Employer's Wage Adjustment Report

68-0061 (10-06) Assignment A _____

(For correcting quarterly Employer's Contribution and Payroll Report 65-5300)

This form is available at no cost to the public from Iowa Workforce Development.

IOWA WORKFORCE DEVELOPMENT
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IOWA WORKFORCE DEVELOPMENT
TAX BUREAU, UIS DIVISION
1000 E Grand Avenue
Des Moines, IA 50319-0209

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Employer Name >		Iowa Account No. (6-digit) >	
Trade Name >		Location Code (if Applicable) >	
Reason(s) for Adjustment >	(1)	Quarter And Year (Q/YY) >	
		(A separate report must be prepared for each quarter)	

SCHEDULE A: PAYROLL LISTING CORRECTIONS -- LIST ONLY THOSE WORKERS WHOSE WAGES ARE TO BE CORRECTED

RSN CDE	Social Security Number	EMPLOYEE NAME Last Name First Name MI	TOTAL WAGES As Reported	TOTAL WAGES Should Be	TAXABLE WAGES As Reported	TAXABLE WAGES Should Be
1						
		Page Totals >				

SCHEDULE B: CORRECTION OF PAYMENT COMPUTATION

INSTRUCTIONS FOR LINES 1-5: Column 1 - COPY the figures previously reported on the same lines in the Payment Computation section of Employer's Contribution & Payroll Report or, if this quarter has been previously adjusted with this form, COPY from Schedule B, Col. 2 of that form. Column 2-Start with Col. 1 figures and add or subtract the net wage increases or decreases resulting from Sched. A adjustments. Recalculate State Experience, Reserve Fund, & Surcharge using corrected Line 2 figure.

	As Reported (Col 1)	Should Be (Col 2)
1. Total Wages >		
2. Taxable Wages >		
3. State Exp Rate @ % >		
4. Reserve Fund @ % >		
5. Surcharge @ % >		
6. State Experience Underpaid/(Overpaid [Line 3, Col 2 - Col 1] >		
7. Reserve Fund Underpaid/(Overpaid) [Line 4, Col 2 - Col 1] >		
8. Surcharge Underpaid/(Overpaid) [Line 5, Col 2 - Col 1] >		
9. Subtotal Additional Due or (Total Credit) [Line 6 + 7 + 8] >		
10. Interest Due [Line 9 X # Days Late X 0.000333] >		
11. Additional Penalty Due [Only if penalty on original filing] >		
12. Total Additional Due [Line 9 + 10 + 11] >		

Taxable Wage Base >	
Preparer's Signature/Name >	
Preparer's Title >	
Preparer's Phone >	
Date Signed >	

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities. - For deaf and hard of hearing, use Relay 711.

PHOTOCOPY BLANK FORM IF MORE ADJUSTMENTS ARE NEEDED. PLEASE ENCLOSE PAYMENT FOR TOTAL ADDITIONAL DUE.