

Mail the payment with a copy of the completed summary sheet to the lock box
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, Indiana 46204 3. If you have any questions please contact PERF at the following:

LOCAL 317.233.4162 TOLL FREE 1.888.526.1687 TDD 317.233.4160 www.perf.in.gov

Wages and Contributions Adjustment Sheet: State Form 47742 (R2/08-07-2002)									
Employer Name									
Account Number Q				Quarter End Date (MM/DD/YYYY)					
Employee Name	Social Security Number	Original Wages		rrected /ages	Wage Difference	Employee Contribution Adjustment		Employer Contribution Adjustment	
						PRE RATE	POST RATE	RATE	
	1			o-Totals					
Reason for Adjustment			Т	otals					
				Total Employer Contributions					
				Total Employee Contributions					
				Total Adjustment					
I understand that increases in reported wages will result in a							ributions, and the	at decreases in	
Authorized Signature				Date					