ _____

MESSAGE AREA

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ELECTRONIC FORM PROCESSING

DO NOT staple any items to this page.

DOL Account Number | Year | Total Tax Rate | Form must be Filed By

- 1. Total REPORTABLE GROSS WAGES Paid Each Quarter
- 2. MINUS Non-Taxable Wages Paid Each Quarter
- 3. TAXABLE WAGES Paid Each Quarter
- 4. Contribution Tax Due:
X taxable wages (line 3)
- 5. Administrative Assessment Due:
X taxable wages (line 3)
- 6. Total Amount Due: SUM of lines 4 and 5)
- 7. Taxes Previously Paid (if any)
- 8. BALANCE DUE: Line 6 minus 7)

First Quarter	Second Quarter	Third Quarter	Fourth Quarter

- 9. ANNUAL TAX DUE (SUM of line 8 for all quarters listed on this report)
- 10. If report is late, amount of Interest due (See instructions)
- 11. If report is late, amount of Penalty due (See instructions)
- 12. TOTAL AMOUNT DUE SUM of (lines 9 thru 11)

\$
\$
\$
\$

UNLESS PARTS I & II OF THIS REPORT ARE FILED AND THE TOTAL AMOUNT DUE IS PAID, A FI. FA. (TAX LIEN) WILL BE ISSUED AS REQUIRED BY LAW.

Return these forms (Parts I & II) with check payable to GA DEPT of LABOR or visit www.dol.state.ga.us for outline payment options.

_____/_____/_____
FOR DEPT USE ONLY

EMPLOYER CHANGE REQUEST - If ANY of the following items have changed, please complete the appropriate information below. Phone (404) 232-3301

A. If your MAILING ADDRESS has changed, or is incorrect, enter the correct information below:

(Street Address)

(Street Address)

(City) (State) (Zip)

() _____
(Phone)

B. If your PHYSICAL LOCATION has changed or is incorrect, enter the correct information below:

(Street Address)

(Street Address)

(City) (State) (Zip)

() _____
(Phone)

C. If you no longer have domestic workers, please give us the last date you had such workers:

Effective Date (MM/DD/YY) ____/____/____

E-mail address: _____

D. If the Federal Identification number listed below is incorrect, list the correct number in the spaces provided:

(Employer's Name)

(Street Address)

(Street Address)

(City) (State) (Zip + 4)

(email Address)

I certify that the information contained in this report and any subsequent pages attached is true and correct and that no part of the tax was or is to be deducted from the worker's wages.

Signature and title of individual responsible for information provided Phone Number Date