10-4-2010


Gail Cook
Municipal Technical Advisory Service

Follow this and additional works at: http://trace.tennessee.edu/utk_mtastop

Part of the Public Administration Commons

The MTAS publications provided on this website are archival documents intended for informational purposes only and should not be considered as authoritative. The content contained in these publications may be outdated, and the laws referenced therein may have changed or may not be applicable to your city or circumstances. For current information, please visit the MTAS website at: mtas.tennessee.edu.

Recommended Citation
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 _________________________ State Account Number _________________________
Street Address ____________________________ Federal I.D. Number ___________________________
City and State _____________________________ Quarter(s) and Year(s)__________________________

Date Premiums Paid ________________________ Amount claimed as refund _______________________

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.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Name of Employee</th>
<th>Qtr</th>
<th>Total Wages Reported</th>
<th>Correct Total Wages</th>
<th>Diff.</th>
<th>Taxable Wages Reported</th>
<th>Correct Taxable Wages</th>
<th>Diff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>123-45-6789</td>
<td>Joe Fall</td>
<td>1</td>
<td>$500</td>
<td>$ 0</td>
<td>($500)</td>
<td>$500</td>
<td>$ 0</td>
<td>($500)</td>
</tr>
<tr>
<td>987-65-4321</td>
<td>Mary Summer</td>
<td>1</td>
<td>$600</td>
<td>$ 0</td>
<td>($600)</td>
<td>$600</td>
<td>$ 0</td>
<td>($600)</td>
</tr>
</tbody>
</table>

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 ________________________
Title Finance Officer Date 10/21/2008
Preparer's Phone Number 865-555-5555

If prepared by Agency Representative
Signature ________________________________
Preparer's Phone Number ____________________
Preparer's Phone Number ____________________