



AMENDED

CONTINUATION WAGE LISTING

LOUISIANA WORKFORCE COMMISSION
 OFFICE OF UNEMPLOYMENT INSURANCE ADMINISTRATION
 P.O. BOX 94100
 BATON ROUGE, LOUISIANA 70804-9186
 ATTN: TAX ACCOUNTING/ADJUSTMENTS
 (225) 342 -2961 FAX (225) 346-6071

This document is semi-interactive. It may be filled out on-line but must be mailed or faxed in.

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|--|-------------------------|---------------------|
| Employer Name & Address | State ID. Number | Year/Quarter |
| This form is a continuation of Lines 12 thru 15 of the Quarterly Wage & Tax Report - Amendment Form. | | |

| | 12. Soc. Sec. Number | 13. Employee Name | 14. Original Total Wages | 15. Amended Total Wages |
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