

EMPLOYEE SOCIAL SECURITY NUMBER AND NAME CORRECTION

This form is for correcting Social Security numbers (SSNs) and/or names for previously reported employees. You may correct an SSN and a name on the same form. *If you need to make corrections to the quarterly (QTR) wages, complete the Amended Unemployment Insurance Tax Report.*

You may return the form via Employer Portal secure messaging, fax to 208-334-6301, or mail to Idaho Department of Labor, ATTN Tax Support, 317 W. Main St., Boise, Idaho 83735-0760.

Employer Information

Unemployment Insurance Tax Account Number (EAN): _____
 Federal Employer Identification Number (FEIN): _____
 Legal Business Name: _____
 DBA: _____

Employee Information

SSN	Employee's Name	Year	Correct QTR 1	Correct QTR 2	Correct QTR 3	Correct QTR 4
Wrong: 111-22-3333	Doe, Jane	2021	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct: 111-22-4444	Doe, Jane					
Wrong: 111-22-4444	Doe, Jane	2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Correct: 111-22-4444	Smith, Jane					
Wrong:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct:						
Wrong:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct:						
Wrong:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct:						
Wrong:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct:						

I, _____, am requesting corrections to the above employee's SSNs and/or names.
 By signing this document, I agree I am authorized to submit this request.

 Name

 Phone

 Signature

 Date