9-24-2008


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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.

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.

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

If prepared by Agency Representative
Signature ____________________________
Date ________/_____/______