

## 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 (if more space is needed, continue the explanation on the reverse side of the form after printing it). Your adjustment report will be rejected without this information.**

If only changes to Social Security Numbers are being made, you do not need to complete section.

#### 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  
Fax: (602) 532-5562  
Email: [UITAccounting@azdes.gov](mailto:UITAccounting@azdes.gov)

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

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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, Contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.

ADJ  Scan both sides if box is checked.  
 (Checkbox above is for DES use only.)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Employer Engagement Administration Mail Drop 5881  
 P.O. Box 6028, Phoenix, AZ 85005-6028  
 Phone: 602-771-6601 • Fax: 602-532-5562

**Adjustment will be rejected unless the reason for it is provided.  
 Use reverse side if more space is needed.**

ACCOUNT NUMBER \_\_\_\_\_

CALENDAR QUARTER ENDING \_\_\_\_\_

## 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					Reason for Adjustment														
0	0	0	0	0	0	0	0	0	0	Last	First Initial	Dollars	and	Cents	Dollars	and	Cents	If reason for adjustment varies by employee, explain each error on the lines below.																					
B. CORRECTION TO TAXABLE WAGES & AMOUNTS DUE															TOTALS:					C. CERTIFIER INFORMATION																			
										As Previously Reported					As Corrected					Net Increase					Net Decrease														
Total Wages										\$					\$					\$					\$					PREPARED BY					DATE				
Excess Wages										\$					\$					\$					\$					VERIFIED BY					DATE				
Taxable Wages										\$					\$					\$					\$														
UI TAX										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 SIGNATURE														
JOB TRAINING TAX										Adjustment at 0.10% of Taxable Wages					\$					\$																			
SPECIAL ASSESSMENT (APPLIES TO CALENDAR QUARTERS IN 2011 AND 2012 ONLY)										Adjustment at 0.40% (2011) or 0.50% (2012) of Taxable Wages					\$					\$										YOUR TITLE									
NET ADJUSTMENT										Underpayment					\$										YOUR PHONE NUMBER					DATE									
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.