Employment Security Division
Contributions Section
500 East Third Street
Carson City, NV 89713-0030
(775) 684-6300

DETR
Nevada Department of Employment, Training and Rehabilitation
ONE NEVADA - Growing A Skilled, Diverse Workforce

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http://ui.nv.gov/ess

Statement to Correct

Corrections for the Calendar Quarter Ending: _____
(Please use a separate form for each quarter being corrected.)
Employer Account Number: _____
Name (DBA): _____

1. Complete the following section to amend individual wage/tip items previously reported on the Wage Report.

Employee Social Security No.			Name of Employee Last Name, First Name, Middle Initial	Tips Previously Reported		Correct Amount of Tips		Wages Previously Reported		Correct Amount of Wages	
000	00	0000		Dollars	Cents	Dollars	Cents	Dollars	Cents	Dollars	Cents
Use additional sheets as needed.			TOTALS								

2. Complete the following section to amend wages previously reported on Lines 3, 4, or 5 of Employer's Quarterly Report.

	Amounts Previously Reported on Quarterly Report	Amended	Difference ONLY Additional Amount	Difference ONLY Reduced Amount
TOTAL (Line3)	$_____	$_____	$_____	$_____
NONTAXABLE (Line 4)	$_____	$_____	$_____	$_____
TAXABLE (Line 5)	$_____	$_____	$_____	$_____

CONTRIBUTIONS

Adjustment at UI Rate (_____%) in effect for quarter indicated above ..... $_____ $_____

Adjustment at CEP Rate of .05 percent (.0005)..... $_____ $_____

INTEREST

For each month or part of month the payment is late, interest at 1 percent (.01) of the amount of UI contributions past due, will also be payable..... $_____

PENALTY INTEREST

Only if original report was not filed timely, at 1/10 percent (.001)X additional taxable wage amount (see above) for each month from delinquent date to date original report was filed ..... $_____

NET ADJUSTMENT

UNDERPAYMENT ..... $_____

OVERPAYMENT ..... $_____

3. Please explain the corrections/changes reported above.

_____ _____ ( ) _____ _____
Signature Title Telephone Date