EMPLOYER NUMBER

CORRECTION OF WAGE ITEM(S)

Alaska Department of Labor and Workforce Development
Employment Security Division
P.O. Box 115509, Juneau, AK 99811-5509

EMPLOYER'S NAME

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	_____ QTR. /YR_____		w	_____ QTR. YR_____		w	_____ QTR. /YR_____		w	_____QTR./YR_____		w
		REPORTED	CORRECT		REPORTED	CORRECT		REPORTED	CORRECT		REPORTED	CORRECT	
	TOTALS:												

EXPLANATION: _____

_____

I CERTIFY that to the best of my knowledge, the foregoing information is true and correct.

Date _____By_____ Title_____

Adj Keyed: _____
Batch #: _____
Checked By: _____

SUMMARY OF ADJUSTMENTS

BATCH / ITEM	YR/QTR	RATE	TOTAL WAGES			TAXABLE WAGES		
			REPORTED	CORRECT	DIFFERENCE	REPORTED	CORRECT	DIFFERENCE

TADJ (01/06)