Form UC-10-C
(REV. 12-00)

Account _____

STATEMENT TO CORRECT INFORMATION
PREVIOUSLY REPORTED UNDER THE ALABAMA UNEMPLOYMENT COMPENSATION LAW

Type or print the name, address and account number in this space as it appears on your wage report.

STATE OF ALABAMA
DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION AGENCY
MONTGOMERY, ALABAMA 36131

Indicate the type wage report being corrected.

UC CR-4 ☐ UC-10-R ☐

If the social security number, name or wage of one or more workers was omitted from or erroneously reported on one or more returns, each such error should be corrected on this form.

WORKERS SOCIAL SECURITY NUMBER	NAME OF WORKER (TYPE OR PRINT)	QTR1.2.3 0R4		Correct Total Wages	Total wages as reported	Correct Taxable Wages	Taxable wages as reported
		QTR.	Yr.				
			Totals				
	Increase+/Decrease		< >				

REMARKS

DATE

Signature and Title

PLEASE DO NOT WRITE BELOW THIS LINE

AUDITOR: _____ DATE _____
KEYED BY: _____ DATE _____
VERIFIED BY: _____ DATE _____

TT	RCVD DATE	REMITTANCE	ACCOUNT NUMBER
WC			

Q/YR	RATES		TOTAL WAGES	EXCESS WAGES	TAXABLE WAGES	PAYMENT
	ER	ESA				