

Statement to Correct Information Previously Submitted

South Dakota Department of Labor and Regulation, Unemployment Insurance Division
 PO Box 4730 • Aberdeen, SD 57402-4730 • Phone 605.626.2312 • Fax 605.626.3347 • www.sdjobs.org

Account Number _____

UI Rate _____ %

Employer _____

Year _____

IF Rate _____ %

Address _____

A separate report is required for each year.

Surcharge Rate	Q1	Q2	Q3	Q4
	____%	____%	____%	____%

	Social Security #	Employee Name	Qtr/Yr to be Corrected	Amount Reported on Original Report		Correct Amount	
				Total Wages Paid This Quarter	Wages Paid in Excess of \$_____	Total Wages Paid This Quarter	Wages Paid in Excess of \$_____
1			/				
2			/				
3			/				
4			/				
5			/				
6			/				
7			/				
8			/				

Explanation: _____

Annual taxable wage base:
 2009 = \$9,500
 2010 = \$10,000
 2011 = \$11,000
 2012 = \$12,000
 2013 = \$13,000
 2014 = \$14,000
 2015 & later = \$15,000

	office coding	Quarter 3/31/____	Quarter 6/30/____	Quarter 9/30/____	Quarter 12/31/____	Total	Make a copy of this report for your records. Send original to the Unemployment Insurance Division of South Dakota.
Net Change in Total Wages							
Net Change in Excess Wages							
Net Change in Taxable Wages							
Additional Contribution Due	9						
Reduction in Contribution	8						
Adjustments							
Interest (1.5% per month from due date)	7						
Penalty	7						
Total Payment/Refund							

I certify all information on this report is complete and correct.

Signature _____ Title _____ Phone _____ Date _____

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Account Number _____
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				Total Wages Paid This Quarter	Wages Paid in Excess of \$_____	Total Wages Paid This Quarter	Wages Paid in Excess of \$_____
1			/				
2			/				
3			/				
4			/				
5			/				
6			/				
7			/				
8			/				
9			/				
10			/				
11			/				
12			/				
13			/				
14			/				
15			/				
16			/				
17			/				
18			/				
19			/				
20			/				
21			/				
22			/				