

Hawaii Quarterly TDI Disability Statement

SAMPLE CONSTRUCTION, INC

98-030 HEKAHA ST
AIEA, HI 96701

Quarter Number - 2
Quarter Ending - 6/30/2005

Federal ID# - 99-9999999
Disability ID# - 0000000000824686

Covered Employees by Month/Gender

Month	APR	MAY	JUN
Males	0	0	2
Females	0	0	3
Total	0	0	5

Total employees covered this quarter	<u>5</u>
Total wages for covered employees	<u>18,770.00</u>
Wages over maximum wage base of 9,781.71	<u>0.00</u>
Wages to be used for Disability premium	<u>18,770.00</u>
Premium rate of 0.00% applied as a factor	<u>0.0000</u>
Disability Premium Due this quarter	<u>0.00</u>
Adjustments to Disability Premium Due	<u>0.00</u>
Net Disability Premium Due	<u>0.00</u>

Employee Premium Contributions withheld this quarter	0.00
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I certify that the information in this statement is true and correct in accordance with the State of Hawaii Temporary Disability Insurance Law.

Signature

Date

Title

Phone Number

WAGE LISTING

HAWAII Disability Quarterly Wage Listing

SAMPLE CONSTRUCTION, INC 98-030 HEKAHA ST AIEA, HI 96701 Type or print in this space employer's identification number, name, and address exactly as shown on the return.	Date Quarter Ended 6/30/2005	Page Number 1
	Federal ID: 99-9999999	
	State ID : 00000000082468	

EMPLOYEE'S SOCIAL SECURITY ACCOUNT NO. (If no. unknown, see Circular E) 000 00 0000	NAME OF EMPLOYEE (Please type or print)	TOTAL WAGES	TAXABLE WAGES
999 99 9990	DUCK, DONALD	4320.00	4320 00
250 13 5689	FUKUMOTO, PAULETTE	3225.00	3225 00
121 24 5280	WATANABE, NIKKI	3725.00	3725 00
222 55 5222	WHITE, SNOW	5000.00	5000 00
333 33 3333	WILLIAM, PRINCE	2500.00	2500 00

TOTALS FOR THIS PAGE number of employees and taxable wages	Number of employees (State)	5	Number of employees (Federal)	18770.00	18770 00
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