EMPLOYER'S NAME AND ADDRESS		FS-131A (R-3-07) State of New Jersey Department of Labor and Workforce Development Division of Employer Accounts EMPLOYEE CERTIFICATION ATTACH TO FORM FS -131			_	NJ Taxpayer ID Number/FEIN			
		ATTACTITOT ONWITS -131							
	Indicate the requested infor	I mation for each eligit	ole employ	ee for whom the	unemploymen	t rebate is clain	ned.		
	The total quarterly tax								
Social Security Eligible Employee		Employee City Hire			Taxable V	Taxable Wages			
Number	Name	of Residence	Date	1st qtr	2nd qtr	3rd qtr	4th qtr	Total Wages	
TOTAL									