

State of Delaware
 Department of labor
 Division of Unemployment Insurance
 P. O. Box 9953
 Wilmington, DE 19809
 (302) 761-8482

ADJUSTMENT APPLICATION

Employer Name: _____ State Account Number: _____

Dear Sir or Madam:

We are amending Year-Quarter _____ for the above referenced company as indicated below:

		Total Wages Paid	
1. Social Security No	2. Name of Employee	3. As Reported	4. Should Be
5. Totals			
6. Difference (+or-) Column 4 Total - Column 3 Total			

	As Reported	Correctly Reported	Net Change
7. Total Gross Wages Paid in Quarter			
8. Wages in Excess of \$8500			
9. Taxable Wages			
10. Contribution Due			
11. Total Prior Payments			
12. Refund			
13. Balance Due - Check Attached			

14. Reason for Adjustment: _____

Signature: _____ Title: _____ Date: _____