IUINOIS DERARMENTOF
EMPIOYMENTSEURITY

Fax: 217-557-1948
Phone: 800-247-4984
Employer's Correction Report for the Quarter Ending: $\qquad$

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

| ACCOUNT NUMBER: | SPECIAL INSTRUCTIONS <br> 1. Prepare a separate correction report for each quarter. Retain a copy for your files. <br> 2. Give complete explanation. <br> 3. Always complete Schedule A. <br> 4. Be sure to complete Schedule B if you are correcting wages reported for individual workers. |
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|  |  |
| Enter complete account number, name and address in the space above. |  |

## SCHEDULE A - QUARTERLY WAGE INFORMATION

## EXPLANATION

|  | 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 |  |  |

NOTE: For calendar years 2014, 2015, 2016 and 2017, the taxable wages of $\$ 12,960$ of wages paid to each worker for the calendar year. For the calendar year 2013, taxable wages are the first $\$ 12,900$ of wages paid to each worker for the calendar year.

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

| Worker's Social Security <br> Account Number | Worker's Name (Type or Print) | UI-3/40 <br> Page \# |  | As Reported A G E S |  |
| :--- | :--- | :--- | :--- | :--- | :---: |
| Should Be |  |  |  |  |  |

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

Date $\qquad$ Signed $\qquad$
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.

