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Unemployment Insurance: Who Is Not Covered? (2010)

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Municipal Technical Advisory Service

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TENNESSEE DEPT OF LABOR AND WORKFORCE DEVELOPMENT
 EMPLOYER ACCOUNTS OPERATIONS
 EMPLOYER ACCOUNTING UNIT
 220 FRENCH LANDING DRIVE
 NASHVILLE TN 37243
 (615)741-1619 FAX (615)741-7214

CLAIM FOR ADJUSTMENT OR REFUND

(Do not write in this space)

Claim No. _____ Date Rec'd ____/____/____
 Examined _____
 Wage Records Corrected _____
 Approved _____
 Adj. Prepared by _____ Date ____/____/____

A claim for adjustment is hereby made in accordance with Section 50-7-404(F) of the Tennessee Employment Security Act because of premiums erroneously paid to the Tennessee Department of Labor and Workforce Development.

Name of Employer Town of Somewhere State Account Number 123-4567

Street Address One Main Street Federal I.D. Number 62-1234567

City and State Somewhere, Tennessee Quarter(s) and Year(s) 1/2007

Date Premiums Paid April 25, 2007 Amount claimed as refund \$22.00

In the space below explain why the wages are being decreased.

The listed individuals are elected officials and should not have been included on the wage and premium report.

List employees erroneously reported showing by quarter the amount of wages reported and the amount that should have been reported. Attach additional sheets if necessary. If employee(s) should be reported to another state, please provide proof of report and payment to that state.

Social Security Number	Name of Employee	Qtr.	Total Wages Reported	Correct Total Wages	Diff.	Taxable Wages Reported	Correct Taxable Wages	Diff.
123-45-6789	Joe Fall	1	\$500	\$ 0	(\$500)	\$500	\$ 0	(\$500)
987-65-4321	Mary Summer	1	\$600	\$ 0	(\$600)	\$600	\$ 0	(\$600)

It is understood that any adjustment allowed will be made in connection with subsequent premium payments, without interest, unless such an adjustment cannot be made, in which case a refund will be made, without interest. Under the penalties of perjury I declare that the statements made in support of this claim are true, correct and complete, to the best of my knowledge and belief.

Signature of Preparer John F. Officer
 Title Finance Officer Date 10 / 21 / 2008
 Preparer's Phone Number 865-555-5555

If prepared by Agency Representative
 Signature _____
 Date ____/____/____