

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 \$10,500			
9. Taxable Wages			
10. Contribution Due			
11. Total Prior Payments			
12. Credit			
13. Balance Due - Check Attached			

14. Reason for Adjustment: _____

All approved credits may be used on subsequent filings on line 6 of UC-8 form

Signature: _____ Title: _____ Date: _____