

ADJUSTMENT REPORT

Use this form if you need to make corrections to a previously submitted Unemployment Tax and Wage Report (UC-018).

INSTRUCTIONS:

Section A:

Document the Social Security Number, Name and Wage Information of each worker for which wages must be corrected.

VERY IMPORTANT: Provide the reason for the adjustment. Your adjustment report will be rejected without this information.

Section B:

Do not complete this section if only making corrections to Social Security Numbers, not wages.

Section C:

Unsigned requests will be rejected.

If you have questions about completing this form or adjusting wage reports, contact the UI Tax Section at:

Arizona Department of Economic Security

Unemployment Tax – Mail Drop 5881

Accounting Unit

P.O. Box 6028

Phoenix, AZ 85005-6028

Telephone: (602) 771-6601

Email: UITAccounting@azdes.gov

For faster processing, please submit your Adjustment Report via email at the email address above.

ACCOUNT NUMBER _____

CALENDAR QUARTER ENDING _____

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Unemployment Insurance Administration Mail Drop 5881
 P.O. Box 6028, Phoenix, AZ 85005-6028
 Phone: 602-771-6601

Adjustment will be rejected unless the reason for it is provided.

ADJUSTMENT REPORT

EMPLOYER'S NAME			ADDRESS (No., Street, City, State, ZIP)				
A. CORRECTION TO REPORT OF WAGES PAID TO INDIVIDUAL EMPLOYEES					THIS BOX REQUIRED FOR EACH ENTRY		
Employee's Social Security Number	Employee's Name		Amount of Wages Previously Reported	Correct Amount of Wages	Difference (+/-)	Reason for Adjustment	
000-00-0000	Last	First Initial	Dollars and Cents	Dollars and Cents	Dollars and Cents	If reason for adjustment varies by employee, explain each error on the lines below.	
TOTALS:							
B. CORRECTION TO TAXABLE WAGES & AMOUNTS DUE				C. CERTIFIER INFORMATION			
	As Previously Reported	As Corrected	Net Increase	Net Decrease	PREPARED BY		DATE
Total Wages	\$	\$	\$	\$			
Excess Wages	\$	\$	\$	\$			
Taxable Wages	\$	\$	\$	\$			
UI TAX					YOUR SIGNATURE		
Adjustment at	% (tax rate in effect for quarter indicated above)		\$	\$			
UI INTEREST Add 1% for each full and/or partial month from delinquent date			\$		YOUR TITLE		
NET ADJUSTMENT Underpayment			\$		YOUR PHONE NUMBER		
NET ADJUSTMENT Overpayment				\$			

REASON FOR ADJUSTMENT (Required): _____

* Changes to SSN must be made indicating the removal of wages from the incorrect SSN on one line and adding to the correct SSN on the next.