Adjustment Report

Use this form if you need to make adjustments or corrections to employees' wages previously reported on an Unemployment Tax and Wage Form UC-018.

IT IS VERY IMPORTANT THAT YOU PROVIDE AN EXPLANATION OF THE CHANGE OR CORRECTION ON THE REVERSE (BLANK) SIDE OF THIS FORM. YOUR ADJUSTMENT REPORT WILL BE REJECTED WITHOUT THIS INFORMATION.

If you have questions about completing this form, adjusting or correcting wage reports, please contact the UI Tax Section at:

Arizona Department of Economic Security Unemployment Tax - 911B P.O. Box 6028 Phoenix, AZ 85005-6028

Phone - (602)

FAX - (602)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Unemployment Tax, 911B

P.O. Box 6028 Phoenix, AZ 85005-6028

Phone: (602)

• Fax: (602)

Film both sides

CALENDAR QUARTER ENDING

ACCOUNT NO.

ADJUSTMENT REPORT

(Adjustment will be rejected unless explanation is completed on reverse.)

EMPLOYER'S NAME

ADDRESS (No.

ADDRESS (No., Street, Suite No., City, State, ZIP)

CORI	RECTION TO REPORT	Γ OF WAG	ES PAID EA	CH INDIVIDI	UAL EMP	LOYEE		FOR	AGENCY U	ISE ONLY	
Employee's Soc. Sec. Account No. Employee's N				Amount of Wages		Correct Amount		KEY		KEY	
		yee's Name		Reported		of Wages		Net Increase		Net Decrease	
0 0 0 0 0 0 0 0	0 Last		First	Dollars	Cents	Dollars	Cents	Dollars	Cents	Dollars	Cents
			Initial								
	i										
CORRECTION TO C	COMPUTATION OF	1	1								
	AND AMOUNTS DUE:		TOTALS								
THE THE THE PERSON	As Reported		orrected	Net Inci	ease.	Net Decre	ase	SIGNATURE			
-			orrected		cusc		use				
Total Wages	\$	\$		\$		\$		TITLE			
Excess Wages	\$	\$		\$		\$					
		Ψ				Ψ		PHONE NO.		DATE	
Taxable Wages	\$	\$		\$		\$					
UI TAX				\$		\$					
Adjustment at rate in effect for quarter indicated above% UI INTEREST				Φ Φ		Φ	DO NOT WRITE DELOW THIS I		NIE		
Add 1% for each month from delinquent date				\$			DO NOT WRITE BELOW THIS LINE				
JOB TRAINING TAX				¢ •		¢		PREPARED BY		DATE	
Adjustment at 0.10% of Taxable Wages NET ADJUSTMENT				\$		\$				DATE	
Underpayment				\$				VERIFIED BY		DATE	
NET ADJUSTMENT						ф		VENIFIED DY		DATE	
Overpayment						\$					