

**New letter**

[Date]

[Name]

[Address]

[City, State Zip]

**Reporting Period:  
Oct. 1 through Dec. 31, 1999**

RE: UBI  
Account ID

**Dear \_\_\_\_\_:**

Your completed "Employers Quarterly Report for Industrial Insurance" and payment is now past due.

**Send your report and payment to us before [\[insert date here\]](#)**

If we do not receive it by this time, we must refer your account to collections. Mail it with your payment to the address at the top of the report. If you are also paying off a previous balance, mail it to: P.O. Box 44835, Olympia, WA 98504-4835

**Bo payroll or employees last quarter?**

You still must send us your quarterly report. Write "None" in Column 5, sign, and mail to the address above with your \$10 late payment penalty. If your business is closed, write the closing date on the form.

**If we do not hear from you, this will be your balance due:**

Because we do not have your quarterly report, we do not know the hours your employees worked. So, we have been required to estimate the amount you owe, based on your payroll history.

Previous balance:	\$ 0.00
Estimated premium	\$15.50
Penalty	\$10.00
Interest	\$ 1.12
Total due	\$26.62

**Need help filling out your quarterly report?**

Please call me at the number below if you need help.

Name

Title

(360) 000-0000