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

Acco	unt Number	_	U	II Rate	%		Employer		
	Year		Admii	n Rate	%				
A separa	ate report is required for each year.	•			%				
					%				
						Amount Reported	d on Original Report	Correc	t Amount
	Social Security #		Employee Name		Qtr/Yr to be Corrected	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					/				
		office	Quarter		Quarter	Quarter	Quarter		Annual taxable wage base: 2015 & later = \$15,000 Make a copy of
		coding	3/31/		5/30/	9/30/	12/31/	Total	this report for your
Net Cl	hange in Total Wages								records. Send
Net Change in Excess Wages									original to the Unemployment
Net Cl	hange in Taxable Wages								Insurance Division
Additional Contribution Due		9							of South Dakota.
Reduction in Contribution		8							
Adjust	tments								
Interest (1.5% per month from due date)		7							
Penalt	ty	7							1
	Payment/Refund y all information on this report	is comp	olete and correct.						
Signat	ture			Title		Phone		Date	

Form 21Cc (rev. 01/18)

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Account Number	Employer
Year	

_				Amount Reported	on Original Return	Correct Amount	
			Qtr/Yr to	Total Wages	Wages Paid in	Total Wages	Wages Paid in
	Social Security #	Employee Name	be Corrected	Paid This Quarter	Excess of \$	Paid This Quarter	Excess of \$
1			/				
2			/				
3			/				
4			/				
5			/				
6			/				
7			/				
8			/				
9			/				
10			/				
11			/				
12			/				
13			/				
14			/				
15			/				
16			/				
17			/				
18			/				
19			/				
20			/				
21			/				
22			/				