ES-903C (rev 07/01) DATE RECEIVED:

NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS
P.O. BOX 2281, ALBUQUERQUE NEW MEXICO 87103
(505) 841-8576

STATEMENT TO CORRECT INFORMATION REPORTED ON FORM ES-903A

Form ES903C should be submitted for each quarter requiring correction. Schedule A should include totals for the quarter.
Only wages being corrected should be listed on schedule B (or attach listing with same format).

Acct No.: _____

QTR Ending: _____

Date Due: _____

Name: _____

Address: _____

SCHEDULE A	AS REPORTED	AS CORRECTED	DIFFERENCE
1. Total Wages (column 12 of ES903A)			
2. Deduct excess wages (column 13 of ES903A)			
3. Taxable wages (item 1 less item 2)			
4. Tax Due (item 3 X rate of)			
5. Interest due (1% per month after due date)			
6. Late report penalty(add $50)			
7. Late payment penalty (add 5% of tax due or $25 whichever is greater)			
8. Total amount due to NMDOL			
9. Total amount actually paid			

SCHEDULE B

		Wages as they were reported		Corrected Wages	
Employee social security number	Name of Employee	Individual total wages paid this quarter	Wages in excess of annual taxable base	Individual total wages paid this quarter	Wages in excess of annual taxable base
	TOTALS				

Reasons for Corrections:(Corrections resulting in credit may not be effected without narrative justification) _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Authorized Signature/Title Date:

FOR DEPARTEMENT USE ONLY
Date:
Batch No.
Processed by: