

CORRECTION REPORT

South Dakota Department of Labor and Regulation, Reemployment Assistance Division

PO Box 4730 • Aberdeen, SD 57402-4730 • Phone 605.626.2312 • Fax 605.626.3347 • dlr.sd.gov/ra

Account Number _____

RA Rate _____%

Employer _____

Year _____

Admin Rate _____%

Address _____

A separate report is required for each year.

IF Rate _____%

Total Rate _____%

	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:
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 Reemployment Assistance 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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10			/				
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12			/				
13			/				
14			/				
15			/				
16			/				
17			/				
18			/				
19			/				
20			/				
21			/				
22			/				

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