



QUARTERLY WAGE & TAX REPORT - AMENDMENT FORM (LWC ES51/WEB)

This form can be mailed or faxed to the UI Tax Accounting/Adjustment Department at (225) 346-6071

Questions regarding this form may be directed to the UI Tax Accounting/ Adjustments Unit at (225) 342-2961

1. STATE ID. NO.	2. FEDERAL I. D. #	3. YEAR / QUARTER	4. EXPERIENCE RATE %
5. EMPLOYER NAME, D.B.A. & ADDRESS		This form is used to correct errors made on previously filed quarterly reports. Please print and review the instructions for completing this form prior to entering any data.	
6. Wages as Originally Reported		7. Wages as Amended	
ORIGINAL TOTAL WAGES		AMENDED TOTAL WAGES	
ORIGINAL EXCESS WAGES		AMENDED EXCESS WAGES	
ORIGINAL TAXABLE WAGES		AMENDED TAXABLE WAGES	
CONTRIBUTIONS PAID	\$	AMENDED CONTRIBUTIONS DUE	\$
11. REASON FOR AMENDMENT:		8. Amount overpaid	\$
		9. Amount underpaid	\$
		10. Amount of remittance	
(MAKE CHECKS PAYABLE TO THE OFFICE OF UI Administration. DO NOT SEND CASH OR CHANGE)			
If you have overpaid and the overpayments are less than or equal to \$500, the tax overpayment will print on the next quarterly report due. A Tax Overpayment notice will be issued prior to the due date of the next quarterly report due if the amount exceeds \$500. If the account is no longer active, a refund will be issued automatically. If you have underpaid, include interest and penalty due in the total remittance. Interest is calculated at 1% per month, or a percentage thereof. Penalty is calculated at 5% per month not to exceed 25%. A Tax Delinquent notice will be issued if the underpayment is not paid in full.			
COMPLETE THIS SECTION IF EMPLOYEE WAGES HAVE INCREASED OR DECREASED			
12. SOCIAL SECURITY NO.	13. EMPLOYEE NAME	14. ORIGINAL TOTAL WAGES	15. AMENDED TOTAL WAGES
Use the Continuation sheet for Amended Wages to list additional employees .		Total	Total
I CERTIFY THE INFORMATION GIVEN IS TRUE AND CORRECT. (Unsigned amended forms will not be processed)		MAIL TO: LOUISIANA WORKFORCE COMMISSION OFFICE OF MANAGEMENT & FINANCE ADJUSTMENTS UNIT P.O. BOX 94100 BATON ROUGE, LOUISIANA 70804	
16. SIGNATURE: DATE:			
TITLE: PHONE:			