

# WAGE RECORD CORRECTION

Use this form to notify the Department of Workforce Development, Division of Unemployment Insurance (DWD/DUI) of errors on its Wage Record File and/or its New Hire Record File.

- Complete all of the DWD wage record/new hire data on the left to identify the record to be corrected.
- Specify the reason for the correction.
- Provide your name, agency, telephone number, and email address (if you have one) in case DWD needs to contact you.

**Fax or mail a copy of this form to: Wage Balancing Unit, 201 E. Washington Ave., Room C300, P.O. Box 7962, Madison, WI 53707-7962. The Fax Number is (608) 266-8089.**

**Please attach CARES screen prints showing the SSN mismatch.**

DWD WAGE/NEW HIRE DATA	CORRECT DATA	
Record Type <input type="checkbox"/> Wage <input type="checkbox"/> New Hire	Name	
Name	SSN	
SSN	Date of Birth	Verified with SSA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name	Employer Name	
Employer ID Number	Employer ID Number	
Wage Amount	Wage Amount	
For Quarter _____ Year _____	For Quarter _____	Year _____

Reason for Correction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Your Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 Your Email Address: \_\_\_\_\_

DWD USE ONLY	
Adjustment Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	
Initials	Date Completed