

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYMENT SECURITY DIVISION, EMPLOYER ACCOUNTING
220 FRENCH LANDING DRIVE, 3-B
NASHVILLE TN 37243-1002
TELEPHONE (615) 741-1619 FAX (615) 770-7405
EMPLOYER.ACCOUNTING@TN.GOV

ACCOUNT NUMBER

COMPANY NAME (AS PRINTED ON REPORTS)

FEDERAL ID NUMBER

TAXABLE WAGE CORRECTION

This form is used to make corrections to taxable wages. If there is a change in total wages, please use a Claim for Adjustment, or Refund Form (LB-0459), or a Supplemental Premium and Wage Report form (LB-0458/LB-0851).

Employer's _____ quarter _____ premium report is incorrect as posted.
The items as shown on the incorrect report and as corrected are:

	<u>Originally Reported:</u>	<u>Corrected Totals:</u>
1. Total Wages	_____	_____
2. Excess Wages	_____	_____
3. Taxable Wages	_____	_____
4. Premium Due	_____	_____

It is understood that any adjustments allowed will be made in connection with subsequent premium payments. Refunds will be issued without interest in the form of a credit which can be applied next quarterly report. Additional premiums due are the subject to interest applicable under the Law.

Under the penalties of perjury, I declare that the statements made in support of this claim are true, correct, and complete, to the best of my knowledge and belief.

Prepared by Agency Representative
Signature: _____

Signed by: _____
Title: _____
Email: _____
Date: _____