



LOUISIANA WORKFORCE COMMISSION
QUARTERLY WAGE & TAX REPORT - AMENDMENT FORM (LWC ES51/WEB)

This form can be mailed or faxed to the UI Tax Accounting/Adjustment Department at (225) 342-5833

Questions regarding this form may be directed to the UI Tax Accounting/ Adjustments Unit at (225) 342-2961

| | | | |
|------------------|--------------------|-------------------|----------------------|
| 1. STATE ID. NO. | 2. FEDERAL I. D. # | 3. YEAR / QUARTER | 4. EXPERIENCE RATE % |
| | | | |

| | |
|------------------------------------|--|
| 5. EMPLOYER NAME, D.B.A. & ADDRESS | <p>This form is used to correct errors made on previously filed quarterly reports. Please print and review the instructions for completing this form prior to entering any data.</p> |
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| | |
|--|----------------------------|
| 6. Wages as Originally Reported | 7. Wages as Amended |
|--|----------------------------|

| | | | |
|------------------------|----|---------------------------|----|
| ORIGINAL TOTAL WAGES | | AMENDED TOTAL WAGES | |
| ORIGINAL EXCESS WAGES | | AMENDED EXCESS WAGES | |
| ORIGINAL TAXABLE WAGES | | AMENDED TAXABLE WAGES | |
| CONTRIBUTIONS PAID | \$ | AMENDED CONTRIBUTIONS DUE | \$ |

| | | |
|---------------------------|--------------------------|----|
| 11. REASON FOR AMENDMENT: | 8. Amount overpaid | \$ |
| | 9. Amount underpaid | \$ |
| | 10. Amount of remittance | |

(MAKE CHECKS PAYABLE TO THE OFFICE OF UI Administration. DO NOT SEND CASH OR CHANGE)

If you have overpaid and the overpayments are less than or equal to \$500, the tax overpayment will print on the next quarterly report due. A Tax Overpayment notice will be issued prior to the due date of the next quarterly report due if the amount exceeds \$500. If the account is no longer active, a refund will be issued automatically. If you have underpaid, include interest and penalty due in the total remittance. Interest is calculated at 1% per month, or a percentage thereof. Penalty is calculated at 5% per month not to exceed 25%. A Tax Delinquent notice will be issued if the underpayment is not paid in full.

COMPLETE THIS SECTION IF EMPLOYEE WAGES HAVE INCREASED OR DECREASED

| 12. SOCIAL SECURITY NO. | 13. EMPLOYEE NAME | 14. ORIGINAL TOTAL WAGES | 15. AMENDED TOTAL WAGES |
|-------------------------|-------------------|--------------------------|-------------------------|
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Use the Continuation sheet for Amended Wages to list additional employees .

| | |
|-------|-------|
| Total | Total |
|-------|-------|

I CERTIFY THE INFORMATION GIVEN IS TRUE AND CORRECT.
 (Unsigned amended forms will not be processed)

MAIL TO: LOUISIANA WORKFORCE COMMISSION
 OFFICE OF MANAGEMENT & FINANCE
 ADJUSTMENTS UNIT
 P.O. BOX 94100
 BATON ROUGE, LOUISIANA 70804

16. SIGNATURE: _____ DATE: _____

TITLE: _____ PHONE: _____