



## Education and Housing Equity Project Records.

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**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

3-01	MN UC TAX ACCOUNT NUMBER	FEDERAL ID NUMBER
	1648856-000	41-1842393



EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

CALENDAR QUARTER	3-01
QUARTER ENDS	09-30-01
REPORT IS DUE	10-31-01

**DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS**

1.  Check if tape or disk was submitted for Wage Detail.

2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

**TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)**

DO NOT WRITE IN THIS SPACE.

1648856000301

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

	TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)		
	1st Month	2nd Month	3rd Month
3. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	2	2	2
4. TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 4,000.00		
5. NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$20,000 paid each employee for the calendar year 2001. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$ —		
6. TAXABLE WAGES - Line 4 minus Line 5	\$ 4,000.00		
7. U.C. TAX DUE-Multiply line 6 by 1.60% (.0160)	\$ 64.00		
8. DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .07% (.0007) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 2.80		
9. TOTAL TAX DUE - Add Lines 7 and 8	\$ 66.80		
10. INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$ —		
11. PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$ —		
12. PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$ —		
13. MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$ —		
14. TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND. Check No. 5176 Bank _____	\$ 66.80		

SIGN HERE X Renee Bergom Accountant 10-24-01 (612) 330-1038  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.



**EDUCATION & HOUSING**

EQUITY PROJECT  
2211 RIVERSIDE AVE., CB 185  
MINNEAPOLIS, MN 55454

17-127  
910  
0052396

DATE 10-24-01

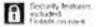
PAY TO THE  
ORDER OF

MINNESOTA U.C. FUND

\$ 666.80

SIXTY SIX + 80/100

DOLLARS



**Riverside Bank**

Cedar-Riverside Office 612.341.3505  
Bookkeeping 362-9000  
1801 Riverside Avenue • P.O. Box 582419  
Minneapolis, MN 55468-2419

TWO SIGNATURES REQUIRED OVER \$250

FOR 1648856-000 3<sup>rd</sup> Qtr 2001

MP





**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

MN UC TAX ACCOUNT NUMBER 2-01 1648856-000	FEDERAL ID NUMBER 41-1842393
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EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

CALENDAR QUARTER 2-01
QUARTER ENDS 06-30-01
REPORT IS DUE 07-31-01

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000201

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month	2nd Month	3rd Month
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 2,450.00		
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$20,000 paid each employee for the calendar year 2001. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$ —		
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 2,450.00		
7.	U.C. TAX DUE-Multiply line 6 by 1.60% (.0160)	\$ 39.20		
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .07% (.0007) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 1.72		
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 40.92		
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$ 1.84 <i>.015 x 3 (Aug-Oct)</i>		
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$ 15.00		
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND. Check No. <u>5175</u> Bank _____	\$ 57.76		

SIGN HERE X Randy Pearson Accountant 10/24/01 (612) 330-1038  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_ TITLE DATE AREA CODE-TELEPHONE NO.  
 SIGNATURE OF TAXPAYER



5175

**EDUCATION & HOUSING**

EQUITY PROJECT  
2211 RIVERSIDE AVE., CB 185  
MINNEAPOLIS, MN 55454

17-127  
910  
0052396

DATE 10-24-01

PAY TO THE  
ORDER OF

MINNESOTA U.C. FUND

\$ 57.76

FIFTY SEVEN + 76/100

DOLLARS



**Riverside Bank**

Cedar-Riverside Office 612-341-3505

Bookkeeping 362-9000  
1801 Riverside Avenue • P.O. Box 582419  
Minneapolis, MN 55458-2419

TWO SIGNATURES REQUIRED OVER \$250

FOR 1648856-000 2nd Qtr 2001

MP





EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT

1-01	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
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EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

CALENDAR QUARTER 1-01
QUARTER ENDS 03-31-01
REPORT IS DUE 04-30-01

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

- 1.  Check if tape or disk was submitted for Wage Detail.
- 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE  
 FILE REPORT EVEN IF NO  
 WAGES WERE PAID. (SEE  
 INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000101

3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month	2nd Month	3rd Month
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 0.00		
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$20,000 paid each employee for the calendar year 2001. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$ 0.00		
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 0.00		
7.	U.C. TAX DUE-Multiply line 6 by 1.60% (.0160)	\$ 0.00		
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .07% (.0007) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 0.00		
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 0.00		
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$ 0.00		
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$ 0.00		
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$ 0.00		
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$ 0.00		
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.  Check No. _____ Bank _____	\$ 0.00		

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST  
 PAY THE DISLOCATED  
 WORKER ASSESSMENT  
 (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

SIGN HERE X Ronald Bergson Accountant 5/29/01 612-330-1038  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.



QTR & YR	TAXABLE PAYROLL	RATE	TAX	INTEREST (SEE REVERSE)	PENALTY (SEE REVERSE)	BALANCE
4 QTR 2000	AN ESTIMATED ASSESSMENT HAS BEEN ADDED TO YOUR ACCOUNT FOR THE FOLLOWING QUARTER BECAUSE YOU DID NOT FILE A TAX REPORT: SEE MN STATUTES 268.57, SUBD. 2  <del>5000.00</del> 0.00	00.70	35.00 DUE .00 PD	1.58 DUE .00 PD	25.00 DUE .00 PD	61.58 DUE .00 PD
						61.58 DUE

INTEREST COMPUTED THROUGH 04-30-01. PAY NOW TO AVOID ADDITIONAL CHARGES.

PAYMENTS MADE WITHIN THE LAST TWELVE DAYS MAY NOT BE INCLUDED IN THIS BALANCE.  
 INTEREST, IF ANY, WILL BE RECALCULATED WHEN THESE PAYMENTS ARE INCLUDED.

Interest: You must pay interest if your tax is not paid on or before the due date. The law provides for interest on past due taxes at the rate of one and one-half per cent per month, or any part thereof, from the date on which taxes are due and payable until payment is made.

Penalty: In accordance with the law, a penalty is assessed for failing to submit your tax report on or before the due date. The penalty applies even though no tax payment is due. If your report is submitted after the due date and there was no attempt to evade payment, you must submit a signed statement showing good cause for failing to file the report on time. If there is no good cause, the penalty is assessed at the rate of one and one-half percent of the tax due for each month, or part of a month that it is late. The minimum penalty is \$5.00 per month. The maximum penalty is \$25.00 or the amount assessed at the rate of one and one-half percent per month, whichever is greater.

Additional Penalties For Delayed Payment: Failure to pay your unemployment tax promptly may make some of your wages ineligible for experience rate calculation, possibly resulting in a higher tax rate. Wages on which the tax has not been paid prior to Oct 31st will not be used in calculating your tax rate for the following year.

Futa Credit: You will only be allowed by the IRS to use credit on your Federal Tax Form 940 for unemployment tax actually paid to the State. Late payment may reduce Federal Unemployment Tax credit to which you would otherwise be entitled.

MINNESOTA DEPARTMENT OF ECONOMIC SECURITY  
 UNEMPLOYMENT INSURANCE TAX  
 390 N. ROBERT STREET, ST. PAUL, MN 55101  
 EMPLOYER'S STATEMENT OF ACCOUNT

IF PAYMENT IS DUE, PLEASE DETACH THE  
 TOP PORTION OF THE STATEMENT AND  
 RETURN WITH YOUR PAYMENT.



EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

APRIL 03, 2001

IN REPLY REFER TO:  
 UI TAX ASSISTANCE  
**(651) 296-3676 VOICE**  
**(651) 297-3944 TDD/TTY**

ACCOUNT NUMBER:  
 1648856-000

DISTRICT: 08-05  
 DETACH HERE

MAKE CHECK PAYABLE TO:  
 MINNESOTA UC FUND  
 INDICATE AMOUNT PAID: \$25.00

QTR & YR	TAXABLE PAYROLL	RATE	TAX	INTEREST (SEE REVERSE)	PENALTY (SEE REVERSE)	BALANCE
AN ESTIMATED ASSESSMENT HAS BEEN ADDED TO YOUR ACCOUNT FOR THE FOLLOWING						
QUARTER BECAUSE YOU DID NOT FILE A TAX REPORT: SEE MN STATUTES 268.57, SUBD. 2						
4 QTR 2000	<del>5000.00</del> 0.00	00.70	35.00 DUE .00 PD	1.58 DUE .00 PD	25.00 DUE .00 PD	61.58 DUE .00 PD
						61.58 DUE

INTEREST COMPUTED THROUGH 04-30-01. PAY NOW TO AVOID ADDITIONAL CHARGES.

PAYMENTS MADE WITHIN THE LAST TWELVE DAYS MAY NOT BE INCLUDED IN THIS BALANCE.  
 INTEREST, IF ANY, WILL BE RECALCULATED WHEN THESE PAYMENTS ARE INCLUDED.

5167

**EDUCATION & HOUSING**

EQUITY PROJECT  
2211 RIVERSIDE AVE., CB 185  
MINNEAPOLIS, MN 55454

17-127,  
910  
0052396

DATE May 30, 2001

PAY TO THE  
ORDER OF

MN DEPT OF ECONOMIC SECURITY

\$ 25.00

TWENTY FIVE & 00/100

DOLLARS

 Security features  
included.  
Details on back.

**Riverside Bank**

Cedar-Riverside Office 612-341-3505

Bookkeeping 362-9000  
1801 Riverside Avenue • P.O. Box 582419  
Minneapolis, MN 55458-2419

TWO SIGNATURES REQUIRED OVER \$250

FOR 1640856-000

MP





MINNESOTA DEPARTMENT OF ECONOMIC SECURITY  
 Tax Accounting Section - Unemployment Tax - 390 N. Robert - St. Paul, MN 55101  
 (651) 296-3674 - FAX (651) 297-5283 - TDD/TTY (651) 297-3944

EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT

4-00	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
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EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

CALENDAR QUARTER 4-00
QUARTER ENDS 12-31-00
REPORT IS DUE 01-31-01

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000400

	1st Month	2nd Month	3rd Month
3. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	2	2	2
4. TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 0.00		
5. NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$19,000 paid each employee for the calendar year 2000. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$ 0.00		
6. TAXABLE WAGES - Line 4 minus Line 5	\$ 0.00		
7. U.C. TAX DUE-Multiply line 6 by 0.60% (.0060)	\$ 0.00		
8. DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 0.00		
9. TOTAL TAX DUE - Add Lines 7 and 8	\$ 0.00		
10. INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$ 0.00		
11. PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$ 0.00		
12. PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$ 0.00		
13. MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$ 0.00		
14. TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.  Check No. _____ Bank _____	\$ 0.00		

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

SIGN HERE X Paul Reason Accountant 5/29/01 612-330-1038  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.





**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

3-00	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

CALENDAR QUARTER 3-00
QUARTER ENDS 09-30-00
REPORT IS DUE 10-31-00

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000300

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

	1st Month	2nd Month	3rd Month
3. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	2	2	2
4. TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 4,150.00		
5. NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$19,000 paid each employee for the calendar year 2000. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$ —		
6. TAXABLE WAGES - Line 4 minus Line 5	\$ 4,150.00		
7. U.C. TAX DUE-Multiply line 6 by 0.60% (.0060)	\$ 24.90		
8. DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 4.15		
9. TOTAL TAX DUE - Add Lines 7 and 8	\$ 29.05		
10. INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$ —		
11. PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$ —		
12. PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$ —		
13. MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$ —		
14. TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.	\$ 29.05		

Check No. \_\_\_\_\_ Bank \_\_\_\_\_

SIGN HERE X Paul R. Buzon Accountant 10/17/00 612-330-1038  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_ SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.



EDUCATION & HOUSING

EQUITY PROJECT  
2211 RIVERSIDE AVE., CB 185  
MINNEAPOLIS, MN 55454

DATE 10-17-00

17-127  
910  
0052396

PAY TO THE  
ORDER OF

MINNESOTA U.C. FUND

\$ 29.05

TWENTY NINE + 05/100

DOLLARS



Riverside Bank

Cedar-Riverside Office 612.341.3505  
Bookkeeping 362.9000  
1801 Riverside Avenue • P.O. Box 582419  
Minneapolis, MN 55458-2419

TWO SIGNATURES REQUIRED OVER \$250

FOR

3RD QTR, 2000 UNEMPLOYMENT



55458-2419  
011

297-2339  
651



**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

2-00	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
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NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

CALENDAR QUARTER 2-00
QUARTER ENDS 06-30-00
REPORT IS DUE 07-31-00

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.
2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month 2	2nd Month 2	3rd Month 2	1648856000200  POSTMARK DATE  BATCH NO.  ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)  AMOUNT RECEIVED:
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 2,900.00			
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$19,000 paid each employee for the calendar year 2000. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$ —			
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 2,900.00			
7.	U.C. TAX DUE-Multiply line 6 by 0.60% (.0060)	\$ 17.40			
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 2.90			
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 20.30			
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$ —			
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$ 15.00			
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$ —			
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$ —			
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND. Check No. _____ Bank _____	\$ 35.30			

SIGN HERE X Paul Berger Accountant 8/4/00 612-330-1038  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X Richard C. Little EXECUTIVE DIRECTOR 8/3/00 612-330-1505  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.



EDUCATION & HOUSING  
EQUITY PROJECT  
2211 RIVERSIDE AVE., CB 185  
MINNEAPOLIS, MN 55454

DATE 10-17-00

17-127  
910  
0052396

PAY TO THE  
ORDER OF

MINNESOTA U.C. FUND

\$ 35.30

THIRTY FIVE & 30/100

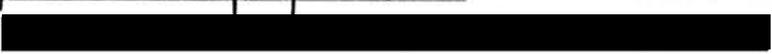
DOLLARS

Riverside Bank

Cedar-Riverside Office 612 341-3505  
Bookkeeping 362-9000  
1801 Riverside Avenue • P.O. Box 582419  
Minneapolis, MN 55458-2419

TWO SIGNATURES REQUIRED OVER \$250

FOR 2<sup>ND</sup> QTR, 2000 UNEMPLOYMENT



MINNESOTA DEPARTMENT OF ECONOMIC SECURITY  
 UNEMPLOYMENT INSURANCE TAX  
 390 N. ROBERT STREET, ST. PAUL, MN 55101  
 EMPLOYER'S STATEMENT OF ACCOUNT

IF PAYMENT IS DUE, PLEASE DETACH THE  
 TOP PORTION OF THE STATEMENT AND  
 RETURN WITH YOUR PAYMENT.

MAKE CHECK PAYABLE TO:  
 MINNESOTA UC FUND

INDICATE AMOUNT PAID: 56.62

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

MARCH 21, 2000

IN REPLY REFER TO:  
 UI TAX ASSISTANCE  
 (651) 296-3676 VOICE  
 (651) 297-3944 TDD/TTY

ACCOUNT NUMBER:  
 1648856-000

DISTRICT: 08-05  
 DETACH HERE

ACCOUNT STATUS:

QTR & YR	TAXABLE PAYROLL	RATE	TAX	INTEREST (SEE REVERSE)	PENALTY (SEE REVERSE)	BALANCE
2 QTR 1998	8894.00	01.60	142.30 DUE	2.13 DUE	5.00 DUE	149.43 DUE
			142.30 PD	2.13 PD	2.87 PD	147.30 PD
3 QTR 1998	1846.24	01.60	29.54 DUE	4.43 DUE	25.00 DUE	58.97 DUE
			29.54 PD	.00 PD	.00 PD	29.54 PD
4 QTR 1998	.00	01.60	.00 DUE	.00 DUE	20.00 DUE	20.00 DUE
			.00 PD	.00 PD	.00 PD	.00 PD
1 QTR 1999	1927.50	00.20	3.86 DUE	.06 DUE	5.00 DUE	8.92 DUE
			3.86 PD	.00 PD	.00 PD	3.86 PD
2 QTR 1999	10582.50	00.20	21.17 DUE	.00 DUE	.00 DUE	21.17 DUE
			21.17 PD	.00 PD	.00 PD	21.17 PD

56.62 DUE

INTEREST COMPUTED THROUGH 03-31-00. PAY NOW TO AVOID ADDITIONAL CHARGES.

PAYMENTS MADE WITHIN THE LAST TWELVE DAYS MAY NOT BE INCLUDED IN THIS BALANCE.  
 INTEREST, IF ANY, WILL BE RECALCULATED WHEN THESE PAYMENTS ARE INCLUDED.

**EDUCATION & HOUSING**

EQUITY PROJECT  
2211 RIVERSIDE AVE., CB 185  
MINNEAPOLIS, MN 55454

DATE April 7, 2000

17-127,  
910  
0052396

PAY TO THE  
ORDER OF

MN U.C. FUND

\$ 56.62

FIFTY SIX & 62/100

DOLLARS

 Security features  
included.  
Circle on back.

**Riverside Bank**

Cedar-Riverside Office 612-341-3505  
Bookkeeping 362-9000  
1801 Riverside Avenue • P.O. Box 582419  
Minneapolis, MN 55458-2419

TWO SIGNATURES REQUIRED OVER \$250

FOR 1648856-000 1998 + 1999 Pen. + Int.

MP





**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

1-00	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

CALENDAR QUARTER 1-00
QUARTER ENDS 03-31-00
REPORT IS DUE 04-30-00

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000100

3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month	2nd Month	3rd Month	POSTMARK DATE	
		2	2	2		
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 2,000.00			ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)	
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$19,000 paid each employee for the calendar year 2000. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$ -				BATCH NO.
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 2,000.00				
7.	U.C. TAX DUE-Multiply line 6 by 0.60% (.0060)	\$ 12.00				
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 2.00				
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 14.00				
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$				
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$				
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$				
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$				
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.	\$ 14.00				AMOUNT RECEIVED:
	Check No. _____ Bank _____					

SIGN HERE X Paul Breen Accountant 4/7/2000 (612) 330-1260  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_ SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.



**EDUCATION & HOUSING**

EQUITY PROJECT  
2211 RIVERSIDE AVE., CB 185  
MINNEAPOLIS, MN 55454

DATE April 7, 2000

17-127,  
910  
0052396

PAY TO THE  
ORDER OF

MN U.C. FUND

\$ 14.00

FOURTEEN & 00/100

DOLLARS

 Security features  
Indicated  
Outside on back.

**Riverside Bank**

Cedar-Riverside Office 612-341-3505  
Bookkeeping 362-9000  
1801 Riverside Avenue • P.O. Box 582419  
Minneapolis, MN 55458-2419

TWO SIGNATURES REQUIRED OVER \$250

FOR 1ST QTR, 1648856-000



MP



**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

4-99	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

CALENDAR QUARTER 4-99
QUARTER ENDS 12-31-99
REPORT IS DUE 01-31-00

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000499

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

		1st Month			2nd Month			3rd Month			
3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".		3		3		2				
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$	3,845.00								
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$18,100 paid each employee for the calendar year 1999. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$	-								
6.	TAXABLE WAGES - Line 4 minus Line 5	\$	3,845.00								
7.	U.C. TAX DUE-Multiply line 6 by 0.10% (.0010)	\$	3.85								
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$	3.85								
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$	7.70								
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$									
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$									
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$									
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$									
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.  Check No. _____ Bank _____	\$	7.70								

SIGN HERE X Rauer Besser Accountant 1/24/2000 (612) 330-1260  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.



EDUCATION & HOUSING

EQUITY PROJECT  
2211 RIVERSIDE AVE., CB 185  
MINNEAPOLIS, MN 55454

17-127,  
910  
0052396

DATE 1-24-2000

PAY TO THE  
ORDER OF

MINNESOTA U.C. FUND.

\$ 7.70

SEVEN & 70/100

DOLLARS

Security Features  
including  
Outside on back

Riverside Bank

Cedar-Riverside Office 612-341-3505  
Bookkeeping 362-9000  
1801 Riverside Avenue • P.O. Box 582419  
Minneapolis, MN 55458-2419

TWO SIGNATURES REQUIRED OVER \$250

FOR 4TH QTR, 1648856-000

MP



**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

3-99	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

CALENDAR QUARTER 3-99
QUARTER ENDS 09-30-99
REPORT IS DUE 10-31-99

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

- 1.  Check if tape or disk was submitted for Wage Detail.
- 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

**TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)**

DO NOT WRITE IN THIS SPACE.

1648856000399

	1st Month	2nd Month	3rd Month
3. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	3	3	5
4. TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 10,057.50		
5. NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$18,100 paid each employee for the calendar year 1999. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$		
6. TAXABLE WAGES - Line 4 minus Line 5	\$ 10,057.50		
7. U.C. TAX DUE-Multiply line 6 by 0.10% (.0010)	\$ 10.06		
8. DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 10.06		
9. TOTAL TAX DUE - Add Lines 7 and 8	\$ 20.12		
10. INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$		
11. PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$		
12. PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13. MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14. TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.	\$		

POSTMARK DATE

BATCH NO.

ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

SIGN HERE X Paul R. Bergen Accountant 10/29/99 (612) 330-1760  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE TELEPHONE NO.



EDUCATION & HOUSING

EQUITY PROJECT  
2211 RIVERSIDE AVE., CB 185  
MINNEAPOLIS, MN 55454

5112

17-127,  
910  
0052396

DATE 10-31-99

PAY TO THE  
ORDER OF

MN U.C. FUND

\$ 20.12

TWENTY + 12/100

DOLLARS

Riverside Bank

Cedar-Riverside Office 612-341-3505  
Bookkeeping 362-0000  
1801 Riverside Avenue • P.O. Box 582419  
Minneapolis, MN 55458-2419

TWO SIGNATURES REQUIRED OVER \$250

FOR 3rd Qtr Unempl.



MP



**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

2-99	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #310  
 MINNEAPOLIS MN 55404

CALENDAR QUARTER 2-99
QUARTER ENDS 06-30-99
REPORT IS DUE 07-31-99

**DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS**

1.  Check if tape or disk was submitted for Wage Detail.

2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

**TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)**

DO NOT WRITE IN THIS SPACE.

1648856000299

3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month	2nd Month	3rd Month
3.		3	3	3
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 10,582.50		
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$18,100 paid each employee for the calendar year 1999. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$		
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 10,582.50		
7.	U.C. TAX DUE-Multiply line 6 by 0.10% (.0010)	\$ 10.58		
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 10.58		
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 21.16		
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$		
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$		
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.  Check No. 5065 Bank RIVERSIDE BANK	\$ 21.16		

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

SIGN HERE X

*[Signature]*  
SIGNATURE OF PREPARER IF NOT TAXPAYER

ACCOUNTANT 7/19/99  
TITLE DATE

(612) 330-1333  
AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X

SIGNATURE OF TAXPAYER

TITLE

DATE

AREA CODE-TELEPHONE NO.





MINNESOTA DEPARTMENT OF ECONOMIC SECURITY  
 Tax Accounting Section - Unemployment Tax - 390 N. Robert - St. Paul, MN 55101  
 (651) 296-3674 - FAX (651) 297-5283 - TDD/TTY (651) 297-3944

EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT

1-99	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #310  
 MINNEAPOLIS MN 55404

CALENDAR QUARTER 1-99
QUARTER ENDS 03-31-99
REPORT IS DUE 04-30-99

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000199

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month	2nd Month	3rd Month
		-	-	145
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 1,927.50		
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$18,100 paid each employee for the calendar year 1999. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$		
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 1,927.50		
7.	U.C. TAX DUE-Multiply line 6 by 0.10% (.0010)	\$ 1.93		
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 1.93		
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 3.86		
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$		
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$		
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.  Check No. _____ Bank _____	\$ 3.86		

SIGN HERE X J. A. Swensen ACCOUNTANT 4/30/99 (612) 330-1600  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_ TITLE DATE AREA CODE-TELEPHONE NO.  
 SIGNATURE OF TAXPAYER







**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY - REEMPLOYMENT INSURANCE  
DETERMINATION OF REEMPLOYMENT INSURANCE ACCOUNT**

1. DATE MAILED 05/07/99	2. AREA OFFICE 0146	3. NAME MCDONOUGH JR, JAMES J	4. SOCIAL SECURITY # 470-58-5673
5. <b>REQUEST FOR WAGE AND SEPARATION INFORMATION</b>			

This notice **REQUIRES** a response from you.  
Please read below for additional messages and instructions.

7B. RETURN ADDRESS

EDUCATION & HOUSING  
EQUITY PROJECT (CORP)  
122 W FRANKLIN AVE #310  
MINNEAPOLIS MN 55404

MN DEPT OF ECONOMIC SECURITY  
METRO SUPPORT CENTER  
P O BOX 75576  
ST PAUL MN 55175-0576

PH#: (651) 634-5002  
FAX: (651) 634-5063

8. MN UNEMPLOYMENT TAX ACCOUNT # <b>1648856 000</b>				9. JAVA <b>N</b>
10. EFF. DATE 04/25/99	11. BASE PERIOD 01/01/98 TO 12/31/98	12. BENEFIT YEAR 04/25/99 TO 04/22/00	13. WEEKLY BENEFIT AMOUNT	14. MAXIMUM BENEFIT AMOUNT

15. POSSIBLE CHARGES TO YOUR TAX ACCOUNT. (SEE ITEM 15 ON THE INSTRUCTION SHEET.)  
Not yet determined

16A. Wages and weeks worked shown below may be incorrect or missing. Use the space in 16F to correct the amounts shown. Return this form within 10 days of the date shown in item 1 to the office shown above.

16B. SOURCE OF INFORMATION  
Employer wage report

16C. CALENDAR QUARTER ENDING DATES	03/31/98		06/30/98		09/30/98		12/31/98		16D. TOTAL BASE PERIOD WAGES/HOURS THIS EMPLOYER	
	WAGES	HOURS	WAGES	HOURS	WAGES	HOURS	WAGES	HOURS	WAGES	HOURS
16E. WAGES ON RECORD/NUMBER OF HOURS	\$ 1,170.00	11	\$ 2,064.00	72	\$ 0.00	0	\$ 0.00	0	\$ 3,234.00	83
16F. REPORT CORRECTIONS HERE										

17A. To be timely, any protest to this account must be submitted to the office above within 10 days of the date in item 1. (See REASONS TO PROTEST on the instruction sheet.) If you decide to protest, use the back of this form.

17B.

SIGNATURE	DATE	TELEPHONE # ( )	FAX # ( )
-----------	------	--------------------	--------------

Minnesota Statute 268.184(b) imposes a \$500.00 penalty if an employer, agent, or representative of an employer makes a false statement or representation or fails to disclose a material fact to prevent or reduce the payment of benefits to a claimant or charges to the employer's UI tax account.

Acknowledging the above, I protest the payment of benefits to the following claimant and/or the assessment of charges to the following employer's Minnesota UI tax account:

Print Claimant's Name:	Claimant's Social Security Number:
Print Employer's Name:	MN UI Tax Account No:

(Refer to the "REASONS TO PROTEST" section on attachment for complete instructions)

**A. VOLUNTARY QUIT** (Use additional sheets if necessary.)

1. Date the claimant gave notice of quitting: \_\_\_\_\_
  2. Intended quit date: \_\_\_\_\_
  3. Name/Title of the company official notified: \_\_\_\_\_
  4. Last day of actual work: \_\_\_\_\_
  5. Explain in detail the reason the claimant gave for quitting:
- 
6. Describe any actions you took to resolve the problem and/or accommodate the claimant before she or he quit:

**B. DISCHARGE** (Use additional sheets if necessary.)

1. Claimant's last actual day of work (MM/DD/YY): \_\_\_\_\_
  2. Was there a final incident that caused you to fire the claimant: **YES NO** (circle one)  
If **NO**, answer questions 3 and 8. If **YES**, answer questions 4, 5, 6, 7 and 8.
  3. Why did you fire the claimant:
- 
4. What was the final incident:
- 
5. When did it occur (MM/DD/YY): \_\_\_\_\_
  6. Did you fire the claimant on that date: **YES NO** (circle one)
  7. If you answered **NO** to question 6, explain why you allowed the claimant to continue to work for you after that date:
- 
8. Explain how the claimant should have known that he or she could be fired for his or her actions:

**C. REFUSAL OF EMPLOYMENT OR OTHER REASONS FOR INELIGIBILITY** (Explain below.)

To the best of my knowledge, I certify that all of the above information is true and correct.

Company Representative Signature	Title	Date	Telephone & Fax #
----------------------------------	-------	------	-------------------

(MUST BE SIGNED AND DATED TO BE CONSIDERED A PROTEST)

**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY**  
**390 N. ROBERT - ST. PAUL, MN 55101**  
 TAX ACCOUNTING SECTION      TELEPHONE (651) 296-6141 FAX (651) 297-5283

THE 1999 TAXABLE WAGE BASE IS **\$18,100.00** FOR ALL EMPLOYERS.

1648856-000

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #310  
 MINNEAPOLIS                      MN 55404

1999 TAX RATE NOTICE
----------------------

YOUR TAX RATE INCLUDES A .1% DISLOCATED WORKER ASSESSMENT.  
 PLEASE FURNISH THE ASSIGNED RATE TO YOUR TAX SERVICE  
 AS SOON AS POSSIBLE.

- YOU HAVE BEEN ASSIGNED THE "BENEFIT COST" TAX RATE OF \_\_\_\_\_ FOR 1999 BECAUSE EITHER YOU WERE NOT LIABLE UNDER THE MINNESOTA ECONOMIC SECURITY LAW PRIOR TO 7/1/97 OR DID NOT PAY ANY UNEMPLOYMENT TAX BY 9/30/98.
- YOU HAVE BEEN ASSIGNED AN EXPERIENCE RATE OF **0.20%** FOR 1999 BASED ON THE EXPERIENCE FACTORS AND RATE CALCULATION SHOWN BELOW.

**PROTEST PERIOD: ANY PROTEST TO THIS TAX RATE MUST BE FILED IN WRITING WITHIN 30 DAYS FROM THE MAILING DATE OF 12/18/98**

1. BENEFITS CHARGED	TIME PERIOD	2. TAXABLE PAYROLL
.00	7/01/97 - 6/30/98	25,455.25
.00	7/01/96 - 6/30/97	12,801.25
.00	7/01/95 - 6/30/96	.00
.00	7/01/94 - 6/30/95	.00
.00	7/01/93 - 6/30/94	.00
.00	SUB-TOTAL	38,256.50
MINUS WAGES ON WHICH TAX WAS NOT PAID BY 9/30/98		.00
<b>NET TOTAL TAXABLE PAYROLL</b>		<b>38,256.50</b>

**YOUR 1999 EXPERIENCE RATE CALCULATION**

1. TOTAL BENEFITS CHARGED	1a. 1 1/4 TIMES BENEFITS CHARGED	2. NET TAXABLE PAYROLL	3. COMPUTED RATIO
\$ .00	\$ .00	÷ 38,256.50	= .0000
4. RATIO USED	5. MINIMUM RATIO	6. DISLOCATED WORKER TAX	7. YOUR 1999 TAX RATE
.000	+ .001	+ .001 =	.002 = 0.20%

YOUR EXPERIENCE RATIO (3) IS COMPUTED BY MULTIPLYING THE BENEFITS CHARGED TO YOUR ACCOUNT (1) BY 1 1/4 AND DIVIDING THE RESULTS BY YOUR NET TOTAL TAXABLE PAYROLL (2). THE RATIO USED (4) IS OBTAINED BY ROUNDING OFF YOUR COMPUTED EXPERIENCE RATIO (3) TO THE NEAREST ONE-TENTH OF ONE PERCENT.

REFER TO THE ENCLOSED INFORMATION SHEET FOR ADDITIONAL INFORMATION AND EXPLANATION

**TAX RATE BUYDOWN**

PAYMENT OF TAX RATE BUYDOWNS UNDER SECTION 268.051, SUBD.7 OF THE MINNESOTA ECONOMIC SECURITY LAW MADE WITHIN 30 DAYS FROM THE MAILING OF THIS NOTICE MAY ENTITLE YOU TO A REDUCED TAX RATE. IF YOU DESIRE TO MAKE A TAX RATE BUYDOWN, SIGN AND RETURN THE 2ND COPY OF THIS NOTICE TOGETHER WITH YOUR REMITTANCE. **PLEASE READ THE ENCLOSED INFORMATION TO ASSIST YOU IN DECIDING IF A TAX RATE BUYDOWN WILL BENEFIT YOU.**

049788



**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

MN UC TAX ACCOUNT NUMBER	FEDERAL ID NUMBER
--------------------------	-------------------

NAME AND ADDRESS:

# EMPLOYER COPY

## KEEP FOR YOUR RECORDS

INSTRUCTIONS FOR COMPLETION OF THIS REPORT ARE ON REVERSE

CALENDAR QUARTER
QUARTER ENDS
REPORT IS DUE

**DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS**

1.  Check if tape or disk was submitted for Wage Detail.
2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

**TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)**

DO NOT WRITE IN THIS SPACE.

3. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month	2nd Month	3rd Month	POSTMARK DATE	
4. TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$			ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)	
5. NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$ _____ paid each employee for the calendar year. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$				BATCH NO.
6. TAXABLE WAGES - Line 4 minus Line 5	\$				
7. U.C. TAX DUE-Multiply line 6 by _____ % ( _____ )	\$				
8. DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010). Not to be included in Federal Unemployment (FUTA) Tax returns.	\$				
9. TOTAL TAX DUE - Add Lines 7 and 8	\$				
10. INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$				
11. PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$				
12. PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$				
13. MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$				
14. TOTAL AMOUNT DUE: Make check payable to <b>MINNESOTA U.C. FUND.</b>	\$				AMOUNT RECEIVED
Check No. _____ Bank _____					

SIGN HERE X \_\_\_\_\_  
SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X \_\_\_\_\_  
SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

**GENERAL INFORMATION**

**RECORDS** All employers must keep records complete enough to both enable them to fill in the returns accurately and to enable the Department to verify the amounts of tax due. Such records must be retained for a period of 8 years from the date the taxes are paid and at all times must be open for inspection by the Department. For additional information regarding reporting requirements, please refer to handbook, Information For Employers About Unemployment Tax and Reemployment Insurance Benefits (MDES-130).

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**ADJUSTMENTS** If you discover reporting errors on prior reports, you may request Wage Adjustment Applications (MDES-506) from the Report Adjustments Unit (651) 296-3671 or you may notify the Department by letter explaining the error. If the submitted wage information is complete, the required adjustment will be made. If the information is incomplete, you will be requested to provide clarification. Please do not make prior quarter wage adjustments on the face of this report.

**INSTRUCTIONS FOR COMPLETION OF MDES-1 QUARTERLY REPORT**

Please read the following instructions carefully before preparing the report. Any questions should be directed to the Tax Accounting Section, Minnesota Department of Economic Security, 390 North Robert Street, St. Paul, Minnesota 55101. Telephone Number (651) 296-3674.

**LINE 1.** Check box if you are submitting your wage detail report on a magnetic tape or disk.

**LINE 2.** Check box if there has been a change and/or corrections made. (For example: name, address, ownership, termination of business, etc.) Please complete and return the Employer Change Request form.

**LINE 3.** Include all workers (full or part-time) who are on your payroll during the pay period which includes the twelfth of each month. Do this for each month of the quarter for which you are filing. Include workers who are on paid sick leave, paid holiday or paid vacation. Exclude workers on leave without pay. Workers are to be included even if they earned wages in excess of the taxable wage limit.

**LINE 4.** Enter the total gross wages paid and/or gross wages due and delayed beyond the usual payment date for services performed in covered employment.

**WAGES** means all remuneration for services, including commissions, bonuses, tips and cash value of all remuneration in any medium other than cash and, in general also includes the following

- (a) Salaries, wages, commissions or bonuses paid to part-time or temporary employees.
- (b) Meals or lodging furnished to employees.
- (c) Vacation allowances or dismissal payments.
- (d) Wages paid to immediate family or other relatives of partners or corporate officers working for the corporation.
- (e) Wages paid by a sole proprietor to a son or daughter who is 18 or more years of age.
- (f) All tips or gratuities paid to an employee by a customer and accounted for by the employee to the employer.
- (g) Payments or accrued payments to corporate officers for services rendered irrespective of their stock ownership and without regard to how such payments are treated under Sub-Chapter 3 of the Internal Revenue Code or any other tax law.
- (h) Sickness and accident disability payments unless the payments were made after six months following the last month in which the services were performed, were disability payments made under any workers' compensation law; were paid by a third party, such as an insurance company; or were paid into a fund or used for the purchase of insurance or annuity set up for all employees or a class of employees to provide them with sickness or disability payments.
- (i) Payments made under a deferred compensation or cafeteria plan, as defined in sections 401(k) and 125(d) respectively of the Federal Internal Revenue Code, to the extent that the employee has the option to receive the payment in cash.
- (j) Backpay awards are reportable in the quarter they are paid.
- (k) Payments made to any member of a limited liability company who owns less than 10% of the governance rights of the limited liability company.

**Wages Which Should Not Be Reported Include:**

- (a) Insurance and Real Estate Salespeople paid solely by commission, unless they are also corporate officers.
- (b) Payments made by a sole proprietor to his/her minor child (age 17 and under), spouse or parent. This provision does not apply to relatives or family members of partners or corporate officers.

**LINE 5.** The present taxable wage base is shown on Line 5. Wages paid to a worker up to that amount during the calendar year are

taxable. When a worker's earnings exceed the taxable wage base for a calendar year, that portion of the earnings in excess is nontaxable. Enter on Line 5 the total of nontaxable wages paid in excess of the taxable wage base during the calendar quarter (see sample worksheet provided below). Do not include excess wage amount reported in previous quarter during the same calendar year. In computing the nontaxable wages in excess of the taxable wage base, take into account (1) the wages paid by you to the same worker and reported as taxable wages to the employment security agency of any other State, and (2) the wages paid to the same worker by your predecessor from whom you acquired a business. Such items should be explained on a separate sheet of paper.

**LINE 6.** Subtract the non-taxable wages on Line 5 from the total wages paid on Line 4 and enter on Line 6.

**LINE 7.** Multiply Line 6 by the rate shown on Line 7 on the face of the report. This is the amount of Minnesota Unemployment Compensation Tax due.

**LINE 8.** Multiply Line 6 by the tax rate shown on Line 8 on the face of the report. This is the amount of Minnesota Dislocated Worker's Assessment due. This assessment is due for all employers for 1st quarter 1991 to present.

**NOTE:** This amount is not to be included when filing Federal Unemployment Tax returns (FUTA).

**LINE 9.** Add Lines 7 and 8. This is the total tax due and payable to the Minnesota Unemployment Compensation Fund. If the computed tax is less than \$1.00, the tax need not be paid.

**LINE 10.** You must pay interest if your tax is not paid on or before the due date. The law provides for interest on past due taxes at the rate of one and one-half percent per month or part of a month, from the date on which taxes are due and payable until payment is made.

**LINE 11.** In accordance with the law, a penalty is assessed for failing to submit your tax report on or before the due date. The penalty applies even though no tax payment is due. If your report is submitted after the due date and the delay in filing was not willful, you may request waiver of penalty by submitting a signed statement showing good cause for failing to file the report on time. If there is no good cause, the penalty is assessed at the rate of one and one-half percent of the tax due for each month or part of a month that it is late. The minimum penalty is \$5.00 per month. The maximum penalty is \$25.00 or the amount assessed at the rate of one and one-half percent per month, whichever is greater.

**LINE 12.** If payment of any prior amount due is being made with this report enter the amount of payment included. If not previously billed for amount paid, please provide a written explanation for additional payment. To correct prior reporting errors, see ADJUSTMENTS above.

**Line 13.** If you have received a credit notification and have verified that the credit is still available, enter the amount to be applied.

**LINE 14.** Enter the total of Lines 9 through 12, minus the amount of credit if any on Line 13. Please make remittance payable to Minnesota U.C. (Unemployment Compensation) Fund.

**SIGNATURE LINES:** Tax reports must be signed by the owner, partner, corporate officer, or designated representative. If an employer appoints a designated representative who is not an employee, that representative must possess a Power of Attorney with this Department (see Employer Change Request).

In addition to interest and penalties, delayed payment of your State Unemployment Tax may adversely affect your Federal Unemployment Tax Credit and your tax rate. In addition, wages on which tax has not been paid prior to Oct. 31st will not be used in calculating your Minnesota U.C. tax rate for the following year.

SAMPLE WORKSHEET FOR COMPUTING WAGES												
THIS SAMPLE IS BASED ON A WAGE BASE OF \$15,100.00. IT MAY NOT AGREE WITH THE WAGE BASE LISTED ON LINE 5 OF THE QUARTERLY REPORT												
SEE LINE 5 ON FACE OF REPORT FOR CURRENT TAXABLE WAGE BASE												
NAME	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER		
	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES
JOHN BLACK	15,600.00	500.00	15,100.00	15,000.00	15,000.00	-0-	15,000.00	15,000.00	-0-	15,000.00	15,000.00	-0-
STAN JONES	10,000.00	-0-	10,000.00	10,000.00	4,900.00	5,100.00	10,000.00	10,000.00	-0-	10,000.00	10,000.00	-0-
SUE BROWN	6,000.00	-0-	6,000.00	6,000.00	-0-	6,000.00	6,000.00	2,900.00	3,100.00	6,000.00	6,000.00	-0-
MARY GREEN	4,000.00	-0-	4,000.00	4,000.00	-0-	4,000.00	4,500.00	-0-	4,500.00	4,500.00	1,900.00	2,600.00
JIM SMITH	2,500.00	-0-	2,500.00	2,900.00	-0-	2,900.00	3,000.00	-0-	3,000.00	3,300.00	-0-	3,300.00
ENTER ON LINE:	(4)	(5)	(6)	(4)	(5)	(6)	(4)	(5)	(6)	(4)	(5)	(6)
TOTALS FOR QTR:	38,100.00	500.00	37,600.00	37,900.00	19,900.00	18,000.00	38,500.00	27,900.00	10,600.00	38,800.00	32,900.00	5,900.00



**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

1-98	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
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NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #310  
 MINNEAPOLIS MN 55404

CALENDAR QUARTER 1-98
QUARTER ENDS 03-31-98
REPORT IS DUE 04-30-98

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000198

		1st Month	2nd Month	3rd Month
3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	2	2	2
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 6540.00		
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$17,200 paid each employee for the calendar year 1998. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$		
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 6540.00		
7.	U.C. TAX DUE-Multiply line 6 by 1.50% (.0150)	\$ 98.10		
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 6.54		
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 104.64		
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$		
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$		
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND. Check No. 1207 Bank Franklin Nodl.	\$ 104.64		

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

SIGN HERE X Trinity Phelan Fiscal Agent 4-28-98 612-871-8980  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X Richard C. Little EXECUTIVE DIRECTOR 4-28-98 (612) 871-2519  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.



1648856 000

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #310  
 MINNEAPOLIS MN 55404

1 1998 04-30-98

MUST BE PRINTED OR TYPED IN BLACK INK

474564664	LITTLE	RICHARD	C	537000	13
470585673	MCDONOUGH	JAMES	J	117000	11

654000

THE TOTAL WAGES OF ALL PAGES MUST AGREE WITH LINE 4 OF THE EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT (MDES-1)

0123456789

Tim Sullivan  
 612-871-8980

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

# MINNESOTA DEPARTMENT OF ECONOMIC SECURITY

390 N. ROBERT STREET, ST. PAUL, MN 55101

## NOTICE OF LATE UNEMPLOYMENT TAX REPORT

1648856 000

DATE OF NOTICE: 08/21/98

EDUCATION & HOUSING  
EQUITY PROJECT (CORP)  
122 W FRANKLIN AVE #310  
MINNEAPOLIS MN 55404

REPORT FOR: 2ND QTR 1998

DUE DATE OF REPORT: JUL 31, 1998

TAX RATE: 1.60%

AUDITOR: FAROUK HASSAN AO 1597  
MINNEAPOLIS AREA OFFICE  
TELEPHONE: 612-520-3544  
ST. PAUL FAX: 612-297-5283

Our records indicate that your Unemployment Tax Report, form MDES-1, for the quarter indicated above has not been received.

A quarterly tax report must be submitted for each quarter even if no wages were paid during that quarter. The minimum penalty is either \$5.00 per month for the first five months that the report is late, or 1.5% (.015) of the tax due for each month or part of a month that the report is late, whichever is greater.

If you did not file the report, you should complete the MDES-1 and a MDES-1D (Wage Detail Report) and return them immediately with this notice to minimize assessment of penalty and interest. If you have submitted this report, or if the status of your business has changed, please complete the appropriate part of the reverse side of this form, and return it to the Tax Accounting Section, 390 North Robert Street, St. Paul, MN 55101.

If you no longer pay wages to employees, including salaries or distribution of income to corporate officers, and do not expect to pay wages again in the future, you may request termination of your account. See item 4 on the reverse side of this notice.

If you have any questions or need assistance completing your tax report, please contact the field auditor whose name, location and telephone number appear above. Thank you for your attention to this matter.

Michelle Byrnes

Supervisor,  
Reporting Discrepancy Resolution Unit

MDES-571B (REV 8/98)

PLEASE COMPLETE THE APPROPRIATE PORTION OF THIS NOTICE AND RETURN IT IMMEDIATELY

IF YOU PREVIOUSLY FILED YOUR UNEMPLOYMENT TAX REPORT:

1. Mailed on (date): \_\_\_\_\_
2. Amount of remittance: \_\_\_\_\_
3. If your check has cleared the bank, please submit a photocopy of the front and reverse sides of the canceled check.
4. If you had no employees during the quarter, write "None". \_\_\_\_\_  
If you no longer pay wages to employees, including salaries or distribution of income to corporate officers, and do not expect to pay wages again in the future, you may file a written request that your account be terminated. The request must indicate the reason that you are requesting termination. You must continue to file quarterly Unemployment Tax Reports until notified that your account has been terminated to avoid assessment of penalty.
5. If all wages paid during the quarter were excess wages, indicate total and excess wages paid during the quarter.  
Total Wages: \$ \_\_\_\_\_ Excess Wages: \$ \_\_\_\_\_
6. If you filed the tax report indicating wages were paid, but did not include payment, please submit a photocopy of that report, with a check for the amount due.

IF YOU DID NOT FILE THE TAX REPORT:

1. Attach the tax report and remittance.
2. The tax report was not mailed because:
  - A. Business was discontinued on (Date) \_\_\_\_\_  
Date last wages paid: \_\_\_\_\_
  - B. Business was sold or ownership changed on (Date) \_\_\_\_\_

TO:

Name
Address
City, State, Zip

- C. Indicate if this is a full or partial successorship:  FULL  PARTIAL
- D. Did the acquisition involve only the purchase of stock without the formation of a new legal entity? YES  NO
- E. Your future mailing address:

Street	City, State, Zip
--------	------------------

- F. Location of payroll records:

Street	City, State, Zip
--------	------------------

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_



EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT

MN UC TAX ACCOUNT NUMBER	FEDERAL ID NUMBER
--------------------------	-------------------

NAME AND ADDRESS

# EMPLOYER COPY

KEEP FOR YOUR RECORDS

INSTRUCTIONS FOR COMPLETION OF THIS REPORT ARE ON REVERSE

CALENDAR QUARTER	2-98
QUARTER ENDS	06-30-98
REPORT IS DUE	07-31-98

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

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TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month	2nd Month	3rd Month
3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	2	2	2
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 9841.50		
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$ _____ paid each employee for the calendar year. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$ 947.50		
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 8894.00		
7.	U.C. TAX DUE-Multiply line 6 by _____ % ( )	\$ 133.41		
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010). Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 8.89		
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 142.30		
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$ 5.00		
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$		
12.	PLUS AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13.	MINUS AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.	\$ 147.30		
	Check No. _____ Bank _____			

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED

SIGN HERE  \_\_\_\_\_  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

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- (d) Wages paid to immediate family or other relatives of partners or corporate officers working for the corporation.
- (e) Wages paid by a sole proprietor to a son or daughter who is 18 or more years of age.
- (f) All tips or gratuities paid to an employee by a customer and accounted for by the employee to the employer.
- (g) Payments or accrued payments to corporate officers for services rendered irrespective of their stock ownership and without regard to how such payments are treated under Sub-Chapter S of the Internal Revenue Code or any other tax law.
- (h) Sickness and accident disability payments unless the payments were made after six months following the last month in which the services were performed, were disability payments made under any workers' compensation law; were paid by a third party, such as an insurance company, or were paid into a fund or used for the purchase of insurance or annuity set up for all employees or a class of employees to provide them with sickness or disability payments.
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**LINE 6.** Subtract the non-taxable wages on Line 5 from the total wages paid on Line 4 and enter on Line 6.

**LINE 7.** Multiply Line 6 by the rate shown on Line 7 on the face of the report. This is the amount of Minnesota Unemployment Compensation Tax due.

**LINE 8.** Multiply Line 6 by the tax rate shown on Line 8 on the face of the report. This is the amount of Minnesota Dislocated Worker's Assessment due. This assessment is due for all employers for 1st quarter 1991 to present.

NOTE This amount is not to be included when filing Federal Unemployment Tax returns (FUTA).

**LINE 9.** Add Lines 7 and 8. This is the total tax due and payable to the Minnesota Unemployment Compensation Fund. If the computed tax is less than \$1.00, the tax need not be paid.

**LINE 10.** You must pay interest if your tax is not paid on or before the due date. The law provides for interest on past due taxes at the rate of one and one-half percent per month or part of a month, from the date on which taxes are due and payable until payment is made.

**LINE 11.** In accordance with the law, a penalty is assessed for failing to submit your tax report on or before the due date. The penalty applies even though no tax payment is due. If your report is submitted after the due date and the delay in filing was not willful, you may request waiver of penalty by submitting a signed statement showing good cause for failing to file the report on time. If there is no good cause, the penalty is assessed at the rate of one and one-half percent of the tax due for each month or part of a month that it is late. The minimum penalty is \$5.00 per month. The maximum penalty is \$25.00 or the amount assessed at the rate of one and one-half percent per month, whichever is greater.

**LINE 12.** If payment of any prior amount due is being made with this report enter the amount of payment included. If not previously billed for amount paid, please provide a written explanation for additional payment. To correct prior reporting errors, see ADJUSTMENTS above.

**Line 13.** If you have received a credit notification and have verified that the credit is still available, enter the amount to be applied.

**LINE 14.** Enter the total of Lines 9 through 12, minus the amount of credit if any on Line 13. Please make remittance payable to Minnesota U.C. (Unemployment Compensation) Fund.

**SIGNATURE LINES.** Tax reports must be signed by the owner, partner, corporate officer, or designated representative. If an employer appoints a designated representative who is not an employee, that representative must possess a Power of Attorney with this Department (see Employer Change Request).

In addition to interest and penalties, delayed payment of your State Unemployment Tax may adversely affect your Federal Unemployment Tax Credit and your tax rate. In addition, wages on which tax has not been paid prior to Oct. 31st will not be used in calculating your Minnesota U.C. tax rate for the following year.

SAMPLE WORKSHEET FOR COMPUTING WAGES												
THIS SAMPLE IS BASED ON A WAGE BASE OF \$15,100.00. IT MAY NOT AGREE WITH THE WAGE BASE LISTED ON LINE 5 OF THE QUARTERLY REPORT												
SEE LINE 5 ON FACE OF REPORT FOR CURRENT TAXABLE WAGE BASE												
	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER		
NAME	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES
JOHN BLACK	15,600.00	500.00	15,100.00	15,000.00	15,000.00	-0-	15,000.00	15,000.00	-0-	15,000.00	15,000.00	-0-
STAN JONES	10,000.00	-0-	10,000.00	10,000.00	4,900.00	5,100.00	10,000.00	10,000.00	-0-	10,000.00	10,000.00	-0-
SUE BROWN	6,000.00	-0-	6,000.00	6,000.00	-0-	6,000.00	6,000.00	2,900.00	3,100.00	6,000.00	6,000.00	-0-
MARY GREEN	4,000.00	-0-	4,000.00	4,000.00	-0-	4,000.00	4,500.00	-0-	4,500.00	4,500.00	1,900.00	2,600.00
JIM SMITH	2,500.00	-0-	2,500.00	2,900.00	-0-	2,900.00	3,000.00	-0-	3,000.00	3,300.00	-0-	3,300.00
ENTER ON LINE:	(4)	(5)	(6)	(4)	(5)	(6)	(4)	(5)	(6)	(4)	(5)	(6)
TOTALS FOR QTR:	38,100.00	500.00	37,600.00	37,900.00	19,900.00	18,000.00	38,500.00	27,900.00	10,600.00	38,800.00	32,900.00	5,900.00

## GENERAL INFORMATION

**RECORDS** All employers must keep records complete enough to both enable them to fill in the returns accurately and to enable the Department to verify the amounts of tax due. Such records must be retained for a period of 8 years from the date the taxes are paid and at all times must be open for inspection by the Department. For additional information regarding reporting requirements, please refer to handbook, Information For Employers About Unemployment Tax and Reemployment Insurance Benefits (MDES-130).

**FEDERAL ID NUMBERS** If your Federal ID Number is different from that shown on the face of the employer's Quarterly Tax Report, please indicate the change on your enclosed Employer Change Request form.

**ADJUSTMENTS** If you discover reporting errors on prior reports, you may request Wage Adjustment Applications (MDES-506) from the Report Adjustments Unit (612) 296-3671 or you may notify the Department by letter explaining the error. If the submitted wage information is complete, the required adjustment will be made. If the information is incomplete, you will be requested to provide clarification. Please do not make prior quarter wage adjustments on the face of this report.

### INSTRUCTIONS FOR COMPLETION OF MDES-1 QUARTERLY REPORT

Please read the following instructions carefully before preparing the report. Any questions should be directed to the Tax Accounting Section, Minnesota Department of Economic Security, 390 North Robert Street, St. Paul, Minnesota 55101. Telephone Number (612) 296-3674.

**LINE 1.** Check box if you are submitting your wage detail report on a magnetic tape or disk.

**LINE 2.** Check box if there has been a change and/or corrections made. (For example: name, address, ownership, termination of business, etc.) Please complete and return the Employer Change Request form.

**LINE 3.** Include all workers (full or part-time) who are on your payroll during the pay period which includes the twelfth of each month. Do this for each month of the quarter for which you are filing. Include workers who are on paid sick leave, paid holiday or paid vacation. Exclude workers on leave without pay. Workers are to be included even if they earned wages in excess of the taxable wage limit.

**LINE 4.** Enter the total gross wages paid and/or gross wages due and delayed beyond the usual payment date for services performed in covered employment.

WAGES means all remuneration for services, including commissions, bonuses, tips and cash value of all remuneration in any medium other than cash and, in general also includes the following:

- (a) Salaries, wages, commissions or bonuses paid to part-time or temporary employees.
- (b) Meals or lodging furnished to employees.
- (c) Vacation allowances or dismissal payments.
- (d) Wages paid to immediate family or other relatives of partners or corporate officers working for the corporation.
- (e) Wages paid by a sole proprietor to a son or daughter who is 18 or more years of age.
- (f) All tips or gratuities paid to an employee by a customer and accounted for by the employee to the employer.
- (g) Payments or accrued payments to corporate officers for services rendered irrespective of their stock ownership and without regard to how such payments are treated under Sub-Chapter S of the Internal Revenue Code or any other tax law.
- (h) Sickness and accident disability payments unless the payments were made after six months following the last month in which the services were performed, were disability payments made under any workers' compensation law; were paid by a third party, such as an insurance company; or were paid into a fund or used for the purchase of insurance or annuity set up for all employees or a class of employees to provide them with sickness or disability payments.
- (i) Payments made under a deferred compensation or cafeteria plan, as defined in sections 401(k) and 125(d) respectively of the Federal Internal Revenue Code, to the extent that the employee has the option to receive the payment in cash.
- (j) Backpay awards are reportable in the quarter they are paid.
- (k) Payments made to any member of a limited liability company who owns less than 10% of the governance rights of the limited liability company.

**Wages Which Should Not Be Reported Include:**

- (a) Insurance and Real Estate Salespeople paid solely by commission, unless they are also corporate officers.
- (b) Payments made by a sole proprietor to his/her minor child (age 17 and under), spouse or parent. This provision does not apply to relatives or family members of partners or corporate officers.

**LINE 5.** The present taxable wage base is shown on Line 5. Wages paid to a worker up to that amount during the calendar year are

taxable. When a worker's earnings exceed the taxable wage base for a calendar year, that portion of the earnings in excess is nontaxable. Enter on Line 5 the total of nontaxable wages paid in excess of the taxable wage base during the calendar quarter (see sample worksheet provided below). Do not include excess wage amount reported in previous quarter during the same calendar year. In computing the nontaxable wages in excess of the taxable wage base, take into account (1) the wages paid by you to the same worker and reported as taxable wages to the employment security agency of any other State, and (2) the wages paid to the same worker by your predecessor from whom you acquired a business. Such items should be explained on a separate sheet of paper.

**LINE 6.** Subtract the non-taxable wages on Line 5 from the total wages paid on Line 4 and enter on Line 6.

**LINE 7.** Multiply Line 6 by the rate shown on Line 7 on the face of the report. This is the amount of Minnesota Unemployment Compensation Tax due.

**LINE 8.** Multiply Line 6 by the tax rate shown on Line 8 on the face of the report. This is the amount of Minnesota Dislocated Worker's Assessment due. This assessment is due for all employers for 1st quarter 1991 to present.

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SEE LINE 5 ON FACE OF REPORT FOR CURRENT TAXABLE WAGE BASE

NAME	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER		
	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES	TOTAL WAGES FOR QTR	EXCESS OF \$15,100	TAXABLE WAGES
JOHN BLACK	15,600.00	500.00	15,100.00	15,000.00	15,000.00	-0-	15,000.00	15,000.00	-0-	15,000.00	15,000.00	-0-
STAN JONES	10,000.00	-0-	10,000.00	10,000.00	4,900.00	5,100.00	10,000.00	10,000.00	-0-	10,000.00	10,000.00	-0-
SUE BROWN	6,000.00	-0-	6,000.00	6,000.00	-0-	6,000.00	6,000.00	2,900.00	3,100.00	6,000.00	6,000.00	-0-
MARY GREEN	4,000.00	-0-	4,000.00	4,000.00	-0-	4,000.00	4,500.00	-0-	4,500.00	4,500.00	1,900.00	2,600.00
JIM SMITH	2,500.00	-0-	2,500.00	2,900.00	-0-	2,900.00	3,000.00	-0-	3,000.00	3,300.00	-0-	3,300.00
ENTER ON LINE:	(4)	(5)	(6)	(4)	(5)	(6)	(4)	(5)	(6)	(4)	(5)	(6)
TOTALS FOR QTR:	38,100.00	500.00	37,600.00	37,900.00	19,900.00	18,000.00	38,500.00	27,900.00	10,600.00	38,800.00	32,900.00	5,900.00

**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY**

Tax Accounting Section - Unemployment Insurance - 390 N. Robert - St. Paul, MN 55101 (612) 296-6141 - FAX (612) 297-5283

**EMPLOYER CHANGE REQUEST**

Write your Unemployment Tax Account Number here:

-

CURRENT OR LAST (IF OUT OF BUSINESS) STREET ADDRESS OF BUSINESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

**COMPLETE ONLY THE SECTIONS PERTAINING TO CHANGES IN STATUS OR ADDRESS OF THIS BUSINESS**

<b>NEW OR CORRECTED BUSINESS NAME</b>			<input type="checkbox"/> NEW <input type="checkbox"/> CORRECTED
<b>NEW MAILING ADDRESS</b>	FOR TAX FORMS & INFORMATION	FOR REEMPLOYMENT INSURANCE CLAIMS	
<b>SOLD BUSINESS</b>	<input type="checkbox"/> SOLD ENTIRE BUSINESS    DATE _____ DATE LAST WAGES PAID _____		NAME OF NEW OWNER
	<input type="checkbox"/> SOLD PART OF BUSINESS    DATE _____ DID YOU RETAIN ANY EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO		ADDRESS OF NEW OWNER
	NAME AND ADDRESS OF BUSINESS RETAINED		
<b>CLOSED BUSINESS</b>	<input type="checkbox"/> BUSINESS DISCONTINUED IN MINNESOTA <input type="checkbox"/> LIQUIDATION <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER _____		DATE BUSINESS CLOSED _____ DATE LAST WAGES PAID _____ WILL EMPLOYMENT RESUME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____
<b>BUSINESS OPERATES WITHOUT EMPLOYEES</b>	NOTE: THIS SECTION DOES NOT APPLY TO MN CORPORATIONS OR SEASONAL BUSINESSES DATE LAST WAGES PAID _____ DO YOU ANTICIPATE THAT EMPLOYMENT WILL RESUME? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, WHEN? _____		
<b>CHANGED BUSINESS ENTITY/OWNERSHIP</b>	<input type="checkbox"/> CORPORATION OWNERSHIP CHANGED    STOCK TRANSFER <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____		
	<input type="checkbox"/> CORPORATION FORMED DATE _____		NAME
	<input type="checkbox"/> ADDITION /WITHDRAWAL OF OFFICERS DATE _____		<input type="checkbox"/> OFFICER(S) WITHDREW    ATTACH LIST OF NAMES AND ADDRESSES OF OFFICERS <input type="checkbox"/> OFFICER(S) ADDED
	<input type="checkbox"/> PARTNERSHIP FORMED OR CHANGED DATE _____		<input type="checkbox"/> PARTNER WITHDREW    ATTACH LIST OF NAMES AND ADDRESSES OF PARTNERS <input type="checkbox"/> PARTNER ADDED <input type="checkbox"/> NEW PARTNERSHIP
	<input type="checkbox"/> SOLE PROPRIETORSHIP FORMED DATE _____		NAME
	<input type="checkbox"/> LIMITED LIABILITY COMPANY FORMED DATE _____		NAME
<b>MERGED BUSINESS</b>	MERGED WITH _____    ACCOUNT NO. (IF KNOWN) _____ DATE _____		
	NAME OF SURVIVING ENTITY		FEIN OF SURVIVING ENTITY
<b>NEW OR CORRECTED FEDERAL IDENTIFICATION NUMBER (FEIN)</b> (NOTE: THIS NEW OR CORRECTED NUMBER SHOULD BELONG TO THE SAME BUSINESS ENTITY AS THE TAX ACCOUNT NUMBER AT THE TOP OF THIS REQUEST.)			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>FUTURE MAILING ADDRESS IF OUT OF BUSINESS</b>	NAME		
	ADDRESS		PHONE NO.
<b>ADDRESS WHERE TAX &amp; PAYROLL RECORDS ARE LOCATED (IF DIFFERENT FROM ABOVE)</b>	NAME		
	ADDRESS		PHONE NO.

I declare that the information here is true and correct to the best of my knowledge.

SIGN HERE

SIGNATURE

DATE

TITLE

AREA CODE - TELEPHONE NO.

(Attach additional information as needed on a separate sheet.)



1 1

1648856 000

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #310  
 MINNEAPOLIS MN 55404

2 1998 07-31-98

MUST BE PRINTED OR TYPED IN BLACK INK

474564664	LITTLE	RICHARD	C
470585673	MCDONOUGH	JAMES	J

THE TOTAL WAGES OF ALL PAGES MUST AGREE WITH LINE 4 OF THE EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT (MDES-1)

0123456789

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z



MINNESOTA DEPARTMENT OF ECONOMIC SECURITY - REEMPLOYMENT INSURANCE  
**DETERMINATION OF REEMPLOYMENT INSURANCE ACCOUNT**

1. DATE MAILED 04/07/98	2. AREA OFFICE 0141	3. NAME MCDONOUGH JR, JAMES J	4. SOCIAL SECURITY # 470-58-5673
5. INITIAL DETERMINATION			

This notice MAY NOT require a response.  
 Please read below for additional messages and instructions.

7B. RETURN ADDRESS

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #310  
 MINNEAPOLIS MN 55404

MN DEPT OF ECONOMIC SECURITY  
 RI METRO SUPPORT CENTER  
 PO BOX 75576  
 ST PAUL MN 55175-0576

PH#: (612) 642-0369  
 FAX: (612) 649-5710

8. MN UNEMPLOYMENT TAX ACCOUNT # <b>1648856 000</b>	9. JAVA <b>N</b>
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10. EFF. DATE 03/22/98	11. BASE PERIOD 10/01/96 TO 09/30/97	12. BENEFIT YEAR 03/22/98 TO 03/20/99	13. WEEKLY BENEFIT AMOUNT \$ 296	14. MAXIMUM BENEFIT AMOUNT \$ 4314
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15. POSSIBLE CHARGES TO YOUR TAX ACCOUNT. (SEE ITEM 1.D. ON REVERSE.)  
**\$1,747.26, based on total base period wages from all employers \$12,943.76**

16A.  
 Wages and weeks worked shown below are used to determine the benefit amounts and potential charges for this account. Use the space in 16F ONLY IF there are corrections to report. To report corrections, return this form within 10 days of the date shown in item 1 to the Office shown above.

16B. SOURCE OF INFORMATION  
 Employer wage report

16C. CALENDAR QUARTER ENDING DATES	12/31/96		03/31/97		06/30/97		09/30/97		16D. TOTAL BASE PERIOD WAGES/WEEKS THIS EMPLOYER	
16E. WAGES ON RECORD/NUMBER OF WEEKS	WAGES	WEEKS	WAGES	WEEKS	WAGES	WEEKS	WAGES	WEEKS	WAGES	WEEKS
	\$ 0.00	0	\$ 0.00	0	\$ 2,025.00	10	\$ 3,217.50	10	\$ 5,242.50	20
16F. REPORT CORRECTIONS HERE										

17A. Refer to Item III on the reverse for reasons to protest benefit payments or charges to your tax account. Your written or faxed protest must be postmarked or delivered to the address above within ten days of the date mailed above to be timely.

17B.

SIGNATURE	DATE	TELEPHONE # ( )	FAX # ( )
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Your former employee applied for a Reemployment Insurance Account. If eligible, the claimant's benefits are based upon the information shown on the front. You are required to answer any questions asked on the front. Information you provide may be discussed with the claimant. Call (612) 296-3643 (voice) or (612) 297-3944 (TDD/TTY) to order the publication "Reemployment Insurance Information for Employers", MDES-130.

## I. BASE PERIOD EMPLOYERS

Read section 16. Respond promptly if you are asked for wages or weeks worked.

- A. Item 16C shows the calendar quarters in the claimant's base period. Calendar quarters are three-month periods as follows: January 1 - March 31, April 1 - June 30, July 1 - September 30, October 1 - December 31.
- B. Items 16D and E show the base period gross wages and weeks worked on file for this reemployment insurance account.
- C. Item 16F provides space to report new or corrected wage information. Report gross wages for full-time, part-time, temporary and on-call workers in the quarter you made the payments. It is not necessary to provide weeks worked for reemployment insurance accounts established after 7/1/97.
  1. Wages include:
    - a. Salaries, wages, commissions, bonuses, tips.
    - b. Back pay awards that apply to the base period.
    - c. The value of meals or lodging.
    - d. Vacation and severance payments.
  2. Do not report the following as wages:
    - a. Payments to partners. If individual ownership, do not include payments to parents or spouses.
    - b. Payments to a child under the age of 18 in the employ of the mother or father.
    - c. Payments to self-employed workers, independent contractors or consultants.
    - d. Reimbursed travel expenses.
    - e. Payments to students who receive graduation credit for the work.
    - f. Payments to funds that provide for sickness or disability.
    - g. Wages reported to another state for unemployment tax purposes.
    - h. Wages paid before the year you became liable for unemployment taxes.
- D. Item 15 shows possible charges to your tax account. An employer may be charged if benefits are paid to the claimant. Charges are based on the % of base period wages paid by each base period employer to the total base period wages. For example: If there were two employers, and each furnished \$1,500 in base period wages, each would be charged with 50% of the benefits paid the claimant. Experience rate employers paying less than \$500 in the base period will **not** be charged.

## II. ALL EMPLOYERS

Read section 17. Please respond promptly to any questions asked in section 17 if you wish to protest this account. If you are not a base period employer (item 15), you should still protest because the claimant's wages may be used on a future account. Failure to protest may result in charges to your tax account. If you file a protest, the department will issue a separate determination to you before benefits are paid or charged to your account. Return your protest to the address shown in item 7B on the front of this form. Your protest must be postmarked, faxed or delivered in person within 10 days of the date shown in item 1 on the front of this form. Failure to protest in a timely manner may result in charges against your tax account.

## III. REASONS TO PROTEST

Layoff (lack of work) is not a reason to protest. Reasons to protest may include:

- A. **Voluntary quit.** Give the date and the reason the person quit.
- B. **Discharge for misconduct.** Misconduct is a willful or intentional act or conduct showing a lack of concern, that has a direct and adverse effect on the person's employment. Inability to meet your standards, mistakes, or isolated instances of poor judgment are not misconduct. To assert misconduct, you must tell why you discharged the claimant on that day. Show how the claimant violated work rules or standards of behavior that you have the right to expect. If you warned the claimant before discharge, give the warning dates and reasons. Be sure to include the last day of work.
- C. **Refusal of reemployment.** If a claimant turns down a job offer, give the date the job was offered, describe the job and give the starting date. Tell why the claimant refused the job. If you have work for the claimant at any time during the benefit year, contact the claimant. If the claimant does not accept the offer, notify the Department by mail or telephone as shown on the front of this form.
- D. **Other reasons for ineligibility.** These include leave of absence, not able to work, not available for work, self-employment, and school attendance. Tell why you think the claimant should be denied benefits. Be specific.
- E. **Receipt of deductible pay.** Report type of payment and gross amount. Give dates the payment applies to and the date paid. Types of pay that should be reported include:
  1. Wages earned after the effective date.
  2. Severance or dismissal pay applied to a period after the effective date.
  3. Other lump sum payments.
- F. **Natural Disaster/Fire.** Protest if a fire or natural disaster caused the claimant's unemployment.

These examples do not cover every case. If you have any reason to protest this account, you should do so. Use the space provided on the front of this form for your protest. Be sure to include the claimant's Social Security Number on all attachments.

## IV. PREDETERMINATION INTERVIEWS

Information used to determine a claimant's eligibility is normally obtained by telephone or from written statements. You have the right, however, to appear in person at the Area Office before a determination is issued. Contact the Area Office where the account is filed if you wish to appear.

## V. RIGHT OF APPEAL

This determination or redetermination of account may become final unless an appeal is filed within 15 days from the mailing date shown on the front of this form (item 1). Mail, fax or return your appeal in person to the office shown in item 7B on the front of this form. Include the claimant's name and social security number on all correspondence.

Upon request, this information is available in alternative formats such as large print, Braille, audio cassette, or computer disk.



THIS IS A NOTICE OF OPENING OR REOPENING A REEMPLOYMENT INSURANCE ACCOUNT

1. CLAIMANT NAME MCDONOUGH JR, JAMES J	2. SOCIAL SECURITY NUMBER 470-58-5673	3. ACCT. EFF. DATE 12/15/96	4. SEP. DATE 10/01/97	5. DATE MAILED 04/14/98
---	--	--------------------------------	--------------------------	----------------------------

6.

7. RETURN ADDRESS:

EDUCATION & HOUSING  
EQUITY PROJECT (CORP)  
122 W FRANKLIN AVE #310  
MINNEAPOLIS MN 55404

AREA OFFICE  
MN DEPT OF ECON SECURITY  
RI METRO SUPPORT CENTER  
PO BOX 75576  
ST PAUL MN 55175-0576

8. MN UNEMPLOYMENT TAX ACCOUNT NO.  1648856-000
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9. The claimant named above has opened or reopened a reemployment insurance account. If the claimant left his or her job for any reason other than "lack of work", please explain below. Include the last day worked in your statement. Mail or take your statement to the address shown above. Submit the statement within 10 days from the DATE MAILED shown above.

You are not required to respond to this notice if the claimant was separated because of "lack of work".

10. IF YOU RETURN A STATEMENT IT SHOULD BE MAILED WITHIN 10 DAYS FROM THE DATE THIS NOTICE IS MAILED TO YOU. THE STATEMENT IS TO BE RETURNED TO THE ADDRESS SHOWN ON THE UPPER RIGHT HAND CORNER. THE INFORMATION YOU PROVIDE MAY BE DISCUSSED WITH THE CLAIMANT. FAILURE TO PROVIDE THE INFORMATION REQUESTED MAY AFFECT YOUR TAX ACCOUNT.

11. EMPLOYER SIGNATURE	12. TELEPHONE NUMBER	13. DATE



**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

4-97	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #320  
 MINNEAPOLIS MN 55404

CALENDAR QUARTER	4-97
QUARTER ENDS	12-31-97
REPORT IS DUE	01-31-98

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE  
 FILE REPORT EVEN IF NO  
 WAGES WERE PAID. (SEE  
 INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000497

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST  
 PAY THE DISLOCATED  
 WORKER ASSESSMENT  
 (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

	1st Month	2nd Month	3rd Month
3. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	2	1	1
4. TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 5,380.00		
5. NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$16,300 paid each employee for the calendar year 1997. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$ 2,030.00		
6. TAXABLE WAGES - Line 4 minus Line 5	\$ 3,350.00		
7. U.C. TAX DUE-Multiply line 6 by 1.60% (.0160)	\$ 53.60		
8. DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 3.35		
9. TOTAL TAX DUE - Add Lines 7 and 8	\$ 56.95		
10. INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$		
11. PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$		
12. PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13. MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14. TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND.	\$ 56.95		
Check No. _____ Bank _____			

SIGN HERE X Timothy R. Little Fiscal Agent 1-30-98 612-871-8980  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X Richard C. Little EXECUTIVE DIRECTOR 1-30-98 (612) 871-2519  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.



**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY**  
**390 N. ROBERT - ST. PAUL, MN 55101**  
 TAX ACCOUNTING SECTION      TELEPHONE (612) 296-6141 FAX (612) 297-5283

THE 1998 TAXABLE WAGE BASE IS \$17,200.00 FOR ALL EMPLOYERS.

1648856-000

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #320  
 MINNEAPOLIS MN 55404

**1998 TAX RATE NOTICE**

YOUR TAX RATE INCLUDES A .1% DISLOCATED WORKER ASSESSMENT.  
 PLEASE FURNISH THE ASSIGNED RATE TO YOUR TAX SERVICE AS  
 SOON AS POSSIBLE.

YOU HAVE BEEN ASSIGNED THE "BENEFIT COST" TAX RATE OF **1.60%** FOR 1998 BECAUSE  
 EITHER YOU WERE NOT LIABLE UNDER THE MINNESOTA ECONOMIC SECURITY LAW PRIOR TO  
 7/1/96 OR DID NOT PAY ANY UNEMPLOYMENT TAX BY 10/31/97.

YOU HAVE BEEN ASSIGNED AN EXPERIENCE RATE OF \_\_\_\_\_ FOR 1998 BASED ON THE  
 EXPERIENCE FACTORS AND RATE CALCULATION SHOWN BELOW.

**PROTEST PERIOD: ANY PROTEST TO THIS TAX RATE MUST BE FILED IN WRITING WITHIN 30  
 DAYS FROM THE MAILING DATE OF 12/19/97**

1. BENEFITS CHARGED	TIME PERIOD	2. TAXABLE PAYROLL
DOES NOT APPLY TO EMPLOYERS RECEIVING A BENEFIT COST TAX RATE.	7/01/96 - 6/30/97 7/01/95 - 6/30/96 7/01/94 - 6/30/95 7/01/93 - 6/30/94 7/01/92 - 6/30/93	DOES NOT APPLY TO EMPLOYERS RECEIVING A BENEFIT COST TAX RATE.
SUB-TOTAL		
MINUS WAGES ON WHICH TAX WAS NOT PAID BY 10/31/97		
<b>NET TOTAL TAXABLE PAYROLL</b>		

**YOUR 1998 EXPERIENCE RATE CALCULATION**

1. TOTAL BENEFITS CHARGED	1a. 1 1/4 TIMES BENEFITS CHARGED	2. NET TAXABLE PAYROLL	3. COMPUTED RATIO
***** DOES NOT APPLY TO EMPLOYERS RECEIVING A BENEFIT COST TAX RATE. *****			
4. RATIO USED	5. MINIMUM RATIO	6. DISLOCATED WORKER TAX	7. YOUR 1998 TAX RATE
*****001*****			

YOUR EXPERIENCE RATIO (3) IS COMPUTED BY MULTIPLYING THE BENEFITS CHARGED TO YOUR ACCOUNT (1) BY 1 1/4 AND DIVIDING THE RESULTS BY YOUR NET TOTAL TAXABLE PAYROLL (2). THE RATIO USED (4) IS OBTAINED BY ROUNDING OFF YOUR COMPUTED EXPERIENCE RATIO (3) TO THE NEAREST ONE-TENTH OF ONE PERCENT.

**VOLUNTARY CONTRIBUTION**      REFER TO THE ENCLOSED INFORMATION SHEET FOR ADDITIONAL INFORMATION AND EXPLANATION  
 A VOLUNTARY CONTRIBUTION IN THE AMOUNT OF \$ \_\_\_\_\_ IS HEREBY MADE TO MINNESOTA DEPARTMENT OF

ECONOMIC SECURITY. TAX RATE SHOULD BE REDETERMINED TO \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY**  
**390 N. ROBERT - ST. PAUL, MN 55101**  
 TAX ACCOUNTING SECTION      TELEPHONE (612) 296-6141 FAX (612) 297-5283

THE 1998 TAXABLE WAGE BASE IS \$17,200.00 FOR ALL EMPLOYERS.

1648856-000

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #320  
 MINNEAPOLIS                      MN 55404

## 1998 TAX RATE NOTICE

YOUR TAX RATE INCLUDES A .1% DISLOCATED WORKER ASSESSMENT.  
 PLEASE FURNISH THE ASSIGNED RATE TO YOUR TAX SERVICE  
 AS SOON AS POSSIBLE.

YOU HAVE BEEN ASSIGNED THE "BENEFIT COST" TAX RATE OF **1.60%** FOR 1998 BECAUSE EITHER YOU WERE NOT LIABLE UNDER THE MINNESOTA ECONOMIC SECURITY LAW PRIOR TO 7/1/96 OR DID NOT PAY ANY UNEMPLOYMENT TAX BY 10/31/97.

YOU HAVE BEEN ASSIGNED AN EXPERIENCE RATE OF \_\_\_\_\_ FOR 1998 BASED ON THE EXPERIENCE FACTORS AND RATE CALCULATION SHOWN BELOW.

**PROTEST PERIOD: ANY PROTEST TO THIS TAX RATE MUST BE FILED IN WRITING WITHIN 30 DAYS FROM THE MAILING DATE OF 12/19/97**

1. BENEFITS CHARGED	TIME PERIOD	2. TAXABLE PAYROLL
DOES NOT APPLY TO EMPLOYERS RECEIVING A BENEFIT COST TAX RATE.	7/01/96 - 6/30/97 7/01/95 - 6/30/96 7/01/94 - 6/30/95 7/01/93 - 6/30/94 7/01/92 - 6/30/93	DOES NOT APPLY TO EMPLOYERS RECEIVING A BENEFIT COST TAX RATE.
SUB-TOTAL		
MINUS WAGES ON WHICH TAX WAS NOT PAID BY 10/31/97		
<b>NET TOTAL TAXABLE PAYROLL</b>		

**YOUR 1998 EXPERIENCE RATE CALCULATION**

1. TOTAL BENEFITS CHARGED	1a. 1 1/4 TIMES BENEFITS CHARGED	2. NET TAXABLE PAYROLL	3. COMPUTED RATIO
<b>***** DOES NOT APPLY TO EMPLOYERS RECEIVING A BENEFIT COST TAX RATE. *****</b>			
4. RATIO USED	5. MINIMUM RATIO	6. DISLOCATED WORKER TAX	7. YOUR 1998 TAX RATE
<b>*****001*****</b>			

YOUR EXPERIENCE RATIO (3) IS COMPUTED BY MULTIPLYING THE BENEFITS CHARGED TO YOUR ACCOUNT (1) BY 1 1/4 AND DIVIDING THE RESULTS BY YOUR NET TOTAL TAXABLE PAYROLL (2). THE RATIO USED (4) IS OBTAINED BY ROUNDING OFF YOUR COMPUTED EXPERIENCE RATIO (3) TO THE NEAREST ONE-TENTH OF ONE PERCENT.

**REFER TO THE ENCLOSED INFORMATION SHEET FOR ADDITIONAL INFORMATION AND EXPLANATION**

**VOLUNTARY CONTRIBUTION**

PAYMENT OF VOLUNTARY CONTRIBUTIONS UNDER SECTION 268.051, SUBD.7 OF THE MINNESOTA ECONOMIC SECURITY LAW MADE WITHIN 30 DAYS FROM THE MAILING OF THIS NOTICE MAY ENTITLE YOU TO A REDUCED TAX RATE. IF YOU DESIRE TO MAKE A VOLUNTARY CONTRIBUTION, SIGN AND RETURN THE 2ND COPY OF THIS NOTICE TOGETHER WITH YOUR REMITTANCE. **PLEASE READ THE ENCLOSED INFORMATION TO ASSIST YOU IN DECIDING IF A VOLUNTARY CONTRIBUTION WILL BENEFIT YOU.**

050061



# Minnesota Department of Economic Security

390 North Robert Street • St. Paul, Minnesota 55101  
TTY/TDD (612) 297-3944 • FAX (612) 297-5283

## Unemployment Tax

### IMPORTANT INFORMATION

#### TAX RATE NOTICE AND VOLUNTARY CONTRIBUTION PROVISIONS

ALL RATE ASSIGNMENTS ARE BASED UPON THE APPLICABLE PROVISIONS OF MINNESOTA STATUS 268.05

1. **WHAT IS THE BENEFIT COST RATE?**

This is the rate assigned to all employers who are not eligible for an experience rate. To be eligible for an experience rate, an employer must have been liable under the law during at least 12 months immediately prior to July 1, 1996 or earlier, and some taxes must have been paid to this Department by October 31, 1997.

2. **WHAT IS INCLUDED IN TOTAL BENEFITS CHARGEABLE AND TOTAL TAXABLE WAGES?**

This includes unemployment benefits paid to your former employees during the period from July 1, 1992 through June 30, 1997, as shown on Notices of Benefits Chargeable (MDES-36) previously mailed to you. Taxable wages were taken from the quarterly tax reports that you filed for the period July 1, 1992 through June 30, 1997. Total taxable wages include only wages on which taxes were paid by October 31, 1997.

1 1/4 times the benefits charged to your account during the experience period is divided by the total taxable payroll for the same period. The resulting ratio (Item 3) is rounded off to the nearest 1/10 of one percent and is added to the minimum ratio (Item 5) assignable for the year. This sum (expressed as a ratio and as a percentage in Item 7 of your rate notice) is your tax rate for the year. The minimum rate for 1998 is .1% and the maximum rate is 9.0%. The .1% dislocated worker assessment is added to these rates. If all taxes were not paid by October 31, 1997, the taxable payroll used in computation will be reduced proportionately.

3. **WHAT IS THE EXPERIENCE PERIOD?**

The 1998 experience period is the 60-month period immediately prior to July 1 of the preceding calendar year. Your individual experience period may be less if you have not been subject for this entire period of time.

4. **WHAT IF I DO NOT AGREE WITH THE TAX RATE I HAVE BEEN ASSIGNED?**

You must file a written protest within thirty days from the date shown on the rate notice stating your reasons for your protest. Please notice, the individual benefit charges to your account are no longer subject to protest. You may only protest mechanical or clerical errors which may have occurred in applying charges to your account as shown on the quarterly benefit charge statements previously mailed to you. If you protest and pay taxes at a rate lower than that assigned and your protest is not successful, interest will be charged. A protest does not suspend interest charges.

5. **WHAT IS A VOLUNTARY CONTRIBUTION?**

Any employer whose account has been charged with unemployment benefits paid to former employees may voluntarily pay back all or part of the charges and have the tax rate reduced. A 25% surcharge has been included in the voluntary contribution.

6. **WHEN MUST THIS VOLUNTARY CONTRIBUTION BE MADE?**

The voluntary contribution must be made within the thirty day period following the date of the rate notice. This period may be extended to within 120 days from the effective date of the rate if the Commissioner finds that failure to make payment within such 30 day period was for good cause.

7. **HOW MUCH SHOULD MY VOLUNTARY CONTRIBUTION BE?**

If you wish to remove all of the benefit charges, you should pay the amount shown in column (1a) of your tax rate notice (this amount includes the surcharge). Your tax rate will then be redetermined to the minimum rate shown in column (5) of your rate notice plus the dislocated worker assessment.

OVER

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If you intend to pay only part of the benefits charged to your account, you will have to compute your new tax rate to determine whether a lower rate would result. To compute your new tax rate, you must subtract the amount of your payment from the amount shown in column (1a) of your rate notice and recalculate the rate using the formula on the tax rate notice. This recomputed experience ratio is then added to the minimum ratio shown in column (5). The total, added to the dislocated worker assessment, is your new tax rate.

8. **HOW DO I KNOW IF IT IS ADVANTAGEOUS FOR ME TO MAKE A VOLUNTARY CONTRIBUTION?**

Because the formula used to determine an employer's tax rate is a direct benefit-wage ratio with a 25% surcharge added to the benefits charged, it appears that many employers no longer benefit from making a voluntary contribution of all their benefit charges. In many situations, it is advantageous to make only a partial voluntary contribution. However, you will have to determine whether or not it may individually benefit you by considering your own particular circumstances. Such factors as a projected payroll expansion, the probability that there will be no further benefit charges, or even a need for an income tax deduction may influence your judgment even though it may appear that there is no immediate monetary advantage in making the payment.

The following instructions will generally help you to decide whether or not it is to your advantage to make a voluntary contribution.

Step 1 Multiply your estimated taxable payroll for this year (using \$17,200.00 as the maximum taxable wage per employee) by the rate shown in column (7) of your notice.

Step 2 Multiply the same estimated taxable payroll in step 1 by the tax rate you recomputed in question 8.

Step 3 Subtract your estimated tax liability in step 2 from your estimated tax liability in step 1. This difference is your actual tax savings by making a voluntary contribution. If this amount is less than your voluntary contribution, there is no immediate advantage in making the payment unless there are circumstances as previously mentioned peculiar to your own situation.

9. **IF I DON'T MAKE A VOLUNTARY CONTRIBUTION, HOW LONG WILL THESE BENEFIT CHARGES AFFECT MY RATE?**

The benefit charges remain as a factor in your rate computation for 5 years.

10. **IF I MAKE A PARTIAL VOLUNTARY CONTRIBUTION, WHAT CHARGES ARE REMOVED?**

The most recent charges accruing to your account will be canceled first.

11. **WHAT ARE THE MINIMUM AND MAXIMUM TAX RATES THAT MAY BE ASSIGNED?**

The minimum rate may vary from year to year depending on the size of the Unemployment Compensation Fund. The minimum rate in 1998 is .1%. The maximum rate, regardless of the size of the fund, is 9.0%. For 1998 there is an additional .1% dislocated worker assessment resulting in an actual minimum rate of .2% and maximum tax rate of 9.1%.

12. **IF MY VOLUNTARY CONTRIBUTION DOES NOT LOWER BY RATE, WILL I RECEIVE A REFUND?**

Yes, if you ask, in writing, when submitting your payment, that the Department refund your voluntary contribution if it does not result in a lower rate.

13. **HOW DO I MAKE A VOLUNTARY CONTRIBUTION?**

Sign and return the second copy of your rate notice with your payment attached. The check should be made payable to the Minnesota UC Fund. If you have a credit with this Department and wish to use it in lieu of a check, state the amount of the credit you wish to apply as a voluntary contribution on a separate attachment to the second copy of your rate notice.

For any further information, please call 612/296-6141.



MINNESOTA DEPARTMENT OF ECONOMIC SECURITY

DATE MAILED: 01/22/98  
EMPR ACCT# : 1648856-000

EDUCATION & HOUSING  
EQUITY PROJECT (CORP)  
122 W FRANKLIN AVE #310  
MINNEAPOLIS MN 55404

RETURN TO:

MN DEPT OF ECON SECURITY  
BENEFIT PAYMENT CONTROL  
390 ROBERT STREET NORTH  
ST PAUL MN 55101-1812

REQUEST FOR WAGE VERIFICATION

In order to complete an audit of the claim for reemployment insurance benefits previously filed by the individual named below, it is necessary for us to know how much this person earned for personal services during each calendar week indicated.

Please complete the information requested below and on the reverse side of this form following the instructions that were enclosed. Return the form in the envelope provided within 10 days of receipt. If you have any questions or desire more assistance in completing the form, call the number shown below. Thank you for your cooperation.

Sincerely,

O. ARSTS  
Department Representative  
(612) 297-3946 (VOICE)  
(612) 297-3944 (TDD/TTY)

NAME: JAMES J MCDONOUGH JR  
SOCIAL SECURITY #: 470-58-5673 CID: 61

CLAIM DATE: 12/15/96  
01 01  
1

FOR THE PERIOD FROM: 03/30/97 TO 07/12/97

FIRST DAY EMPLOYED: 5-5-97

LAST DAY EMPLOYED: see below

REASON FOR SEPARATION: Lack of work

(OR) IF DID NOT WORK DURING THE ABOVE PERIOD, CHECK HERE

Enter any additional information you believe may affect the claimant's eligibility for benefits. If you know the individual worked elsewhere, please provide the name and location of the employer:

Mr. McDonough worked for us on a temporary as-needed basis. He still does occasional work for us.







MINNESOTA DEPARTMENT OF ECONOMIC SECURITY  
 Tax Accounting Section - Unemployment Tax - 390 N. Robert - St. Paul, MN 55101  
 (612) 296-3674 - FAX (612) 297-5283 - TDD/TTY (612) 297-3944

EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT

3-97	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #320  
 MINNEAPOLIS MN 55404

CALENDAR QUARTER 3-97
QUARTER ENDS 09-30-97
REPORT IS DUE 10-31-97

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

- Check if tape or disk was submitted for Wage Detail.
- Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000397

		1st Month	2nd Month	3rd Month
3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	2	2	2
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 6671.25		
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$16,300 paid each employee for the calendar year 1997. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$		
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 6671.25		
7.	U.C. TAX DUE - Multiply line 6 by 1.60% (.0160)	\$ 106.74		
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 6.67		
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 113.41		
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$		
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$		
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND. Check No. _____ Bank <u>Franklin National</u>	\$ 113.41		

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

SIGN HERE X Timothy R. Little Fiscal Agent 10-28-97 612-871-8980  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X Richard O. Little EXECUTIVE 10-28-97 (612) 871-2519  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.  
 DIRECTOR





Unemployment Tax

# Minnesota Department of Economic Security

390 North Robert Street • St. Paul, Minnesota 55101  
TTY/TDD (612) 297-3944 • FAX (612) 297-5283

## HOURS WORKED - GUIDELINES

**Beginning with reports for 1st Quarter 1998, employers will be required to list PAID HOURS WORKED for each employee on the Employer's Quarterly Wage Detail Report (MDES-1D). "Weeks Worked" will no longer be required.**

The total number of paid hours worked should relate to the wages reported on the Quarterly Wage Detail Report. If services are performed in one quarter and corresponding wages are paid in the following quarter, it is important that both the wages and the hours worked be reported in the quarter that they are PAID.

The following are guidelines to assist you in reporting "Hours Worked":

**In general, when the actual number of hours worked is known, it should be reported. When reliable figures are unavailable, full-time employees should be reported at the rate of 40 hours per week; hours worked by part-time employees and those who work more than full-time should be estimated.**

**Overtime:** The employer should report the number of hours actually worked for which overtime pay or compensatory time is provided, without regard to the overtime pay rate.

**Fractions of hours:** If the employee's total number of hours in a quarter results in a fractional amount, the total figure should be rounded to the nearest whole hour. If the fraction is "1/2 hour" it should be rounded up to the next whole hour.

**Vacation/sick pay:** The actual number of hours for which an employee receives vacation pay and sick pay should be reported. Vacations without pay should not be counted as hours worked. Hours worked should not be counted for cash payments in lieu of vacations. Third party sick pay is not reportable as wages, and therefore should not be counted as hours worked.

(Continued on reverse side)

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**Employees not paid by the hour:** These include salaried workers and those paid by commission. Also included are workers who are paid by the mile, by piecework, by the acre, by the payload, by reductions in rent, or other non-hourly rates. When the actual number of hours worked is available, it should be reported. In the absence of reliable figures, full-time employees should be reported at the rate of 40 hours per week; hours worked by part-time employees and those who work more than full-time should be estimated.

**Wages paid less than once per quarter:** This will occur most often with corporate officers who are paid only once or twice a year. The employer should report the number of hours worked in any quarter in which no wages were paid, along with \$0 wages. Then, when wages or salaries are finally paid, only the hours worked in that specific quarter should be reported. If the actual number of hours worked is available, it should be reported. In the absence of reliable figures, full-time employees should be reported at the rate of 40 hours per week; hours worked by part-time employees and those who work more than full-time should be estimated.

**Faculty members of colleges and universities (includes technical and community colleges):** If the faculty member is considered to be a full-time employee, 40 hours per week paid should be reported. If the faculty member is considered to be part-time, an estimate of the actual hours worked should be made.

**School teachers:** Whether teachers are paid only during the school year or over twelve months, the total hours worked should reflect the actual number of hours worked during the quarter for which the wages are reported.

**Severance/termination pay:** No additional hours should be reported for severance pay. Severance and termination pay compensate the employee for the separation from employment, not for actual services performed.

**Bonuses, tips, and other gratuities:** No additional hours should be reported if hours have been reported for regularly compensated services.

**PLEASE NOTE:** The maximum number of hours reportable in any quarter is **999**.

If you have questions regarding HOURS WORKED, please call:

**(612) 297- 4323** or **(612) 297- 5260**



**EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT**

2-97	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #320  
 MINNEAPOLIS MN 55404

CALENDAR QUARTER 2-97
QUARTER ENDS 06/30/97
REPORT IS DUE 07/31/97

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000297

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month	2nd Month	3rd Month
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 6,932.50		
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$16,300 paid each employee for the calendar year 1997. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$		
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 6,932.50		
7.	U.C. TAX DUE-Multiply line 6 by 1.60% (.0160)	\$ 110.92		
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 6.93		
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 117.85		
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$		
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$		
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND. Check No. <u>1119</u> Bank <u>Franklin National</u>	\$ 117.85		

SIGN HERE X Timothy P. Sullivan Fiscal Agent 7-30-97 612-871-8980  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X Richard C. Little EXEC. DIRECTOR 7/30/97 (612) 871-8980  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.





Minnesota Department of  
**Economic Security**

390 North Robert St. St. Paul, MN 55101  
FAX (612)297-5283 TTY (612)297-3944

Unemployment Tax

EDUCATION & HOUSING  
EQUITY PROJECT (CORP)  
122 W FRANKLIN AVE #320  
MINNEAPOLIS MN 55404

TAX LIABILITY UNIT  
ELIZABETH A GAARDER  
PHONE: 612/296-6231  
ACCOUNT #:1648856-000

MAILING DATE:06/12/97

\* \* \* IMPORTANT REMINDER \* \* \*

This letter gives notice of your unemployment tax rate. Please provide this rate to your tax preparer.

Dear Employer:

This letter is a legal notice of your obligations concerning unemployment taxes and your right to appeal. A similar notice is sent to all subject employers. Please contact me at the address, telephone number or fax number above if you have questions about this letter.

Unemployment Tax Liability Determination

Based on information furnished this department, you are an employer subject to Minnesota Economic Security Law. You must file quarterly tax reports and pay unemployment tax on wages paid to your employees. Your employees are eligible for reemployment insurance benefits under qualifying conditions. Your tax liability started on 01-02-97.

Tax Rate Determination

You are assigned the state's benefit cost rate(s). This rate is calculated annually and assigned to all new employers who have insufficient employment experience to have a tax rate assigned based on their own employment experience record. You are assigned the following tax rate(s): 1.7% for 1997.

Your Rights of Protest and Appeal

The above determinations will be final unless a written rate protest or liability appeal is filed with this department within thirty days of the date of this letter. The filing date is the date of delivery to this department or of cancellation by the U.S. Postal Service. Your letter must identify the determination

Continued Next Page

063423-LMR04-0103

AN EQUAL OPPORTUNITY EMPLOYER

and should briefly state the basis for your protest or appeal. A timely rate protest will result in a review of your rate assignment by the Tax Branch. A timely liability appeal will entitle you to a hearing before an RI Judge of the Appellate Branch of this department.

#### Quarterly Tax Reports

Quarterly tax reports will be mailed to you near the end of each calendar quarter. They are due thirty days after the end of each quarter. Interest is assessed for any tax payments that are paid after the due date. Penalty is assessed for the late filing of a tax report. To avoid assessment of interest and penalty, please file the reports on a timely basis even if there are no wages to report for a given quarter.

#### Additional Information

As a non-profit organization described in Section 501(c)(3) of the Internal Revenue Code, you have the option of reimbursement of benefits charged to your account in lieu of paying quarterly taxes. To immediately elect the reimbursement method of reporting, you must file written notice of your election within thirty days of the date of this letter. An election is effective for a minimum of two calendar years.

If you choose to remain a taxpaying employer at this time, you may elect the reimbursement method for future years by filing notice at least thirty days prior to the first calendar year that the election is to be effective.

An information package, which explains unemployment tax and reemployment insurance benefits in more detail, is enclosed. We also have field auditors located in offices throughout the state if in-person help is needed.

Your account number appears at the heading of this letter. Please use this number when contacting us. Correspondence, including letters of protest or appeal, should be directed to my attention in care of the Tax Branch.

All unemployment taxes are used to pay benefits to unemployed workers. Employer participation provides economic security and stability. Please call on us if we can be of assistance.



Minnesota Department of  
**Economic Security**

390 North Robert St. St. Paul, MN 55101  
FAX (612)297-5283 TTY (612)297-3944

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unemployment Tax

EDUCATION & HOUSING  
EQUITY PROJECT (CORP)  
122 W FRANKLIN AVE #320  
MINNEAPOLIS MN 55404

TAX LIABILITY UNIT  
ELIZABETH A GAARDER  
PHONE: 612/296-6231  
ACCOUNT #:1648856-000

MAILING DATE:05/07/97

Dear Employer:

From the information you have provided this department, it is determined that you are not an employer subject to Minnesota Economic Security Law. You are not required to file quarterly unemployment tax reports at this time.

As a tax exempt organization described in Section 501(c)(3) of the Internal Revenue Code, you would become an employer subject to the law when you have had one or more individuals in employment in Minnesota for some portion of a day during 20 different weeks in a calendar year. It will be your responsibility to notify us immediately if and when this occurs.

Your Minnesota unemployment account number appears above. Please use this number in all correspondence with this department. If you have questions about this matter, please contact me at the address, telephone number or fax number listed above.

141328-LMR04-0053

AN EQUAL OPPORTUNITY EMPLOYER



EMPLOYER'S UNEMPLOYMENT QUARTERLY TAX REPORT

1-97	MN UC TAX ACCOUNT NUMBER 1648856-000	FEDERAL ID NUMBER 41-1842393
------	---	---------------------------------

NAME AND ADDRESS:

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 122 W FRANKLIN AVE #320  
 MINNEAPOLIS MN 55404

CALENDAR QUARTER 1-97
QUARTER ENDS 03-31-97
REPORT IS DUE 04-30-97

DO NOT ADJUST WAGE ERRORS FROM PRIOR REPORTS ON THIS FORM - SEE INSTRUCTIONS

1.  Check if tape or disk was submitted for Wage Detail.  
 2.  Check if address or status has changed. Complete and return EMPLOYER CHANGE REQUEST form.

TO AVOID PENALTY, PLEASE FILE REPORT EVEN IF NO WAGES WERE PAID. (SEE INSTRUCTIONS)

DO NOT WRITE IN THIS SPACE.

1648856000197

3.	FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE, WRITE "0".	1st Month	2nd Month	3rd Month
4.	TOTAL GROSS WAGES PAID FOR EMPLOYMENT DURING QUARTER - Must equal total wages reported on Wage Detail Report. (SEE LINE 4 INSTRUCTIONS)	\$ 5868.75		
5.	NON-TAXABLE WAGES - Wages paid in the quarter which exceed the first \$16,300 paid each employee for the calendar year 1997. Amount cannot exceed Line 4. (SEE LINE 5 INSTRUCTIONS)	\$		
6.	TAXABLE WAGES - Line 4 minus Line 5	\$ 5868.75		
7.	U.C. TAX DUE-Multiply line 6 by 1.60% (.0160)	\$ 93.90		
8.	DISLOCATED WORKER ASSESSMENT DUE Multiply Line 6 by .10% (.0010) Not to be included in Federal Unemployment (FUTA) Tax returns.	\$ 5.87		
9.	TOTAL TAX DUE - Add Lines 7 and 8	\$ 99.77		
10.	INTEREST - Multiply Line 9 by 1.5% (.015) for each month payment is late (SEE LINE 10 INSTRUCTIONS)	\$		
11.	PENALTY - Late report (SEE LINE 11 INSTRUCTIONS)	\$		
12.	PLUS: AMOUNT DUE ON PRIOR QUARTERS (SEE LINE 12 INSTRUCTIONS)	\$		
13.	MINUS: AVAILABLE CREDIT ON ACCOUNT (SEE LINE 13 INSTRUCTIONS)	\$		
14.	TOTAL AMOUNT DUE: Make check payable to MINNESOTA U.C. FUND. Check No. 1019 Bank Franklin National	\$ 99.77		

POSTMARK DATE

BATCH NO.

← ALL EMPLOYERS MUST PAY THE DISLOCATED WORKER ASSESSMENT (SEE LINE 8 INSTRUCTIONS)

AMOUNT RECEIVED:

SIGN HERE X Timothy J. Sullivan Fixed Asset 4-15-97 612-871-8980  
 SIGNATURE OF PREPARER IF NOT TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND CORRECT.

SIGN HERE X Richard C. Little COORDINATORY DIRECTOR 4/15/97 (612) 871-8980  
 SIGNATURE OF TAXPAYER TITLE DATE AREA CODE-TELEPHONE NO.



**Education & Housing Equity Project**  
**Payroll Tax Report**  
As of Mar 31, 1997  
(MNSUI ER)

Filter Criteria includes: Report order is by ID.

<b>Employee ID Employee</b>	<b>SS No</b>	<b>Weeks</b>	<b>Gross</b>	<b>Taxable Gross</b>	<b>Excess Gross</b>	<b>Tax Amount</b>
BEHRENDIS William A. Behrends	473-68-3542	1	30.00	30.00		0.51
LITTLE Richard C. Little	474-56-4664	12	5,838.75	5,838.75		99.26
	<b>Total:</b>		<b>5,868.75</b>	<b>5,868.75</b>		<b>99.77</b>

**REPORT TO DETERMINE LIABILITY FOR UNEMPLOYMENT TAX**  
as required by Minnesota Rule 3315.1005  
**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY**  
Tax Accounting Section Tel. (612) 296-6141 Fax (612) 297-5283 TDD/TTY (612) 297-3944  
390 North Robert Street, St. Paul, MN 55101

1. Please correct any errors in the preprinted answers below.

**EDUCATION & HOUSING**  
**EQUITY PROJECT (CORP)**  
122 W FRANKLIN AVE #320  
MINNEAPOLIS MN 55404

1648856-000

This is your current Minnesota Unemployment Account Number (U.C.#). Please use this number at all times when contacting the Department of Economic Security.

2. Previous Minnesota Unemployment Account Number (U.C.#) if assigned \_\_\_\_\_

3. Federal Employer Identification Number (FEIN) 41 - 1842393

4. Business Phone Number (612) 871 - 8980

5. Type of ownership  Corporation  Association  Trust  Other \_\_\_\_\_

6. Have you received a 501(c)(3) tax exemption letter from the Federal government?  Yes  No If yes, attach photocopy of your federal tax exemption letter.

7. State of incorporation (if applicable) MN Date of incorporation 02/24/1995

8. Date business was organized Same as incorporation

**NOTE: CORPORATE OFFICERS WHO PERFORM SERVICES ARE EMPLOYEES BY STATUTE.**

9. Date employee(s) first performed services in Minnesota. If none, enter "none".	Date of first service in Minnesota <u>01/02/1997</u>
10. Date first wages were paid for services performed in Minnesota. If none, enter "none".	Date wages were first paid in Minnesota <u>01/15/1997</u>
11. If you have had services performed for you in 20 different calendar weeks of a calendar year anywhere in the United States, indicate the last day (Saturday) of the 20th week. If none, enter "none".	Date 20th week in a calendar year <u>None</u>
12. Indicate the date you paid gross payroll of \$1500 or more in a calendar quarter to employees anywhere in the United States. If none, enter "none".	Date \$1500 in a calendar quarter <u>1-15-97</u>
13. If you have not yet paid \$1500 in wages in a calendar quarter, and have not had employees during 20 different weeks in a calendar year, enter date that you expect to reach either of these criteria. Enter "never" if applicable, and attach explanation.	Projected 20 weeks or \$1500 quarter

14. Physical location(s) of business in Minnesota. Do not use a post office box. Attach extra sheet for additional locations.

Street Address	City or Township	State	Zip Code	County	# of Workers
<u>122 W. Franklin Ave #320</u>	<u>Minneapolis</u>	<u>MN</u>	<u>55404</u>	<u>USA</u>	<u>1</u>

Identify the industry and specific product or service which represents the greatest portion of your sales receipts or revenues for each physical location in Minnesota.

Industry	Specific product or service
<u>Non-profit - Educational Activities</u>	_____

15. **INDEPENDENT CONTRACTORS:** If persons whom you do not consider to be employees or whose compensation you do not consider wages perform services for you in Minnesota, identify the types of services performed. Provide an explanation to support your position. Attach additional sheets if necessary.

16. Please print or type. This report must be signed by authorized officers. Attach additional sheet if needed.

I certify that information on this form is true to the best of my knowledge.

Full Legal Name x <i>BARBARA R. BEARMAN</i>	Title <i>SECRETARY</i>	SSN [REDACTED]	
Home Address <i>4401 PARK GLEN ROAD #201</i>	City <i>ST. LOUIS PARK</i>	State <i>MN</i>	Zip Code <i>55416</i>
Signature <i>Barbara R. Bearman</i>	Phone# <i>(612) 925-0567</i>	Date <i>2-18-97</i>	
Full Legal Name x <i>Michael W. Anderson</i>	Title <i>Treasurer</i>	SSN <i>468-68-0445</i>	
Home Address <i>1383 Forest St.</i>	City <i>St. Paul</i>	State <i>MN</i>	Zip Code <i>55106</i>
Signature <i>Michael Anderson</i>	Phone# <i>774-4683</i>	Date <i>2-18-97</i>	
Full Legal Name	Title	SSN	
Home Address	City	State	Zip Code
Signature	Phone#	Date	
Form prepared by: <i>Tim Sullivan</i>	Phone# <i>871-8980</i>	Date: <i>2-18-97</i>	

The Purpose of the MDES-13

Information requested on this form will be used for the purpose of determining your liability to pay into the unemployment fund under the Minnesota Economic Security Law and will be classified as private. This information is required under Minnesota Statute 268.12, Subdivisions 8 and 13. Information you supply may make you liable for (1) a tax on your payroll if you are a private employer; or (2) the reimbursement of unemployment benefits paid to your ex-employees if you are a public or nonprofit employer. Refusal to supply this information could result in the assessment of taxes, interest and penalties as set forth under Minnesota Statute 268.16. Minnesota Statute 268.18, Subdivision 3 provides that any employing unit or any officer or agent of an employing unit who willfully fails to or refuses to furnish any reports at the time when required by the Minnesota Economic Security Law shall be guilty of a gross misdemeanor. Information you furnish may be released to the Internal Revenue Service to certify the amount of employment taxes you paid this State for which you are requesting a credit against the tax imposed by Section 3301 of the Federal Unemployment Tax Act and for such purpose and to such entities as set forth in Minnesota Statute 268.12, Subdivision 12.



Minnesota Department of  
**Economic Security**

390 North Robert St. St. Paul, MN 55101  
FAX (612)297-5283 TTY (612)297-3944

Unemployment Tax

EDUCATION & HOUSING  
EQUITY PROJECT (CORP)  
122 W FRANKLIN AVE #320  
MINNEAPOLIS MN 55404

TAX LIABILITY UNIT  
KENNETH WASHICK  
PHONE: 612/296/6148  
ACCOUNT #:1648856-000

MAILING DATE:02/06/97

Dear Employer:

This letter is a legal notice of your obligations concerning unemployment taxes and your right to appeal. A similar notice is sent to all subject employers. Please contact me at the address, telephone number or fax number above if you have questions about this letter.

Unemployment Tax Liability Determination

Based on information furnished this department, you are an employer subject to Minnesota Economic Security Law. You must file quarterly tax reports and pay unemployment tax on wages paid to your employees. Your employees are eligible for reemployment insurance benefits under qualifying conditions. Your tax liability started on 01/02/97

Tax Rate Determination

You are assigned the state's benefit cost rate(s). This rate is calculated annually and assigned to all new employers who have insufficient employment experience to have a tax rate assigned based on their own employment experience record. You are assigned the following tax rate(s): 1.70% FOR 1997

Your Rights of Protest and Appeal

The above determinations will be final unless a written rate protest or liability appeal is filed with this department within thirty days of the date of this letter. The filing date is the date of delivery to this department or of cancellation by the U.S. Postal Service. Your letter must identify the determination and should briefly state the basis for your protest or appeal. A timely rate protest will result in a review of your rate assignment by the Tax Branch. A timely liability appeal will entitle you to a hearing before an RI Judge of the Appellate Branch of this department.

Continued Next Page

224058-KJW03-0628

### Quarterly Tax Reports

Quarterly tax reports will be mailed to you near the end of each calendar quarter. They are due thirty days after the end of each quarter. Interest is assessed for any tax payments that are paid after the due date. Penalty is assessed for the late filing of a tax report. To avoid assessment of interest and penalty, please file the reports on a timely basis.

### Filing the Report to Determine Liability

Enclosed is form MDES-13, Report to Determine Liability. Some answers have been entered on the basis of information you have already provided. Please complete, sign and return the form, making corrections as needed, within thirty days of the date of this letter. The form may also be submitted by fax at (612)297-5283. Retain a copy of the form for your records.

### Federal Tax Exempt Status

You have indicated that you are a non-profit organization described in Section 501(c)(3) of the Internal Revenue Code. However, you have either not provided a copy of your federal exemption letter or have indicated that your application for federal exemption is still pending. Please submit a copy of the exemption letter as soon as you are able to do so. Your status as an employer will be reviewed at that time, and may change as a result of your exemption.

As a non-profit organization described in Section 501(c)(3) of the Internal Revenue Code, you would have the option of reimbursement of benefits charged to your account in lieu of paying quarterly taxes. To immediately elect the reimbursement method of reporting, you must file written notice of your election within thirty days of the date of this letter. A copy of your federal exemption letter must be provided. An election is effective for a minimum of two calendar years. If you choose to remain a taxpaying employer at this time, you may elect the reimbursement method for future years by filing notice at least thirty days prior to the first calendar year for which the election is to be effective.

Continued Next Page

PAGE 3  
ACCOUNT #:1648856-000  
MAILING DATE:02/06/97

Additional Information

An information package, which explains unemployment tax and reemployment insurance benefits in more detail, is enclosed. We also have field auditors located in offices throughout the state if in-person help is needed.

Your account number appears at the heading of this letter. Please use this number when contacting us. Correspondence, including letters of protest or appeal, should be directed to my attention in care of the Tax Branch.

All unemployment taxes are used to pay benefits to unemployed workers. Employer participation provides economic security and stability. Please call on us if we can be of assistance.

Enc. MDES-13      Y 01

224058-KJW03-0628



Minnesota Department of

# ***Economic Security***

Formerly the Department of Jobs and Training

Unemployment Insurance Division  
390 North Robert St.  
St. Paul, MN 55101  
(612)296-6141  
Fax # (612)297-5283

## Transmittal of Important Information for All New Employers

The following forms are enclosed:

### DJT-130, Unemployment Insurance Information for Employers

This booklet is a brief informal explanation of the provisions of the Minnesota Economic Security Law and the Regulations. It sets forth the duties and responsibilities of employers.

### DJT-109, "Unemployed" Poster

This placard, posted and maintained in a place readily accessible to your employees, will meet the requirements of the law (Section 268.10; Subdivision 1) relating to notice to employees concerning the filing of claims for benefits.

### DJT-22C, "Unemployed" Pamphlet

This booklet mentioned in the placard "Unemployed" (DJT-109) must be handed to an employee when separating from your employment. It may also be given to an employee who requests one.

### ES-90275, Data Practices Notice

This information sheet advises you of legal requirements relating to your provision of information to the Reemployment Insurance Division of this Department.

More of these forms may be obtained by writing to the address shown above. In addition, copies of the Minnesota Economic Security Law (DJT-37) are available to employers upon request.

Any forms not included are temporarily out of stock and may be requested within a month or six weeks.

***"Helping Minnesotans help themselves achieve economic security"***

390 North Robert Street • St. Paul, Minnesota 55101

**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY**  
**390 N. ROBERT - ST. PAUL, MN 55101**  
 TAX ACCOUNTING SECTION      TELEPHONE (651) 296-6141 FAX (651) 297-5283

THE 2000 TAXABLE WAGE BASE IS \$19,000.00 FOR ALL EMPLOYERS.

1648856-000

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS                      MN 55454

**2000 TAX RATE NOTICE**

YOUR TAX RATE INCLUDES A .1% DISLOCATED WORKER ASSESSMENT.  
 PLEASE FURNISH THE ASSIGNED RATE TO YOUR TAX SERVICE  
 AS SOON AS POSSIBLE.

YOU HAVE BEEN ASSIGNED THE "BENEFIT COST" TAX RATE OF \_\_\_\_\_ FOR 2000 BECAUSE  
 EITHER YOU WERE NOT LIABLE UNDER THE MINNESOTA ECONOMIC SECURITY LAW PRIOR TO  
 7/1/98 OR DID NOT PAY ANY UNEMPLOYMENT TAX BY 9/30/99.

YOU HAVE BEEN ASSIGNED AN EXPERIENCE RATE OF **0.70%** FOR 2000 BASED ON THE  
 EXPERIENCE FACTORS AND RATE CALCULATION SHOWN BELOW.

**PROTEST PERIOD: ANY PROTEST TO THIS TAX RATE MUST BE FILED IN WRITING WITHIN 30  
 DAYS FROM THE MAILING DATE OF 12/07/99**

1. BENEFITS CHARGED	TIME PERIOD	2. TAXABLE PAYROLL
226.35	7/01/98 - 6/30/99	14,356.24
.00	7/01/97 - 6/30/98	25,455.25
.00	7/01/96 - 6/30/97	12,801.25
.00	7/01/95 - 6/30/96	.00
.00	7/01/94 - 6/30/95	.00
226.35	SUB-TOTAL	52,612.74
MINUS WAGES ON WHICH TAX WAS NOT PAID BY 9/30/99		.00
<b>NET TOTAL TAXABLE PAYROLL</b>		52,612.74

**YOUR 2000 EXPERIENCE RATE CALCULATION**

1. TOTAL BENEFITS CHARGED	1a. 1 1/4 TIMES BENEFITS CHARGED	2. NET TAXABLE PAYROLL	3. COMPUTED RATIO
\$226.35	\$282.94	52,612.74	= .0053
4. RATIO USED	5. MINIMUM RATIO	6. DISLOCATED WORKER TAX	7. YOUR 2000 TAX RATE
.005	+ .001	+ .001	= .007 = 0.70%

YOUR EXPERIENCE RATIO (3) IS COMPUTED BY MULTIPLYING THE BENEFITS CHARGED TO YOUR ACCOUNT (1) BY 1 1/4 AND DIVIDING THE RESULTS BY YOUR NET TOTAL TAXABLE PAYROLL (2). THE RATIO USED (4) IS OBTAINED BY ROUNDING OFF YOUR COMPUTED EXPERIENCE RATIO (3) TO THE NEAREST ONE-TENTH OF ONE PERCENT.

REFER TO THE ENCLOSED INFORMATION SHEET FOR ADDITIONAL INFORMATION AND EXPLANATION

**TAX RATE BUYDOWN**

PAYMENT OF TAX RATE BUYDOWNS UNDER SECTION 268.051, SUBD.7 OF THE MINNESOTA ECONOMIC SECURITY LAW MADE WITHIN 30 DAYS FROM THE MAILING OF THIS NOTICE MAY ENTITLE YOU TO A REDUCED TAX RATE. IF YOU DESIRE TO MAKE A TAX RATE BUYDOWN, SIGN AND RETURN THE 2ND COPY OF THIS NOTICE TOGETHER WITH YOUR REMITTANCE. **PLEASE READ THE ENCLOSED INFORMATION TO ASSIST YOU IN DECIDING IF A TAX RATE BUYDOWN WILL BENEFIT YOU.**

050160

**MINNESOTA DEPARTMENT OF ECONOMIC SECURITY**  
**390 N. ROBERT - ST. PAUL, MN 55101**  
 TAX ACCOUNTING SECTION      TELEPHONE (651) 296-6141 FAX (651) 297-5283

THE 2000 TAXABLE WAGE BASE IS **\$19,000.00** FOR ALL EMPLOYERS.

1648856-000

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS                      MN 55454

<b>2000 TAX RATE NOTICE</b>
-----------------------------

**YOUR TAX RATE INCLUDES A .1% DISLOCATED WORKER ASSESSMENT. PLEASE FURNISH THE ASSIGNED RATE TO YOUR TAX SERVICE AS SOON AS POSSIBLE.**

- YOU HAVE BEEN ASSIGNED THE "BENEFIT COST" TAX RATE OF \_\_\_\_\_ FOR 2000 BECAUSE EITHER YOU WERE NOT LIABLE UNDER THE MINNESOTA ECONOMIC SECURITY LAW PRIOR TO 7/1/98 OR DID NOT PAY ANY UNEMPLOYMENT TAX BY 9/30/99.
- YOU HAVE BEEN ASSIGNED AN EXPERIENCE RATE OF **0.70%** FOR 2000 BASED ON THE EXPERIENCE FACTORS AND RATE CALCULATION SHOWN BELOW.

**PROTEST PERIOD: ANY PROTEST TO THIS TAX RATE MUST BE FILED IN WRITING WITHIN 30 DAYS FROM THE MAILING DATE OF 12/07/99**

1. BENEFITS CHARGED	TIME PERIOD	2. TAXABLE PAYROLL
226.35	7/01/98 - 6/30/99	14,356.24
.00	7/01/97 - 6/30/98	25,455.25
.00	7/01/96 - 6/30/97	12,801.25
.00	7/01/95 - 6/30/96	.00
.00	7/01/94 - 6/30/95	.00
226.35	SUB-TOTAL	52,612.74
MINUS WAGES ON WHICH TAX WAS NOT PAID BY 9/30/99		.00
<b>NET TOTAL TAXABLE PAYROLL</b>		<b>52,612.74</b>

**YOUR 2000 EXPERIENCE RATE CALCULATION**

1. TOTAL BENEFITS CHARGED	1a. 1 1/4 TIMES BENEFITS CHARGED	2. NET TAXABLE PAYROLL	3. COMPUTED RATIO
\$226.35	\$282.94	÷ 52,612.74	= .0053
4. RATIO USED	5. MINIMUM RATIO	6. DISLOCATED WORKER TAX	7. YOUR 2000 TAX RATE
.005	+ .001	+ .001	= .007 = 0.70%

YOUR EXPERIENCE RATIO (3) IS COMPUTED BY MULTIPLYING THE BENEFITS CHARGED TO YOUR ACCOUNT (1) BY 1 1/4 AND DIVIDING THE RESULTS BY YOUR NET TOTAL TAXABLE PAYROLL (2). THE RATIO USED (4) IS OBTAINED BY ROUNDING OFF YOUR COMPUTED EXPERIENCE RATIO (3) TO THE NEAREST ONE-TENTH OF ONE PERCENT.

**TAX RATE BUYDOWN**

**REFER TO THE ENCLOSED INFORMATION SHEET FOR ADDITIONAL INFORMATION AND EXPLANATION**

A TAX RATE BUYDOWN IN THE AMOUNT OF \$ \_\_\_\_\_ IS HEREBY MADE TO MINNESOTA DEPARTMENT OF

ECONOMIC SECURITY. TAX RATE SHOULD BE REDETERMINED TO \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_



Tax Office

**IMPORTANT INFORMATION**

**TAX RATE NOTICE AND TAX RATE BUYDOWN PROVISIONS**

**ALL RATE ASSIGNMENTS ARE BASED UPON THE APPLICABLE PROVISIONS OF MINNESOTA STATUTES 268.051**

**1. WHAT IS THE BENEFIT COST RATE?**

This is the rate assigned to all employers who are not eligible for an experience rate. To be eligible for an experience rate, an employer must have been liable under the law during at least 12 months immediately prior to July 1, 1998 or earlier, and some taxes must have been paid to this Department by September 30, 1999.

**2. WHAT IS INCLUDED IN TOTAL BENEFITS CHARGEABLE AND TOTAL TAXABLE WAGES?**

This includes reemployment benefits paid to your former employees during the period from July 1, 1994 through June 30, 1999, as shown on Notice of Benefits Chargeable (MDES-36) previously mailed to you. Taxable wages were taken from the quarterly tax reports that you filed for the period July 1, 1994 through June 30, 1999. Total taxable wages include only wages on which taxes were paid by September 30, 1999.

1 1/4 times the total benefits charged to your account during the experience period is divided by the total taxable payroll for the same period. The resulting ratio (Item 3) is rounded off to the nearest 1/10 of one percent and is added to the minimum ratio (Item 5) assignable for the year. This sum (expressed as a ratio and as a percentage in Item 7 of your rate notice) is your tax rate for the year. The minimum rate for 2000 is .1% and the maximum rate is 9.00%. The .1% dislocated worker assessment is added to these rates. If all taxes were not paid by September 30, 1999, the taxable payroll used in computation will be reduced proportionately.

**3. WHAT IS THE EXPERIENCE PERIOD?**

The 2000 experience period is the 60-month period immediately prior to July 1 of the preceding calendar year. Your individual experience period may be less if you have not been liable for this entire period of time.

**4. WHAT IF I DO NOT AGREE WITH THE TAX RATE I HAVE BEEN ASSIGNED?**

You must file a written protest within thirty days from the date shown on the rate notice stating your reasons for your protest. Please notice, the individual benefit charges to your account are no longer subject to protest. You may only protest mechanical or clerical errors which may have occurred in applying charges to your account as shown on the quarterly benefit charge statements previously mailed to you. If you protest and pay taxes at a rate lower than that assigned and your protest is not successful, interest will be charged. A protest does not suspend interest charges.

**5. WHAT IS A TAX RATE BUYDOWN?**

Any employer whose account has been charged with reemployment benefits paid to former employees may voluntarily pay back all or part of the charges and have the tax rate reduced. A 25% surcharge must be included in the tax rate buydown.

**6. WHEN MUST THIS TAX RATE BUYDOWN BE MADE?**

The tax rate buydown must be made within the thirty day period following the date of the rate notice. This period may be extended to within 120 days from the effective date of the rate if the Commissioner finds that failure to make payment within such 30 day period was for good cause. No application will be accepted after April 29, 2000.

**7. HOW MUCH SHOULD MY TAX RATE BUYDOWN BE?**

If you wish to remove all of the benefit charges, you should pay the amount shown in column (1a) of your tax rate notice (this amount includes the surcharge). Your tax rate will then be redetermined to the minimum rate shown in column (5) of your rate notice plus the dislocated worker assessment.

OVER

If you intend to pay only part of the benefits charged to your account, you will have to compute your new tax rate to determine whether a lower rate would result. To compute your new tax rate, you must subtract the amount of your payment from the amount shown in column (1a) of your rate notice and recalculate the rate using the formula on the tax rate notice. This recomputed experience ratio is then added to the minimum ratio shown in column (5). The total, added to the dislocated worker assessment, is your new tax rate.

8. **HOW DO I KNOW IF IT IS ADVANTAGEOUS FOR ME TO MAKE A TAX RATE BUYDOWN?**

Because the formula used to determine an employer's tax rate is a direct benefit-wage ratio with a 25% surcharge added to the benefits charged, it appears that many employers no longer benefit from making a tax rate buydown of all their benefit charges. In many situations, it is advantageous to make only a partial tax rate buydown. However, you will have to determine whether or not it may individually benefit you by considering your own particular circumstances. Such factors as a projected payroll expansion, the probability that there will be no further benefit charges, or even a need for an income tax deduction may influence your judgment even though it may appear that there is no immediate monetary advantage in making the payment.

The following instructions will generally help you to decide whether or not it is to your advantage to make a tax rate buydown.

Step 1 Multiply your estimated taxable payroll for this year (using \$19,000.00 as the maximum taxable wage per employee) by the rate shown in column (7) of your notice.

Step 2 Multiply the same estimated taxable payroll in step 1 by the tax rate you recomputed in question 8.

Step 3 Subtract your estimated tax liability in step 2 from your estimated tax liability in step 1. This difference is your actual tax savings by making a tax rate buydown. If this amount is less than your tax rate buydown, there is no immediate advantage in making the payment unless there are circumstances as previously mentioned peculiar to your own situation.

9. **IF I DON'T MAKE A TAX RATE BUYDOWN, HOW LONG WILL THESE BENEFIT CHARGES AFFECT MY RATE?**

The benefit charges remain as a factor in your rate computation for 5 years.

10. **IF I MAKE A PARTIAL TAX RATE BUYDOWN, WHAT CHARGES ARE REMOVED?**

The most recent charges accruing to your account will be canceled first.

11. **WHAT ARE THE MINIMUM AND MAXIMUM TAX RATES THAT MAY BE ASSIGNED?**

The minimum rate may vary from year to year depending on the size of the Unemployment Compensation Fund. The minimum rate in 2000 is .1%. The maximum rate, regardless of the size of the fund, is 9.0%. For 2000 there is an additional .1% dislocated worker assessment resulting in an actual minimum rate of .2% and maximum rate of 9.10%.

12. **IF MY TAX RATE BUYDOWN DOES NOT LOWER MY RATE, WILL I RECEIVE A REFUND?**

Yes, if you ask, in writing, when submitting your payment, that the Department refund your tax rate buydown if it does not result in a lower rate.

13. **HOW DO I MAKE A TAX RATE BUYDOWN?**

Sign and return the second copy of your rate notice with your payment attached. The check should be made payable to the Minnesota UC Fund. If you have a credit with this Department and wish to use it in lieu of a check, state the amount of the credit you wish to apply as a tax rate buydown on a separate attachment to the second copy of your rate notice.

For any further information, please call 651/296-6141.

**NOTICE OF BENEFITS CHARGEABLE TO EXPERIENCE RATING ACCOUNT**

MINNESOTA DEPARTMENT OF ECONOMIC SECURITY  
 390 NORTH ROBERT STREET  
 ST. PAUL, MN 55101

Tel. No. (651) 296-6141 Fax (651) 297-5283 TDD/TTY (651) 297-3944  
 www.des.state.mn.us/tax

1648856-000

EDUCATION & HOUSING  
 EQUITY PROJECT (CORP)  
 2211 RIVERSIDE AVE CB 185  
 MINNEAPOLIS MN 55454

Quarter 4TH QTR '99

Date of Mailing 01/13/00

Protest Period is 30 days

PG: 1

(1) EMPLOYER UNEMPLOYMENT TAX ACCOUNT NUMBER	(2) CLAIMANT'S NAME	(3) CLAIMANT'S SOCIAL SECURITY NUMBER	(4) BENEFIT ACCOUNT YEAR BEGAN	(5) WAGE CREDITS EARNED IN ACCOUNT BASE PERIOD	(6) % BENEFITS CHARGED THIS EMPLOYER	(7) BENEFITS CHARGEABLE
			MO. - DAY - YR.			
1648856-000	MCDONOUGH J	[REDACTED]	04-25-99 ***	3,234.00 GRAND TOTAL	9.769 >>>>>>>	203.39 203.39*

This is a notice of the charges to your experience rating account for the quarter shown above. **Column 5** contains a record of each claimant's total base period wages earned in your employ. The base period is the first 4 of the last 5 completed calendar quarters prior to the date in column 4. **Column 6** is the percentage of column 5 divided by the claimant's total wage credits earned with all base period employers. **Column 7** is the result obtained by applying the percentages in column 6 to the actual benefit amounts paid to the claimant during this quarter. The total charges will constitute one of the determining factors in the computation of your tax rates for subsequent years.

If you question or wish to protest any item on this statement, be specific as to the item of issue and the reason you believe the item to be in error. You have 30 days from the date of this notice in which to submit your written protest to the Benefits Office of this department. Your account cannot be relieved of charges for benefits paid prior to your filing of an original late protest.

**THIS IS NOT A BILL - NO REMITTANCE REQUIRED - THIS COPY MUST BE KEPT IN YOUR FILES**