



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
 DIVISION OF EMPLOYMENT SECURITY

**QUARTERLY CDS VENDOR CONSUMER LIST**

CDS Vendor's Name		SUTA #		Quarter/Year		Form Name CASE ID SPACE	
Consumer's Name	Consumer's Address	Consumer's SSN	Consumer's FEIN	Consumer's SUTA #			
					Start Date	End Date	
					Reason for Leaving		
					Start Date	End Date	
					Reason for Leaving		
					Start Date	End Date	
					Reason for Leaving		
					Start Date	End Date	
					Reason for Leaving		
					Start Date	End Date	
					Reason for Leaving		