UI-40B (Rev. 6/15)
IL 427-0402 Stock
No. 7876

**State of Illinois**
**Department of Employment Security**
**Revenue Division - 307 East Jackson St, 3rd Floor**
**Springfield, Illinois 62701**
**Fax number 217-785-1725**

# SOCIAL SECURITY NUMBER CORRECTION AND NAME CHANGE NOTICE

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|---|---|
| | Please complete this schedule promptly. |
| | Return original to this Division, Attention: |
| | **WAGE RECORDS** |
| | Retain duplicate for your files. |
| Enter your Illinois Unemployment Insurance Account Number, name and Address in the space above. | |

IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON A PLAIN PIECE OF PAPER, ENTER YOUR ACCOUNT NUMBER, NAME AND ADDRESS AT THE TOP, AND HEAD EACH COLUMN AS ON THIS SCHEDULE.

| Worker's Social Security Number AS REPORTED | Worker's Name (Type or Print) | QUARTER ENDING | TOTAL Wages Paid | Worker's Social Security Number AS CORRECTED |
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Date _____ Signed _____

Title _____

For information & phone numbers, please visit, http://www.ides.illinois.gov/SitePages/ContactIDES.aspx.
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