UI-40B (Rev. 6/15) IL 427-0402 Stock No. 7876

## State of Illinois Department of Employment Security Revenue Division - 307 East Jackson St, 3rd Floor Springfield, Illinois 62701 Fax number 217-785-1725

## SOCIAL SECURITY NUMBER CORRECTION AND NAME CHANGE NOTICE

		Please complete this schedule promptly.		
		Return original to this Division, Attention:		
		WAGE RECORDS		
		Retain duplicate for your files.		
Enter your Illinois Unemployment Insurance Account Number,				
name and Address in th	ne space above.			
IF ADDITIONAL SPACE ADDRESS AT THE TO	E IS NEEDED, CONTINUE ON A PLAIN PIE P, AND HEAD EACH COLUMN AS ON THIS	CE OF PAPER, EN S SCHEDULE.	NTER YOUR ACCO	DUNT NUMBER, NAME AND
Worker's Social Security Number AS REPORTED	Worker's Name (Type or Print)	QUARTER ENDING	TOTAL Wages Paid	Worker's Social Security Number AS CORRECTED
			L	1
Date		Signed		
		Title		

For information & phone numbers, please visit, http://www.ides.illinois.gov/SitePages/ContactIDES.aspx. For this & other online forms, please visit, http://www.ides.illinois.gov/forms