Form 3HADJ
Rev 05/2010

Utah Department of Workforce Services, Unemployment Insurance

Unemployment Insurance
140 E. 300 S., PO Box 45288, Salt Lake City UT 84145-0288

1-801-526-9235 option 4 1-800-222-2857 option 4

The preferred method of filing this report is on-line at our website:

http://jobs.utah.gov/ui

Registration #:

EMPLOYER NAME & ADDRESS:

Quarter: Year:

Note: Only those employees whose wages are being amended should be included on this form.

AMENDED WAGE LIST

USE WHOLE DOLLARS ONLY

Social Security Number	Employee Name	Wages Reported on Wage List	Correct Wages	Difference
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Printed Name:_____ Telephone: (_____)_____

Signature: _____ Title:_____ Date:_____