



TENNESSEE DEPT OF LABOR AND WORKFORCE DEVELOPMENT
 EMPLOYER ACCOUNTS OPERATIONS
 EMPLOYER ACCOUNTING UNIT
 220 FRENCH LANDING DRIVE
 NASHVILLE TN 37243
 (615)741-1619 FAX (615)741-7214

CLAIM FOR ADJUSTMENT OR REFUND

(Do not write in this space)

Claim No. _____ Date Rec'd ____/____/____
 Examined _____
 Wage Records Corrected _____
 Approved _____
 Adj. Prepared by _____ Date ____/____/____

A claim for adjustment is hereby made in accordance with Section 50-7-404(F) of the Tennessee Employment Security Act because of premiums erroneously paid to the Tennessee Department of Labor and Workforce Development.

Name of Employer _____ State Account Number _____
 Street Address _____ Federal I.D. Number _____
 City and State _____ Quarter(s) and Year(s) _____
 Date Premiums Paid _____ Amount claimed as refund _____

In the space below explain why the wages are being decreased.

List employees erroneously reported showing by quarter the amount of wages reported and the amount that should have been reported. Attach additional sheets if necessary. *If employee(s) should be reported to another state, please provide proof of report and payment to that state.*

Social Security Number	Name of Employee	Qtr.	Total Wages Reported	Correct Total Wages	Diff.	Taxable Wages Reported	Correct Taxable Wages	Diff.

It is understood that any adjustment allowed will be made in connection with subsequent premium payments, without interest, unless such an adjustment cannot be made, in which case a refund will be made, without interest. Under the penalties of perjury I declare that the statements made in support of this claim are true, correct and complete, to the best of my knowledge and belief.

Signature of Preparer _____

Title _____ Date ____/____/____

Preparer's Phone Number _____

If prepared by Agency Representative

Signature _____

Date ____/____/____