

EMPLOYER NUMBER	FEIN
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CORRECTION OF WAGE ITEMS
 Alaska Department of Labor and Workforce Development
 Division of Employment and Training Services
 P.O. Box 115509, Juneau, AK 99811-5509

EMPLOYER NAME

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	_____ QTR. YR _____							
		REPORTED	CORRECT	REPORTED	CORRECT	REPORTED	CORRECT	REPORTED	CORRECT
TOTALS:									

EXPLANATION: _____

I CERTIFY that to the best of my knowledge, the foregoing information is true and correct.

Date: _____ By: _____ Title: _____ Telephone: _____

Provide the Social Security Number, Standard Occupational Classification (SOC) code and Geographic codes for **employees above not previously reported** on the Quarterly Contribution Report:

SOCIAL SECURITY NUMBER	SOC CODE	GEOGRAPHIC CODE