Form UC-10-C (REV. 12-00)

| Account | | |
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| ACCOUNT | | |
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STATEMENT TO CORRECT INFORMATION PREVIOUSLY REPORTED UNDER THE ALABAMA UNEMPLOYMENT COMPENSATION LAW

| Type or print the name, address and account number in this space as it appears on your wage report. | | | | | | | ber in <u>this</u> - | STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS UNEMPLOYMENT COMPENSATION AGENCY MONTGOMERY, ALABAMA 36131 Indicate the type wage report being corrected. UC CR-4 UC-10-R UC-10-R If the social security number, name or wage of one or more workers was omitted from or erroneously reported on one or more returns, each such error should be corrected on this form. | | | | | |
|---|---------------|-----------------------------------|--------------|------------|----------------|--------------|-------------------------|---|----------------|---------------------------------------|--------------------------|---------|---------------------------|
| WORKERS SOC SECURITY NUMB | | NAME OF WORKER (TYPE OR PRINT) | | | QTR 1,2,3 OR 4 | | Correct Total | l Wages | | Total wages as reported | Correct Taxable Wages | able | Taxable wages as reported |
| | _ | | | | QTR | Yr. | | | | | | | |
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| Totals Increase+/Decrease<> | | | | | | 0.00 | | 0.00 | | 0.00 | 0.00 | | |
| REMARKS | | | | | | | | | | 0.00 | | | 0.00 |
| TILIVIATING | | | | | | | | | | | | | |
| DATE | | | | | : | Signat | ure and Title | | | | | | |
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| AUDITOR KEYED BY VERIFIED BY | KEYED BY DATE | | | | | | | | | | | | |
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| WC | | | | | | | | | | | | | |
| RATES | | | | | | | | | | | | | |
| Q/YR | ER | | | OTAL WAGES | | EXCESS WAGES | | } | TAXABLE WAGES | | | PAYMENT | |
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