



STATEMENT TO CORRECT EMPLOYER'S CONTRIBUTION AND WAGE REPORT
JSND/UNEMPLOYMENT INSURANCE
 SFN 41270 R. (6-14)

JOB SERVICE NORTH DAKOTA
 UI/TAX & FIELD SERVICES
 PO BOX 5507 BISMARCK ND 58506-5507
 PHONE: 701-328-2814
 TTY: RELAY ND 800-366-6888 FAX: 701-328-1882

Employer Name _____ Unemployment Insurance Account Number _____

Address _____ Year _____ Page _____ of _____

SSN*	NAME	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER	
		Reported	Corrected	Reported	Corrected	Reported	Corrected	Reported	Corrected

* Include only those wage records that need to be changed or added.

Quarterly Totals	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER	
	Reported	Corrected	Reported	Corrected	Reported	Corrected	Reported	Corrected
Total Wages								
Excess Wages								
Taxable Wages								
Net. Diff. Taxable Wages								
Adj. (Rate x Net Diff.)**								

Explanation of changes:

Signature _____ Title _____ Phone Number _____ Date _____

**Interest will be charged at 1.5 percent per month on the unpaid balance.

*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax, program eligibility purposes and program performance accountability.

Job Service is an equal opportunity employer/program provider.
 Auxiliary aids and services are available upon request to individuals with disabilities upon request.



