FORM UCE-120A
REV. 6/93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. BOX 7103 COLUMBIA, SC 29202

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EMPLOYER QUARTERLY CONTINUATION SHEET

FORM ALIGNMENT BOXES [|x|]

This is a machine readable form. For proper processing align typewriter or line printer to alignment boxes at top and carriage return down the form.

FORM ALIGNMENT BOXES [|x|]

1. EMPLOYER NAME	2. ACCOUNT NUMBER	3. QUARTER ENDING DATE
		PAGE NUMBER

6. EMPLOYEE'S SOCIAL SECURITY NUMBER 000 00 0000	7. NAME: FIRST, MIDDLE INITIAL, LAST	8. TOTAL WAGES
	9. TOTAL WAGES THIS PAGE	