



# 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) 346-6071

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>

6. Wages as Originally Reported	7. Wages as Amended
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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 If the account is no longer active, a refund will be issued automatically.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

Use the Continuation sheet for Amended Wages to list additional employees .

Total	Total
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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: \_\_\_\_\_