PFL30

NOTE: You must complete the UC30 before completing this form.

<table>
<thead>
<tr>
<th>FORM ID:</th>
<th>EMPLOYERS’ QUARTERLY CONTRIBUTION AND WAGE REPORT</th>
<th>POSTMARK DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOES-PFL30</td>
<td></td>
<td>(DO NOT USE THIS SPACE)</td>
</tr>
<tr>
<td>EMPLOYER ACCOUNT #:</td>
<td>FEDERAL EIN #:</td>
<td>QUARTER ENDING:</td>
</tr>
<tr>
<td>TAX RATE:</td>
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</table>

SEE INSTRUCTIONS ON PAGE 2

1. TOTAL WAGES PAID (this quarter, to all covered workers—same amount reported on UC30, line 2) ........................................ $ ........................................
2. CONTRIBUTION DUE (Multiply line 1 by the tax rate of 0.62% (0.0062)) ........................................................................ $ ........................................
3. PLUS INTEREST DUE ............................................................................................................................................................................... $ ........................................
4. PLUS PENALTY DUE ................................................................................................................................................................................ $ ........................................
5. MINUS APPROVED CREDIT ........................................................................................................................................................................ $ ........................................
6. EQUALS TOTAL REMITTANCE AMOUNT (Make check or money order payable to “DC Treasurer”) ................................................................. $ ........................................

STATUS CHANGES

7. ENTER THE APPROPRIATE INFORMATION BELOW IF ANY CHANGE HAS OCCURRED:

CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY WAGE REPORTS ATTACHED HERETO IS TRUE AND CORRECT AND THAT NO PART OF THE TAX WAS OR WILL BE DEDUCTED FROM EMPLOYEES’ WAGES.

SIGNATURE: .......................................................... TELEPHONE: .......................................................... DATE: ..........................................................

PRINT NAME: .......................................................... TITLE: ..........................................................
Instructions

- This form is intended for employers with fewer than five (5) employees. All employers with five (5) or more employees should use the online reporting portal at essp.does.dc.gov.
- All employers using the PFL30 must also submit the quarterly UC30. The primary purpose of the PFL30 is to serve as an aid to employers to determine the amount of PFL tax owed in a quarter.
- **Filing the PFL30 does not exempt employers from the requirement to file wages using the UC30.** The UC30 is used to file wages for both the UI and the PFL programs. Failure to file wages on time using the UC30 could result in PFL penalties and interest.
- Self-employed individuals who have opted in to the PFL program and who have no employees should not use this form. They must use the PFL30S or the online portal (essp.does.dc.gov) to report self-employment earnings.
- Self-employed individuals who have at least one (1) employee must report their employees’ wages using the UC30 and PFL30, in addition to reporting any self-employment income on the PFL30S, if opted in.
- Household filers who have chosen to report annually for Unemployment Insurance (UI) should not use this form. They should use the PFL30H.

**Line 1: Total wages paid this quarter.** Enter the total gross wages paid (before deductions) including the cash value of all remuneration paid in any medium other than cash to all covered employees in the quarter. If you paid no wages in this quarter, enter “0”. For most employers, the amount reported on the PFL30, Line 1 will equal the amount reported on the UC30, Line 2 for the same quarter. The amount reported on the PFL30, Line 1 must never exceed the amount reported on the UC30, Line 2 for the same quarter. If the amount reported on the PFL30, Line 1 is less than the amount reported on the UC30, Line 2, you must submit documents in compliance with DOES’ employer guidance for excepted employees. See “Process for Determining Employee Exceptions from PFL Coverage” available at does.dc.gov. Employers who report a lesser number on the PFL30, Line 1 than on the UC30, Line 2 due to claiming employee exceptions, and whose request for employee exceptions is denied by DOES, could be subject to interest and penalties on the difference in the amount paid.

**Line 2: Contribution due.** Amount of PFL taxes owed to DOES. Multiply the amount in Line 1 by 0.0062. Example: $100,000 (Line 1) * 0.0062 = $620 (Line 2).

**Line 3: Interest due.** Interest of 1.5% per month or fraction of month of the contribution due will be assessed if the contribution due on the report is not paid by the end of the month following the close of the quarter to which it pertains. (Please contact DOES to confirm the amount of any interest due on the account).

**Line 4: Penalty due.** In addition to interest, a penalty of 10% of the contribution, but not less than $100.00, will be assessed if neither the PFL30 nor the UC30 is filed for the quarter, or if the
contribution due is not paid by the end of the month following the close of the quarter to which it pertains. Separate payments must be made each quarter for PFL taxes and for UI taxes. (Please contact DOES to confirm the amount of any penalty due on the account).

Line 5: Approved credit. The amount of your approved credit that will be applied toward your PFL contribution due. (Please contact DOES to confirm the amount of any credit balance on the account).

Line 6: Total remittance amount. Add Lines 2, 3, and 4, then subtract Line 5. Make check or money order payable to “DC Treasurer”. You must include your employer account number and the quarter/year on your check or money order. DO NOT send cash.

Mail PFL30 and PFL payment to:
   Office of Paid Family Leave
   Tax Division
   4058 Minnesota Ave. NE
   Washington, DC 20019

Line 7: Status changes. If any information pertaining to your employer account has changed since the last reporting period, please enter the changed information and provide supporting documentation where relevant.