

## **Employer's Correction Report** for the Quarter Ending:



Fax: 217-557-1948 Phone: 800-247-4984

Line 3. Less: Excess Wages
Line 4. Taxable Wages
Line 5. Contribution Due

Revenue Division - 307 E. Jackson Street, 3rd Floor Springfield, Illinois 62701

ACCOUNT NUMBER:			SPECIAL INSTRUCTIONS  1. Prepare a separate correction report for each quarter. Retain a copy for your files.		
			2. Give complete explanation.		
			3. Always complete Schedule A.		
			4. Be sure to complete Schedule B if you are correcting wages reported for individual		
Enter complete account r	number, name and address	in the space above.	workers.		
SCHEDULE A - QU	ARTERLY WAGE IN	FORMATION	EXPLANATION		
	As Reported on UI-3/40	Should Be			
Line 2. Total Wages Paid					

**NOTE:** For calendar years 2014, 2015, 2016 and 2017, the taxable wages of \$12,960 of wages paid to each worker for the calendar year. For the calendar year 2013, taxable wages are the first \$12,900 of wages paid to each worker for the calendar year.

## SCHEDULE B - INDIVIDUAL WAGE CORRECTIONS LIST ONLY THOSE WORKERS WHOSE WAGES ARE TO BE CORRECTED

Worker's Social Security Account Number		UI-3/40	WAGES	
Account Number	Worker's Name (Type or Print)	Page #	As Reported	Should Be
		TOTAL		

I certify that the information in the foregoing report is true and correct to the best of my knowledge and belief.						
Date	Signed					
This report MUST be signed by owner, partner, officer, or authorized agent within the employing enterprise. If signed by any other person, a Power of Attorney must be on file.	Title					

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