



Wages and Contributions Adjustment Sheet: State Form 47742 (R3/02-2004)

Employer Name							
Account Number				Quarter End Date (MM/DD/YYYY)			
Employee Name	Social Security Number	Original Wages	Corrected Wages	Wage Difference	Employee Contribution Adjustment		Employer Contribution Adjustment
					PRE RATE	PRE-TAX	RATE

	Sub-Totals				
	Totals				

Reason for Adjustment

Total Employer Contributions	
Total Employee Contributions	
Total Adjustment	

I understand that increases in reported wages will require an additional payment including employer and employee contributions, and that decreases in reported wages will result in a credit memo, sent with our next quarterly report, applicable against our next payment.

Authorized Signature	Date
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Employer Name

Account Number

Quarter End Date (MM/DD/YYYY)

Employee Name	Social Security Number	Original Wages	Corrected Wages	Wage Difference	Employee Contribution Adjustment		Employer Contribution Adjustment
					PRE RATE	POST RATE	RATE

1. Mail the payment with a copy of the completed summary sheet to the lock box.
2. If not submitting the W&C report and summary via the web (?) to mail the entire package (summary and detail report) to the following address.
HARRISON BUILDING | 143 West Market Street | Indianapolis, IN 46204
3. If you have any questions please contact PERF at the following.