



Contributions  
 45 South Fruit Street  
 Concord, New Hampshire 03301-4857  
 Phone (603) 224-3311 Fax (603) 225-4323  
 www.nhes.nh.gov

Adjusted
By _____
Date _____
Rec'd \$ _____

Date stamp
------------

## TAX AND WAGE REPORT ADJUSTMENT FORM

(A separate form must be submitted for each quarter)

**Employer Name:** \_\_\_\_\_

**Account #**  
**Name Control**

**Quarter Ending** \_\_\_\_\_

Request is hereby made for an adjustment to my account for the following reason(s): \_\_\_\_\_

CORRECTIONS - PART 1 (Tax Report)	1st Month	2nd Month	3rd Month
Line 7			

### CORRECTIONS - PART 1 (Tax Report)

Tax Report Line	Item	Amount Previously Reported	Correct Amount	Difference (+ or -)
Line 8	Total Wages			
Line 9	Excess Wages			
Line 10	Taxable Wages			
Line 11	UI Rate			
Line 12	AC Rate			
Line 13	Total Tax Due			
* Interest should be calculated at 1% per month from the quarterly due date (Make check payable to: State of NH - UC)			* Interest Due	
			Balance or Credit Due	

### CORRECTIONS - PART 2 (Wage Report)

Social Security #	Employee Name	Amount Previously Reported	Correct Amount

<b>Signature</b>	<b>Title</b>	<b>Date</b>	<b>Phone</b>
------------------	--------------	-------------	--------------