

Employer Reg.

Dist. Ind. Assign. Type Form Type

_____ _____ W

Received Date CI AI

___ / ___ / _____ _____ _____

Emp. Reg. No. _____ - _____

Amount Paid: \$ _____

Annual Supplementary Contribution Report - 2025

Use this form if your total rate is 5.4% or lower.
 Use Form IA7A if your total rate is 5.5% or higher.

IMPORTANT: Read Carefully ANSWER ALL ITEMS	DOLLARS ONLY																										
1. Wages for New York State employment subject to FUTA.	\$		The total in Line 1 should not exceed \$12,800 per employee.																								
2. Wages reported quarterly to this division for the calendar year.	\$																										
3. Difference in wages (Line 1 minus Line 2.) If Line 2 is equal to or greater than Line 1, NO CONTRIBUTION is due. Enter zero (0) and sign below.	\$		Employers who are liable for filing IRS Form 940 must file this report for contributions on: 1. Wages to high school students. 2. Dismissal wages. 3. Sick pay (except Workers' Compensation).																								
4. UI contributions due. Multiply Line 3 by your New York State Contribution Rate. (Normal and Subsidiary Rates only.)		<table border="1"> <tr> <th>Dollars</th> <th>Cents</th> </tr> <tr> <td>\$</td> <td></td> </tr> </table>		Dollars	Cents	\$																					
Dollars	Cents																										
\$																											
5. Re-employment Service Fund due. Multiply Line 3 by 0.075% (.00075).	\$																										
6. Total of Lines 4 and 5.	\$		<i>Do not send this report if you reported these wage payments on quarterly reporting forms NYS-45, Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return, for all four quarters of the year.</i>																								
7. Amount of remittance payable to: New York State Unemployment Insurance Write your eight-digit employer registration number on your check. For help, call our Employer Hotline (888) 899-8810.	\$		File this report and send any contributions due: <ul style="list-style-type: none"> On or before January 31st of the year after you paid the wages; or At the time your Employer's Annual Federal Unemployment Return (form 940) is due with the IRS. 																								
I certify that the information contained in this report is true and correct. <table border="0"> <tr> <td style="border-bottom: 1px solid black; width: 40%;"></td> <td style="border-bottom: 1px solid black; width: 10%; text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 10%; text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 10%;"></td> <td style="border-bottom: 1px solid black; width: 10%; text-align: center;">/</td> <td style="border-bottom: 1px solid black; width: 10%;"></td> </tr> <tr> <td style="text-align: center;">Signature of Officer, Partner or Proprietor</td> <td></td> <td></td> <td style="text-align: center;">Date</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 40%;"></td> <td colspan="5"></td> </tr> <tr> <td style="text-align: center;">Title</td> <td colspan="5"></td> </tr> </table>				/	/		/		Signature of Officer, Partner or Proprietor			Date									Title						Late payments of contributions accrue interest at the rate of 1% per month, from the due date to date of payment.
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Title																											