

**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**

		<b>Total Wages Paid</b>	
<b>1. Social Security No</b>	<b>2. Name of Employee</b>	<b>3. As Reported</b>	<b>4. Should Be</b>
<b>5. Totals</b>			
<b>6. Difference (+or-) Column 4 Total - Column 3 Total</b>			

	<b>As Reported</b>	<b>Correctly Reported</b>	<b>Net Change</b>
<b>7. Total Gross Wages Paid in Quarter</b>			
<b>8. Wages in Excess of \$18,500</b>			
<b>9. Taxable Wages</b>			
<b>10. Contribution Due</b>			
<b>11. Total Prior Payments</b>			
<b>12. Credit</b>			
<b>13. Balance Due - Check Attached</b>			

**14. Reason for Adjustment:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_