INSTRUCTIONS - EMPLOYER'S QUARTERLY ADJUSTMENT REPORT

- 1. Enter Federal Identification Number.
- 2. Enter Oklahoma Account Number.
- Enter business name and address.
- 4. Signature and title of individual authorized to complete this form.
- 5. Quarter and year being adjusted.
- 6. Automatically calculates when Item's 6-b & 6-c are entered.
- 6-a. Enter the Total Wages previously reported on the OES-3, Employers Quarterly Contribution Report.
- 6-b. If Item 6 is greater than Item 6-a, enter the Total Wages under reported here (Item 6 Item 6-a).
- 6-c. If Item 6 is less than Item 6-a, enter the Total Wages over reported here (Item 6-a Item 6). Enter as a negative.
- 7. Enter the correct amount of wages in excess of the taxable limitation (Item 6 Item 8).
- 8. Automatically calculates when Item's 8-b & 8-c are entered.
- 8-a. Enter the Taxable Wages previously reported on the OES-3, Employers Quarterly Contribution Report.
- 8-b. If Item 8 is greater than Item 8-a, enter the Taxable Wages under reported here (Item 8 Item 8-a).
- 8-c. It Item 8 is less then Item 8-a, enter the Taxable Wages over reported here (Item 8-a Item 8). Enter as a negative.
- 9. Enter the contribution rate for the quarter being adjusted. Enter rate as a decimal. Ex: 0.3% = .003
- 10. Automatically calculates when rate is entered. (Item 8-b x Item 9).
- 11. Enter the amount of interest due (1% per month x Item 10).
- 12. Total amount due for the quarter being adjusted.
- 13. Credit due (Item 8-c x Item 9).
- 14. Enter Oklahoma Account Number.
- 15. Quarter and year being adjusted.
- 16. Enter the SSN(s) for ONLY the employee(s) being corrected.

Enter the Name of the employee(s) being corrected.

Enter the Total Wages previously reported for each employee listed as reported on the OES-3, Employers Quarterly Contribution Report.

Enter the Taxable Wages previously reported for each employee listed as reported on the OES-3, Employers Quarterly Contribution Report.

Enter the Correct Total Wages paid for each employee listed.

Enter the Correct Taxable Wages paid for each employee listed.

1. Federal Identification Number

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

EMPLOYER'S QUARTERLY ADJUSTMENT REPORT

PO Box 52003 Oklahoma City, OK 73152-2003

2. Oklahoma Account Number

6. Correct total wages paid this quarter

			6-a. Total v	vages previously reported	\$		
3. Name			6-b. Total v	vages under reported	\$		
Name		_	6-c. Total v	vages over reported	\$		
Address		_	7. Correct wa	ges in excess of taxable li	imitation \$		
Email			8. Correct tax	able wages paid this quar	ter \$		
Phone		8-a. Taxable wages previously reported \$					
		8-b. Taxable wages under reported					
I certify that the informati	ion contained in this report is true and	correct.	8-c. Taxabl	le wages over reported			
Signed							
	9. Contribution Rate (Enter rate as a decimal)						
	itle Date			10. Contribution Due (Item 8-b x Item 9) \$			
5. Quarter			11. Interest due (1% per month from due date) \$				
List in the schedule below ONLY those			12. Total amount due with this report \$				
PLEASE NOTICE: employees whose wages are being corrected.			13. Credit due	e (Item 8-c x Item 9)	\$		
14. Oklahoma Account Number							
16. Employee's Social			al Wages	Taxable Wages	*Correct Total	*Correct Taxable	
Security Number	(Type or Print)	Previou	sly Reported	Previously Reported	Wages Paid	Wages Paid	
ENTER THE TOTALS							
FOR COMMISSION USE ONL	Y-DO NOT WRITE IN THE SPACES BELO)W					

Batch #

Date Rec'd