Department of Labor and Industries
Employer Services
PO Box 44168
Olympia WA 98504-4168

MECHANIZED LOGGING

SUPPLEMENTAL QUARTERLY REPORT

SUBMIT WITH QUARTERLY REPORT OR FAX TO 360 902-6787 INCLUDE REQUIRED INFORMATION IF SUBSTITUTING FORM

BUSINESS NAME	ACCOUNT ID	YEAR 20

PHONE	UBI #	QUARTER (check one) ☐ 1 ☐ 2 ☐ 3 ☐ 4

NAME	SS#	EQUIPMENT	WAGES	HOURS
			TOTAL 5005 HOURS FOR QUARTER:	

ATTACH ADDITIONAL SHEETS AS REQUIRED