



Mailing Address: Louisiana Workforce Commission
Office of UI Administration
Adjustments Unit
P.O. Box 94100
Baton Rouge, LA 70804-9100
Phone:1-866-783-5567 Fax: (225) 346-6071

REQUEST FOR RECERTIFICATION
(Proof of Credit - 940C)

This form is semi-interactive. You can complete the request online but must mail or fax it.

State ID # \_\_\_\_\_ Federal ID# \_\_\_\_\_

Year Requested \_\_\_\_\_

Name of Business \_\_\_\_\_

Account is active ( ) Account is inactive( )

Requested By \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

This section for agency use only.

State ID # \_\_\_\_\_

Year Requested \_\_\_\_\_

Rate \_\_\_\_\_

Taxable Wages \_\_\_\_\_

Contributions Paid After January 31st \_\_\_\_\_

Contributions Paid Before February 1st \_\_\_\_\_

Processed By \_\_\_\_\_

Date Entered \_\_\_\_\_