



SOCIAL SECURITY NUMBER CORRECTION FORM (EMPLOYER USE ONLY)

Employer Name _____ Date _____
 Employer Account Number _____

WAGE RECORD ADJUSTMENTS

	Name of Employee	Incorrect Social Security Number	Correct Social Security Number	Yr/ Qtr	Wages Reported
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

LWC-ES51B **Return this form by mail to address noted below or by fax to (225) 346-6071**

SIGNATURE: _____

CONTACT NUMBER: _____

Return Address:

Louisiana Workforce Commission
 UI Tax Adjustments Unit
 P O BOX 94100
 Baton Rouge, La. 70804-9100