

Appendix K: Lockbox Remittance Examples

Contract Number: TRE18101-BANKINGSRVC

- A. Corporations Lockbox
- B. Unemployment Insurance Lockbox
- C. Training Tax Lockbox

Appendix K: Lockbox Remittance Examples

Contract Number: TRE18101-BANKINGSRVC

A. Corporations Lockbox

STATE OF DELAWARE 1ST ESTIMATED TAX NOTICE

DO NOT ALTER FILE NUMBER

FILE NUMBER	NAME					TAX YEAR 2017	PHONE NUMBER
TAX	PENALTY 0.00	INTEREST 0.00	FILING FEE 0.00	CHECK CHARGE 0.00	PREV. BAL OR CR	TOTAL BAL DUE	
AMT. DUE IF RECD. BY Jun 1, 2017		AMT. DUE IF RECD. BY Jul 1, 2017		AMT. DUE IF RECD. BY Aug 1, 2017		AMT. DUE IF RECD. BY	

Due on or before Jun 1, 2017

REGISTERED AGENT 9325335
 BUSINESS FILINGS INCORPORATED
 108 WEST 13TH ST
 WILMINGTON, DE 19801

**MAKE CHECK PAYABLE TO:
DELAWARE SECRETARY OF STATE**

CHECK NO.	AMOUNT ENCLOSED
-----------	-----------------

PLEASE REMIT INVOICE WITH PAYMENT

000068



1 060117 4868082 008043837 0 5

FRANCHISE TAX TENTATIVE RETURN ESTIMATED TAX STATEMENT STATE OF DELAWARE

**ALL CORPORATIONS WHOSE TAX FOR THE PREVIOUS YEAR IS \$5,000 OR MORE, MUST
PAY ESTIMATED INSTALLMENTS BASED ON THE PRIOR YEAR'S ASSESSMENT.**

Payments must be received on or before the due date. The first installment due June 1 is 40% of the assessment, the September 1 and December 1 installments are 20% each.

If the tax of a corporation remains unpaid after the due date, the tax shall bear interest at the rate of 1.5% on the unpaid balance until fully paid.

Do not alter pre-printed information on statement. If any information is incorrect, please contact the Delaware Franchise Tax Section at 302-739-3073.
Please mail statement along with your payment to State of Delaware, Division of Corporations, P.O. Box 5509 Binghamton, NY 13902-5509. Overnight deliveries can be made to JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905 ATTN: State of Delaware-Division of Corporations-5509

DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY

STATE OF DELAWARE 2ND ESTIMATED TAX NOTICE

DO NOT ALTER FILE NUMBER

FILE NUMBER	NAME					TAX YEAR 2017	PHONE NUMBER
TAX	PENALTY 0.00	INTEREST	FILING FEE 0.00	CHECK CHARGE 0.00	PREV. BAL. OR CR.	TOTAL BAL. DUE	
AMT. DUE IF RECD. BY Sep 1, 2017	AMT. DUE IF RECD. BY Oct 1, 2017	AMT. DUE IF RECD. BY Nov 1, 2017		AMT. DUE IF RECD. BY			

Due on or before **Sep 1, 2017**

REGISTERED AGENT 9121151
CORP1, INC.
28 OLD RUDNICK LN
DOVER, DE 19901

**MAKE CHECK PAYABLE TO:
DELAWARE SECRETARY OF STATE**

CHECK NO.	AMOUNT ENCLOSED
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PLEASE REMIT INVOICE WITH PAYMENT

1 090117 5173910 016285180 0 1

FRANCHISE TAX TENTATIVE RETURN
ESTIMATED TAX STATEMENT
STATE OF DELAWARE

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Payments must be received on or before the due date. The first installment due June 1 is 40% of the assessment, the September 1 and December 1 installments are 20% each.

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Please mail statement along with your payment to State of Delaware, Division of Corporations, P.O. Box 5509 Binghamton, NY 13902-5509. Overnight deliveries can be made to JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905 ATTN: State of Delaware-Division of Corporations-5509

DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY

STATE OF DELAWARE 3RD ESTIMATED TAX NOTICE

DO NOT ALTER FILE NUMBER

FILE NUMBER	NAME					TAX YEAR 2017	PHONE NUMBER
TAX	PENALTY 0.00	INTEREST 0.00	FILING FEE 0.00	CHECK CHARGE 0.00	PREV. BAL OR CR.	TOTAL BAL. DUE	
AMT. DUE IF RECD. BY	Dec 1, 2017	AMT. DUE IF RECD. BY	Jan 1, 2018	AMT. DUE IF RECD. BY	Feb 1, 2018	AMT. DUE IF RECD. BY	

Due on or before Dec 1, 2017

REGISTERED AGENT 9069971
 DELAWARE CORPORATE SERVICES INC.
 901 N MARKET ST STE 705
 WILMINGTON, DE 19801

**MAKE CHECK PAYABLE TO:
DELAWARE SECRETARY OF STATE**

CHECK NO.	AMOUNT ENCLOSED

PLEASE REMIT INVOICE WITH PAYMENT

1 120117 4612930 000176320 0 6

FRANCHISE TAX TENTATIVE RETURN
ESTIMATED TAX STATEMENT
STATE OF DELAWARE

**ALL CORPORATIONS WHOSE TAX FOR THE PREVIOUS YEAR IS \$5,000 OR MORE, MUST
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Please mail statement along with your payment to State of Delaware, Division of Corporations, P.O. Box 5509 Binghamton, NY 13902-5509. Overnight deliveries can be made to JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905 ATTN: State of Delaware-Division of Corporations-5509

DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY

PAY ONLINE AT www.corp.delaware.gov

**STATE OF DELAWARE
L.P. TAX NOTICE**

DO NOT ALTER FILE NUMBER

FILE NUMBER	NAME					TAX YEAR 2016	PHONE NUMBER
TAX	PENALTY 0.00	INTEREST 0.00	FILING FEE 0.00	CHECK CHARGE 0.00	PREV. BAL. OR CR. 0.00	TOTAL BAL. DUE	
AMT. DUE IF RECD. BY Jun 1, 2017	AMT. DUE IF RECD. BY Jul 1, 2017	AMT. DUE IF RECD. BY Aug 1, 2017	AMT. DUE IF RECD. BY Sep 1, 2017				
*	*	*	*				

REGISTERED AGENT 9008413
INCORPORATING SERVICES, LTD.
3500 S DUPONT HWY
DOVER, DE 19901

**MAKE CHECK PAYABLE TO:
DELAWARE SECRETARY OF STATE**

CHECK NO.	AMOUNT ENCLOSED

PLEASE REMIT INVOICE WITH PAYMENT

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4 060117 2183898 000030000 0 9

THIS IS THE ONLY NOTICE YOU WILL RECEIVE!

Every domestic or foreign limited partnership and every domestic or foreign limited liability company and every domestic or foreign general partnership shall pay an annual tax in the amount of \$300.00 due on or before June 1 each year pursuant to Title 6 of the Delaware Code. Payments are considered timely if received (**not postmarked**) by June 1 (regardless of whether this date falls on the weekend).

If the tax of a limited partnership/limited liability company/general partnership remains unpaid after the due date, a penalty of \$200.00 shall be assessed and both the tax and penalty shall bear interest at the rate of 1.5% per month or portion thereof until fully paid. Pursuant to Delaware Corporation Law, there is no provision for a waiver of penalty and interest. **An unpaid balance as of June 1 causes the limited partnership/limited liability company/general partnership to cease to be in good standing.**

Return ORIGINAL invoice and payment to Delaware Division of Corporations, P.O. Box 5509 Binghamton, NY 13902-5509. Overnight deliveries can be made to JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905, Attn: State of Delaware-Division of Corporations-5509 or remit payment online at corp.delaware.gov between 8:00 am - 11:45 pm Eastern Time.

MAKE CHECKS PAYABLE TO THE DELAWARE SECRETARY OF STATE. A MAXIMUM OF 25 COUPONS PER CHECK WILL BE ACCEPTED.

DO NOT WRITE IN THIS SPACE - FOR BANK USE ONLY

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SOSTH PAY ONLINE AT www.corp.delaware.gov

STATE OF DELAWARE DELINQUENT L.L.C. TAX NOTICE

DO NOT ALTER FILE NUMBER

FILE NUMBER	NAME					TAX YEAR 2016	PHONE NUMBER
TAX	PENALTY	INTEREST	FILING FEE 0.00	CHECK CHARGE 0.00	PREV. BAL OR CR 0.00	TOTAL BAL DUE	
AMT. DUE IF RECD. BY Jul 1, 2017	AMT. DUE IF RECD. BY Aug 1, 2017		AMT. DUE IF RECD. BY Sep 1, 2017		AMT. DUE IF RECD. BY Oct 1, 2017		
	*		*		*		

REGISTERED AGENT 9246740
DELAWARE INTERCORP, LLC
113 BARKSDALE PROFESSIONAL CTR
NEWARK, DE 19711-3258

**MAKE CHECK PAYABLE TO:
DELAWARE SECRETARY OF STATE**

CHECK NO.	AMOUNT ENCLOSED
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PLEASE REMIT INVOICE WITH PAYMENT

6100000



7 070117 2974850 000050750 0 9

THIS IS THE ONLY NOTICE YOU WILL RECEIVE!

Every domestic or foreign limited partnership and every domestic or foreign limited liability company and every domestic or foreign general partnership shall pay an annual tax in the amount of \$300.00 due on or before June 1 each year pursuant to Title 6 of the Delaware Code. Payments are considered timely if received (**not postmarked**) by June 1 (regardless of whether this date falls on the weekend).

If the tax of a limited partnership/limited liability company/general partnership remains unpaid after the due date, a penalty of \$200.00 shall be assessed and both the tax and penalty shall bear interest at the rate of 1.5% per month or portion thereof until fully paid. Pursuant to Delaware Corporation Law, there is no provision for a waiver of penalty and interest. **An unpaid balance as of June 1 causes the limited partnership/limited liability company/general partnership to cease to be in good standing.**

Return ORIGINAL invoice and payment to Delaware Division of Corporations, P.O. Box 5509 Binghamton, NY 13902-5509. Overnight deliveries can be made to JPMorgan Chase, 33 Lewis Road, Binghamton, NY 13905, Attn: State of Delaware-Division of Corporations-5509 or remit payment online at corp.delaware.gov between 8:00 am - 11:45 pm Eastern Time.

MAKE CHECKS PAYABLE TO THE DELAWARE SECRETARY OF STATE. A MAXIMUM OF 25 COUPONS PER CHECK WILL BE ACCEPTED.

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Appendix K: Lockbox Remittance Examples

Contract Number: TRE18101-BANKINGSRVC

B. Unemployment Insurance Lockbox

FROM
DELAWARE DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE
P.O. BOX 9953
WILMINGTON, DE 19809-0953

FORWARD SERVICE REQUESTED

EMPLOYER'S QUARTERLY REPORT - FORMS SET

UNEMPLOYMENT INSURANCE
UC-8 QUARTERLY TAX REPORT
UC-8A QUARTERLY PAYROLL REPORT
UC-8C CHANGE REPORT



GENERAL INSTRUCTIONS

This tax package contains the necessary forms and instructions to file your quarterly Unemployment Insurance Tax Reports. Reports should contain wage data for one quarter only. If you need report forms for other periods or if you need to make corrections to previously submitted reports call the Division of Unemployment Insurance at (302) 761-8482 to obtain the necessary forms.

USE OF INFORMATION

In accordance with 20 CFR Part 603, wage information and other confidential unemployment insurance information may be requested and utilized for other governmental purposes, including, but not limited to, verification of an individual's eligibility under other government programs.

CHANGE REPORT UC-8C

*This form must be used to ensure that changes in status or corrections to pre-printed information are properly recorded. **DO NOT MAKE CHANGES DIRECTLY TO PRE-PRINTED INFORMATION ON TAX REPORTS.** Return with tax forms only if changes are required.*

PAYMENT COUPON

To ensure proper credit for payment, write your account number on the check and write the amount enclosed in the space provided. Return with tax forms in the envelope provided.

QUARTERLY TAX REPORT UC-8

Complete UC-8A before completing UC-8.

- Line 1 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.*
- Line 2 Enter Gross Covered Wages (Total from UC-8A). If you had no covered wages this quarter enter 0 (zero) on UC-8, Line 2, sign and return.*
- Line 3 Enter the amount included in Line 2 which represents wages in excess of the taxable wage base (\$16,500.00 annually) paid to each employee.*
- Line 4 Enter taxable wages. (Line 2 minus Line 3).*
- Line 5 Multiply taxable wages by your tax rate.*
- Line 6 Enter only credits that have been approved by the Division. Credits taken cannot exceed the tax due.*
- Line 7 Enter net tax due.*
- Line 8 Late payments are subject to interest charges at the rate of 18% per year from the due date. Calculate interest due as follows: $\frac{\text{NET TAX DUE}}{100} \times .18 \times \text{MONTHS PAST DUE}$.*
- Line 9 Enter penalty for late reporting as provided by law.*
- Line 10 Payment due must equal the Total of Lines 7, 8 and 9.*

IMPORTANT: THIS REPORT MUST BE SIGNED BY EMPLOYER OR OTHER DULY AUTHORIZED REPRESENTATIVE.

QUARTERLY PAYROLL REPORT UC-8A

This form is used to report Gross Covered Wages for all employees. "Wages" is defined as all remuneration for personal services including commissions, tips, bonuses (excluding any attendance bonus paid during or incident to any period of unemployment), dismissal payments, holiday pay and the cash value of all remuneration in any medium other than cash. If you are an approved MAGNETIC TAPE filer check the block and return blank form.

CORPORATE OFFICERS

Effective 96-1, regardless of ownership interest, wages from employment earned by officers are subject to the state unemployment insurance tax.

FORM COMPLETION

- 1. Report wages for this quarter only. **DO NOT INCLUDE NEGATIVE WAGES.***
- 2. All columns must be completed or form will not be processed.*
- 3. If there is not enough space to list all employees on this form use additional pages. Continuation forms will be provided upon request or you may supply your own forms. Forms must include Employer Name, Account Number, Yr/Qtr, Employee Name, Social Security Number and Gross Covered Wages.*
- 4. Each page should be totaled and the total of all additional pages should be entered on Line 32 of form UC-8A.*
- 5. Add line 31 and 32 and enter Grand Total on Line 33 and on form UC-8 Line 2.*

STATE OF DELAWARE UNEMPLOYMENT INSURANCE
Use this form to report changes in status or corrections to pre-printed information

**DELAWARE DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE
P.O. BOX 41785
PHILADELPHIA, PA 19101-1785**

- Covered employment was permanently discontinued on _____
Date
- Operations were permanently discontinued on _____
Date
- Business reorganized effective _____
Date
- Business sold on _____
Date
- Name change/correction _____
- Telephone number () _____
- Mailing Address _____

(OUTSIDE REPRESENTATIVE MUST FILE A POWER OF ATTORNEY)

- Change in ownership interest _____
Please explain _____
- If the Federal ID shown, _____ is incorrect, please print correct number here. _____

X _____
Signature of owner or duly authorized representative Title Date

CHANGE REPORT

REMOVE BEFORE INSERTING INTO ENVELOPE

▼ DETACH AT PERFORATION ▼

Detach at Perforation
and Return with Payment



MAKE CHECK PAYABLE TO: DELAWARE UNEMPLOYMENT COMPENSATION FUND (DUCF)

EMPLOYER NAME	ACCOUNT NO	AMOUNT ENCLOSED

MAIL PAYMENT TO:
DELAWARE DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE
P.O. BOX 41785
PHILADELPHIA, PA 19101-1785

PAYMENT COUPON

READ INSTRUCTIONS ON INSIDE COVER BEFORE COMPLETING THIS REPORT

DO NOT USE THIS REPORT TO MAKE CORRECTIONS

STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Reporting Period (Yr /Qtr)

Due Date

Account No.

Federal ID Number

Tax Rate

	1st Month	2nd Month	3rd Month
1. 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			
2. Gross covered wages paid this quarter (Enter total from UC-8A, line 33.) If you had no covered wages this Quarter, enter 0; sign and return.			
3. Excess wages (Wages included in line 2 that exceed \$16,500 annually per employee)			
4. Taxable Wages (Line 2 less line 3)			
5. Tax due (Multiply line 4 by)			
6. Approved credit (See instructions.)			
7. Net tax due (Line 5 less line 6)			
8. Interest (See instructions.)			
9. Penalty (\$17.25 for late reporting)			
10. Payment due (Total of lines 7, 8 and 9)			

I certify, to the best of my knowledge, this report and the attached payroll reports are true and correct.

X _____
Signature of owner or duly authorized representative

_____ Title _____ Date

Make check payable to:

Delaware Unemployment Compensation Fund (DUCF)

Write account number on check and return with Payment Coupon to:

Delaware Department of Labor
Div. of Unemployment Insurance
P.O. Box 41785
Philadelphia, PA 19101-1785

QUARTERLY TAX REPORT

UC-8A

STATE OF DELAWARE UNEMPLOYMENT INSURANCE

Reporting Period (Yr/Qtr)

Due Date

Account No.

Federal ID Number

IF YOU ARE AN APPROVED MAGNETIC MEDIA FILER, CHECK BOX AND RETURN THIS FORM. NO FURTHER ENTRIES ARE REQUIRED.

	Employee Social Security Number	Employee Name (First Initial, Middle Initial and Last Name)	Gross Covered Wages
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31	Total this Page		
32	Total from additional pages		
33	GRAND TOTAL		

Appendix K: Lockbox Remittance Examples

Contract Number: TRE18101-BANKINGSRVC

C. Training Tax Lockbox

Phone
(302) 761-8482

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
DELAWARE EMPLOYMENT TRAINING FUND

9

EMPLOYER NAME	ACCOUNT NO.	STATEMENT DATE	PAYMENT DUE DATE
[REDACTED]	[REDACTED]	12/7/2017	1/31/2018
POSTING DATE	DESCRIPTION	CHARGES (DOLLARS)	PAYMENT & CREDITS (DOLLARS)
8/1/2017	ASSESSMENT 17-2	3.07	
8/18/2017	PAYMENT		5.70
11/6/2017	ASSESSMENT 17-3	2.41	
PREVIOUS BALANCE		- PAYMENT & CREDITS	+ CHARGES
\$	\$	\$	\$
5.70	5.70	5.48	5.48

Detach Here ↑

TO INSURE PROPER CREDIT RETURN THIS PORTION WITH PAYMENT

PAYMENT COUPON

200805200181001000005484

ACCOUNT NUMBER	DUE DATE	AMOUNT DUE	AMOUNT ENCLOSED
[REDACTED]	1/31/2018	\$ [REDACTED]	\$

MAKE CHECK PAYABLE TO DELAWARE EMPLOYMENT TRAINING FUND (DETF)

*****AUTO**5-DIGIT 19103
[REDACTED]
[REDACTED]

MAIL PAYMENT TO
DELAWARE DEPARTMENT OF LABOR
EMPLOYMENT TRAINING FUND TAX
P.O. BOX 41780
PHILADELPHIA, PA 19101-1780