

WAGE ADJUSTMENT REPORT

Unemployment Insurance
P. O. Box 7945
Madison, WI 53707
(608) 266-6877

ADJUSTMENTS FOR CALENDAR YEAR

1. UI ACCOUNT NUMBER	EMPLOYER NAME				EMPLOYER ADDRESS					
2. SOCIAL SECURITY NUMBER	3. LAST NAME	4. FIRST NAME	Quarter End Date 3/31		Quarter End Date 6/30		Quarter End Date 9/30		Quarter End Date 12/31	
			5. REPORTED WAGES	6. CORRECT WAGES	5. REPORTED WAGES	6. CORRECT WAGES	5. REPORTED WAGES	6. CORRECT WAGES	5. REPORTED WAGES	6. CORRECT WAGES
7. SIGNATURE			DATE		TITLE				PHONE NUMBER	