

MISSISSIPPI DEPARTMENT OF EMPLOYMENT SECURITY

Post Office Box 22781
Jackson, Mississippi 39225-2781
Telephone Number: (601)321-6063

EMPLOYER'S QUARTERLY ADJUSTMENT REPORT

If the Social Security number, name or wages of one or more workers were omitted from or erroneously reported in a wage report, each such error should be corrected on this form. Complete a separate UI-3b for each quarter requiring a correction.

ADJUSTMENT FOR THE QUARTER ENDING _____ PAGE NO. ___ OF _____ PAGES FOR THIS QUARTER

MDES ACCOUNT NUMBER _____ TAX RATE _____ QTR/YR _____ EMPLOYER'S NAME _____

WAGE ADJUSTMENTS TO UI-3

SOCIAL SECURITY NUMBER	2. EMPLOYEES NAME	3. TOTAL WAGES PAID THIS QUARTER	4. TOTAL WAGES PAID THIS QUARTER SHOULD BE	DO NOT USE THIS COLUMN
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
5. TOTALS		\$	\$	
6. DIFFERENCES (Column 3 Total - Column 4 Total)			\$	

7. REASON FOR ADJUSTMENT _____

SIGNATURE _____ DATE _____

CONTRIBUTIONS ADJUSTMENT TO UI-2	COLUMN A AS REPORTED	COLUMN B SHOULD BE	DIFFERENCE OF COLUMN A & COLUMN B
8. TOTAL GROSS WAGES PAID THIS QUARTER	.	.	.
9. NON-TAXABLE WAGES PAID THIS QUARTER	.	.	.
10. TAXABLE WAGES PAID THIS QUARTER	.	.	.
11. UI CONTRIBUTIONS DUE	.	.	.
12. TRAINING CONTRIBUTIONS DUE	.	.	.
13. TOTAL CONTRIBUTIONS DUE (add item 11 & 12)	.	.	.
14. INTEREST ON ITEM 13	.	.	.
15. DAMAGES ON ITEM 13	.	.	.
16. TOTAL PAYMENT DUE	.	.	.

REASON FOR ADJUSTMENT _____

MDES ACCOUNT NUMBER | TAX RATE | QTR/YR | EMPLOYER'S NAME AND ADDRESS

I certify that the information contained in this report and any subsequent pages attached is true and correct and that no part of the tax was or is to be deducted from the worker's wages.

Telephone Number _____ Signature of individual making return or responsible therefore _____ Title _____ Date _____