

MAINE DEPARTMENT OF LABOR
 Bureau of Unemployment Compensation
 47C State House Station
 Augusta, ME 04333-0047

AUTHORIZATION TO CORRECT WAGES

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	Contributions Rate
1. Total Wages	\$	\$	\$	_____% CSSF Rate: .06% for 2010 to current year
2. Wages in Excess of \$12,000 Per Employee	\$	\$	\$	
3. Taxable Wages	\$	\$	\$	
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 Customer Service Representative at (207) 621-5120 Fax: (207) 287-3733
 TTY users call: Maine Relay 711 Email: division.uctax@maine.gov