



CONTRIBUTION & WAGE ADJUSTMENT REPORT

Adjustments may be submitted online at uinteract.labor.mo.gov.

STATUTE OF LIMITATIONS

A claim for refund or credit must be filed within three years of the due date of the quarter being adjusted.

1. Employer Name and Address
2. Missouri Employer Account Number
3. Contribution Rate
4. Reason for Claiming Adjustment
Note: Adjustment will not be accepted if this portion is not completed.
- Mark Quarter and Enter Year
1st 2nd
3rd 4th
Year

	A. Previously Reported for Quarter	B. Correct Totals	C. Difference - Over or Under Reported	Audit Block AGENCY USE ONLY
5. Total Wages Paid				
6. Wages in Excess of \$				
7. Taxable Wages				
8. Contributions Due				
9. Interest Due				
10. Total Payment Due				
11. Additional Amounts Due				
12. Credit Due				

Enter below **ONLY** those employees whose wages or Social Security Numbers are being corrected.

NOTE: If you are adjusting more than seven employees, list the additional employee details on a separate page with the same format, including employer name and account number.

13. Worker's Social Security Number	14. First Name	Middle Initial	Last Name	15. Total Wages Paid As Reported	16. Total Wages Paid As Corrected	17. Multi-State
18. Totals						
19. Differences (+ or -)						

I certify that the information I provided is true and correct.

20. Signature	Date
Title	Phone Number (Area Code)

Instructions for Preparation of Contribution and Wage Adjustment Report

This adjustment report is to be used for the purpose of adjusting summary total and wage data previously reported. A separate report is to be used for each quarter to be adjusted and for each separate account number assigned.

It is recommended Items 13 through 19 be completed prior to completing Items 5 through 12.

1. Type or print employer's name and address.
2. Enter the 10-digit Missouri Division of Employment Security employer account number.
3. Enter the contribution rate for the calendar quarter being adjusted.
4. Enter the full facts to support the claim for adjustment. Example: Do not say "reported in error." Explain why the wages were reported in error. Mark Quarter and Enter Year for report being adjusted.
- 5-10. Column A. Enter the totals previously reported on the employer's Quarterly Contribution and Wage Report, or latest Contribution and Wage Adjustment Report for the quarter.

Column B. Enter the correct totals which should have been reported for the quarter.

Column C. Enter the difference between Column A and Column B.

The taxable wage base in Missouri for 2024 is \$10,500, for 2025 is \$9,500, and for 2026 is \$9,000.

SAMPLE WORKSHEET FOR COMPUTING EXCESS WAGES (Sample based on \$10,500)

First Quarter Excess Wage Calculation

Social Security No.	Name	Total Wages for Quarter	Excess of 10,500	Taxable Wages
111-11-1111	John Doe	13,500	3,000	10,500
222-22-2222	Mary Doe	5,000	0	5,000
Totals for Quarter		18,500	3,000	15,500

Second Quarter Excess Wage Calculation

111-11-1111	John Doe	14,000	14,000	0
222-22-2222	Mary Doe	5,000	0	5,000
Totals for Quarter		19,000	14,000	5,000

Third Quarter Excess Wage Calculation

111-11-1111	John Doe	13,000	13,000	0
222-22-2222	Mary Doe	4,000	3,500	500
Totals for Quarter		17,000	16,500	500

Fourth Quarter Excess Wage Calculation

111-11-1111	John Doe	13,000	13,000	0
222-22-2222	Mary Does	5,000	5,000	0
Totals for Quarter		18,000	18,000	0

11. If this report indicates additional contributions are due, this figure would be Item 10, Column B less Column A. (Make remittance payable to the Division of Employment Security.)
12. If this report indicates a credit is due, this figure would be Item 10, Column A less Column B.
13. Enter the worker's Social Security Number.
14. Enter the name (first name, middle initial and last name) of the worker whose wages are being adjusted.
15. Enter the Total Wages Paid previously reported for the worker for the quarter.
16. Enter the correct Total Wages Paid to the worker for the quarter.
17. Mark the box for each employee your business reported to another state's employment security agency during the calendar year. You may use these wages to compute the wages paid in excess of the taxable wage base.
18. Enter the total of all entries made in Items 15 & 16.
19. Enter the difference between Items 15 & 16. If Item 15 is more than Item 16, a minus sign should precede the difference. If Item 15 is less than Item 16, a plus sign should precede the difference.
20. This form must be signed by a responsible and duly authorized person.

If there are more than seven workers' wages to be adjusted, a separate page with the additional information using the same format as above, including employer name and account number, should be completed. For assistance in completing this form, please call 573-751-1995 then select option 2.

**Mail original of this form to: ATTN: Employer Account Unit
Division of Employment Security
P.O. Box 59
Jefferson City, MO 65104-0059**

If you have served on active duty in the Armed Forces for the United States and would like information about veterans' services and benefits, please complete the survey here: mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR.

IMPORTANT: If needed, call 573-751-1995 for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Si es necesario, llame al 573-751-1995 para asistencia en la traducción y entendimiento de la información en este documento.

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and service are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711