

1-800-492-5524 Ext. 2410  
Local: 410-767-2410  
Fax: 410-767-2680

Federal Number: \_\_\_\_\_ - \_\_\_\_\_

## Request for Wage Adjustment

(A Separate Form Must Be Submitted For Each Quarter)

Gentlemen:

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

AMOUNT OF REMITTANCE (If Applicable) \$ _____		FOR THE QUARTER ENDING:	
EMPLOYER ACCOUNT NUMBER: 00 _____			
ITEM	AMOUNT REPORTED	CORRECTED AMOUNT	DIFFERENCE (+ OR -)
Total Wages			
Excess Wages			
Taxable Wages			
X Tax Rate	. _____	. _____	. _____
Contributions (Tax)			
*Interest should be calculated at 1.5% per month from the quarterly due date.		<b>INTEREST DUE</b>	\$ _____
<b>(Make your check payable to Maryland Unemployment Insurance Fund)</b>		<b>TOTAL</b>	\$ _____

### WAGE DETAIL

(If more space is needed, please send on additional blank sheets)

SOCIAL SECURITY NUMBER	EMPLOYEE NAME	AMOUNT REPORTED	CORRECT AMOUNT	DIFFERENCE (+ OR -)

Firm Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(State whether individual, owner, partner – title, if officer of Corporation)

Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

\_\_\_\_\_  
(Account Adjusted By)

PHONE: 410-767-2410 • EMAIL: [uiacctsrec@dllr.state.md.us](mailto:uiacctsrec@dllr.state.md.us) • INTERNET: [www.dllr.maryland.gov](http://www.dllr.maryland.gov)