

MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation 47C State House Station Augusta, ME 04333-0047	AUTHORIZATION TO CORRECT WAGES
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Maine Employer Account Number	Employer's Name and Address
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Authorization is hereby made for an adjustment to the account for the following reasons: _____

Quarter Ending _____ (A separate form must be submitted for each quarter.)

	Item	A. Amount Reported	B. Corrected Amount	C. Difference	
1.	Total Wages	\$	\$	\$	Contributions Rate _____%
2.	Wages in Excess of \$12,000 Per Employee	\$	\$	\$	
3.	Taxable Wages	\$	\$	\$	CSSF Rate: .05% for 2008-2009 .06% for 2010- to current year
4.	Contributions Tax	\$	\$	\$	
5.	CSSF ¹ Tax	\$	\$	\$	
6.	Total Overpayment	\$ _____ (Do not reduce future tax liabilities by this credit.)			
7.	Total Underpayment	\$ _____ (Please remit payment with this report.)			

>>> MAKE CHECK OR MONEY ORDER PAYABLE TO TREASURER, STATE OF MAINE<<<

8. INDIVIDUAL EMPLOYEE WAGE CORRECTIONS

Employee's Social Security Number	Name of Employee	Originally Reported		Corrected Amounts	
		Nonseasonal (T)	Seasonal (P)	Nonseasonal (T)	Seasonal (P)

Date	Signature	Title	Telephone
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QUESTIONS ABOUT THIS FORM? Contact a Wage Record Representative at (207) 621-5120 Fax: (207) 287-3733 TTY (Deaf / Hard of Hearing): Maine Relay 711 Email address: division.uctax@maine.gov
