

**Amended Unemployment Insurance Tax Report**

Employer Name & Address

Employer Account #

This is to amend the \_\_\_\_\_ quarter of \_\_\_\_\_ unemployment insurance tax report as indicated below:

	As Reported	Net Change-Enclose Decrease in brackets	As Corrected
1. Total Gross Wages Paid in Quarter			
2. Total Wages in Excess of \$			
3. Taxable Wages			
4. Tax Due (line 3 X _____ %)			
5. Total Prior Tax Payments for This Quarter			
6. Credit (if line 5 exceeds line 4)			
7. Additional Tax due (line 4 minus line 5)			
8. Late penalty: greater of 4% of line 7 or \$20 for each month or part of month after due date of original report.			
9. Total Due or Credit			

Reason For Adjustment:

**Amended Employee Information (if necessary)**  
 Attach additional pages if needed

10. Social Security No.	11. Name of Employee	Total Wages Paid	
		12. As Reported	13. Should Be
14. Totals			
15. Difference (+ or -): Column 13 Total - Column 12 Total			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date