

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 1-800-222-2857

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

<http://jobs.utah.gov>



Registration #:

Quarter:

Year:

EMPLOYER NAME & ADDRESS:

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
	First	Middle Init.	Last			
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Printed Name: _____ Telephone: (_____) _____

Signature: _____ Title: _____ Date: _____