

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
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SOCIAL SECURITY NUMBER	EMPLOYEE NAME	QTR. 1 YR _____		QTR. 2 YR _____		QTR. 3 YR _____		QTR. 4 YR _____	
		REPORTED	CORRECT	REPORTED	CORRECT	REPORTED	CORRECT	REPORTED	CORRECT
<b>TOTALS:</b>									

EXPLANATION: \_\_\_\_\_

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

Date: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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