UI-40B (Rev. 6/15)
IL 427-0402 Stock
No. 7876

State of Illinois
Department of Employment Security
Revenue Division - 307 East Jackson St, 3rd Floor
Springfield, Illinois 62701
Fax number 217-785-1725

SOCIAL SECURITY NUMBER CORRECTION AND NAME CHANGE NOTICE

	Please complete this schedule promptly.
	Return original to this Division, Attention:
	WAGE RECORDS
	Retain duplicate for your files.
Enter your Illinois Unemployment Insurance Account Number, name and Address in the space above.	

IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON A PLAIN PIECE OF PAPER, ENTER YOUR ACCOUNT NUMBER, NAME AND ADDRESS AT THE TOP, AND HEAD EACH COLUMN AS ON THIS SCHEDULE.

Worker's Social Security Number AS REPORTED	Worker's Name (Type or Print)	QUARTER ENDING	TOTAL Wages Paid	Worker's Social Security Number AS CORRECTED

Date _____ Signed _____

Title _____

For information & phone numbers, please visit, http://www.ides.illinois.gov/SitePages/ContactIDES.aspx.
For this & other online forms, please visit, http://www.ides.illinois.gov/forms