

EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D. C. 20210	CLASSIFICATION UI
	CORRESPONDENCE SYMBOL OWS OIS DUIO
	ISSUE DATE October 3, 2002
RESCISSIONS None	EXPIRATION DATE October 31, 2004

ADVISORY: UNEMPLOYMENT INSURANCE PROGRAM LETTER NO. 01-03

TO : ALL STATE WORKFORCE AGENCIES

**FROM : GRACE A. KILBANE
 Administrator
 Office of Workforce Security**

SUBJECT : Form ETA 581, Contribution Operations

1. **Purpose.** To announce the extension of Office of Management and Budget (OMB) approval of Form ETA 581, Contribution Operations.
2. **Background.** The Contribution Operations report (ETA 581) is a comprehensive report of each state's unemployment insurance tax operations and is essential in providing quarterly tax operations performance data. ETA 581 data are used in monitoring and measuring program performance and in making projections and forecasts in conjunction with the budgetary process.
3. **OMB Approval.** The reporting requirements for Form ETA 581 are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB Approval No. 1205-0178, which expires on August 31, 2005. Respondent's obligation to reply to these reporting requirements are required to obtain or retain benefits (SSA 302(a)). NOTE: State agencies are not required to respond to this collection of information unless it displays a currently valid OMB control number.
4. **Disclosure Statement.** Public reporting for this collection of information is estimated to average 8.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to the U.S. Department of Labor, Office of Workforce Security, Room S-4231, Washington, D. C. 20210 (Paperwork Reduction Project 1205-0178).
5. **Action Required.** State Administrators are requested to provide the above information to appropriate staff.
6. **Attachment.** [Facsimile of Form ETA 581 displaying current expiration date.](#)

Facsimile of Form ETA 581

Contribution Operations

U.S. Department of Labor
Employment and Training Administration



A. Report for quarter ended		B. Region Code	C. State Code	D. State	E. Wage Reporting Basis ("X" one) <input type="checkbox"/> Request Reporting <input type="checkbox"/> Wage Record		OMB Approval No. 1205-0178 Expires: 8/31/2005		
Employer Count	Line 101	End of Quarter Employers			Delinquency Cutoff Date	Total Number of Wage Items Received			
		1. Contributory	2. Reimbursing	3. Total					
Employer Reports	201	Filing Reports For Preceding Quarters					12. No. of Outstanding Quarters Prior to Report Quarter	13. Total Estimated Contributions Due	
		Contributory Employers			Reimbursing Employers				
		6. Filing Timely	7. Secured	8. Resolved	9. Filing Timely	10. Secured			11. Resolved
Status Determinations	301	Status Determinations Made During Report Quarter						20. Inactivations/Terminations	
		Newly Established Accounts			Successor Accounts				
		14. Number	15. Time Lapse of 90 Days or less	16. Time Lapse of 180 Days or Less	17. Number	18. Time Lapse of 90 Days or less	19. Time Lapse of 180 Days or Less		
Contributory Employers: Receivables	401	21. Total Receivables at Beginning of Period	22. Amount Determined Receivable During Report Period	23. Receivables Liquidated During Report Period	24. Receivables Declared Uncollectible During Report Period	25. Receivables Removed at End of Report Period	26. Total Receivables at End of Report Period	27. No. of Employers Owing Receivables	
		28. 6 Months or Less		29. 9 Months	30. 12 Months	31. 15 Months			32. Over 15 Months
Reimbursing Employers: Receivables	403	33. Total Receivables at Beginning of Period	34. Amount Determined Receivable During Report Period	35. Receivables Liquidated During Report Period	36. Receivables Declared Uncollectible During Report Period	37. Receivables Removed at End of Report Period	38. Total Receivables at End of Report Period	39. No. of Employers Owing Receivables	
		40. 6 Months or Less		41. 9 Months	42. 12 Months	43. 15 Months			44. Over 15 Months
Audit Activity	501	Number of Audits			48. Calendar Quarters Audited	Total Wages Audited		51. Hours Spent in Auditing	52. No. of Employees Misclassified as Indep. Contractors
		45. Large Employer Audits	46. Change Audits	47. Total Audits		49. Pre-Audit	50. Post Audit		
		Amount Underreported			Amount Overreported				
	502	53. Total Wages	54. Taxable Wages	55. Contributions	56. Total Wages	57. Taxable Wages	58. Contributions		
		F. Signature		Title		Date			

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