

EMPLOYER NUMBER

CORRECTION OF WAGE ITEM(S)
 Alaska Department of Labor and Workforce Development
 Employment Security Division
 P.O. Box 115509, Juneau, AK 99811-5509

EMPLOYER NAME AND ADDRESS:

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	_____ QTR. /YR _____		w	_____ QTR. YR _____		w	_____ QTR. /YR _____		w	_____ QTR./YR _____		w
		REPORTED	CORRECT		REPORTED	CORRECT		REPORTED	CORRECT		REPORTED	CORRECT	
TOTALS:													

EXPLANATION: _____

I CERTIFY that to the best of my knowledge, the foregoing information is true and correct.

Date _____ By _____ Title _____ Telephone No. _____

Adj Keyed: _____
Batch #: _____
Checked By: _____

SUMMARY OF ADJUSTMENTS

BATCH / ITEM	YR/QTR	RATE	TOTAL WAGES			TAXABLE WAGES		
			REPORTED	CORRECT	DIFFERENCE	REPORTED	CORRECT	DIFFERENCE