



# Employer's Correction Report for the Quarter Ending:



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Revenue Division - 307 E. Jackson Street, 3rd Floor  
Springfield, Illinois 62701

ACCOUNT NUMBER:    Enter complete account number, name and address in the space above.	<p style="text-align: center;"><b>SPECIAL INSTRUCTIONS</b></p> <ol style="list-style-type: none"> <li>1. Prepare a separate correction report for each quarter. Retain a copy for your files.</li> <li>2. Give complete explanation.</li> <li>3. Always complete Schedule A.</li> <li>4. Be sure to complete Schedule B if you are correcting wages reported for individual workers.</li> </ol>
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### SCHEDULE A - QUARTERLY WAGE INFORMATION

	As Reported on UI-3/40	Should Be
Line 2. Total Wages Paid		
Line 3. Less: Excess Wages		
Line 4. Taxable Wages		
Line 5. Contribution Due		

### EXPLANATION

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**NOTE:** The taxable wage base is subject to change annually. Please refer to your original quarterly wage report (form UI-3/40) for the wage base of the year you are correcting.

### SCHEDULE B - INDIVIDUAL WAGE CORRECTIONS LIST ONLY THOSE WORKERS WHOSE WAGES ARE TO BE CORRECTED

Worker's Social Security Account Number	Worker's Name (Type or Print)	UI-3/40 Page #	W A G E S	
			As Reported	Should Be
TOTAL				

I certify that the information in the foregoing report is true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_

Signed \_\_\_\_\_

This report MUST be signed by owner, partner, officer, or authorized agent within the employing enterprise. If signed by any other person, a Power of Attorney must be on file.

Title \_\_\_\_\_