

MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation P.O. Box 259 Augusta, ME 04332-0259	AUTHORIZATION TO CORRECT WAGES
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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	Contribution Rate
1.	Total Wages	\$	\$	\$	
2.	Wages in Excess of \$12,000 Per Employee	\$	\$	\$	_____%
3.	Taxable Wages	\$	\$	\$	CSSF Rate: .06% for 2011
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
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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 Wage Record Representative at (207) 621-5120 Fax: (207) 287-3733 TTY (Deaf / Hard of Hearing): 1-800-794-1110 Email address: division.uctax@maine.gov
