State of Illinois
Department of Employment Security

Revenue Division
33 South State Street, 10th Floor
Chicago, Illinois 60603-2901

Employer's Correction Report of Wages Previously Reported

Note: *This form is to be used only for itemized information of individual wage reports affected by claim for refund.*

(Do not use this space)

ASSIGNMENT NO._____

Employer Name _____ Account No. _____

Address _____

_____

This claim covers the year of _____ ONLY, on a calendar quarter basis.

Worker's Social Security Number	Quarter Ending 3-31				Quarter Ending 6-30			
Name of Worker	Total Wages Originally Reported	Total Wages As Corrected	Excess As Reported	Excess As Corrected	Total Wages Originally Reported	Total Wages As Corrected	Excess As Reported	Excess As Corrected
Totals on This Page								
Totals on All Pages								

(SEE INSTRUCTIONS ON PAGE 3) **(SEE PAGE 2 FOR QUARTERS ENDING 9-30 AND 12-31)** ***Page 1 of 3***

UI-28B (REV. 08/2009)

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Department of Employment Security

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(Do not use this space)

ASSIGNMENT NO._____

Employer Name _____ Account No. _____

Address _____

_____

This claim covers the year of _____ ONLY, on a calendar quarter basis.

Worker's Social Security Number	Quarter Ending 9-30				Quarter Ending 12-31			
Name of Worker	Total Wages Originally Reported	Total Wages As Corrected	Excess As Reported	Excess As Corrected	Total Wages Originally Reported	Total Wages As Corrected	Excess As Reported	Excess As Corrected
Totals on This Page								
Totals on All Pages								

(SEE INSTRUCTIONS ON PAGE 3)

(SEE PAGE 1 FOR QUARTERS ENDING 3-31 AND 6-30)

INSTRUCTIONS FOR PREPARATION OF EMPLOYER'S CORRECTION REPORT OF WAGES PREVIOUSLY REPORTED

If your claim involves the correction of wages reported by you for individual workers, you must prepare Form UI-28B in duplicate and submit the original to this Division together with Form UI-28. Retain the duplicate for your files.

Employer Name, Account Number, Address -- Enter your name and account number exactly as it appears on your contribution and wage reports; enter your current address.

Page No. Of Pages -- Number each page consecutively, beginning with page number 1, and enter the total number of Form UI-28B submitted with each Form UI-28.

This claim covers year of ____ -- Enter the calendar year with respect to which each UI-28B is filed.

Worker's Social Security Number, Name of Worker -- For each individual whose reported wages are being corrected, enter the Social Security Number above the dotted line, and the worker's name below the dotted line exactly as they were reported.

Total Wages Originally Reported on UI-3/40 -- For each worker listed, enter in the column applicable to the quarter being corrected, the amount of wages originally reported.

Total Wages As Corrected on UI-3/40 -- For each worker listed, enter in the column applicable to the quarter being corrected, and amount of wages as corrected.

Excess As Reported -- For each worker listed, enter in the column applicable to the quarter being corrected, the amount of excess wages as originally reported. **COMPLETE ALL FOUR QUARTERS.**

Excess As Corrected -- For each worker listed, enter in the column applicable to the quarter being corrected, the amount of excess wages as corrected.

Totals on This Page -- Enter the total amount of wages shown in each column on the page.

Total All Pages -- Enter the total amount of wages in each column of all pages.