Reset Form

EMPLOYER'S QUARTERLY WAGE ADJUSTMENT REPORT

State Form 52671 (R / 7-13)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
UI TAX ADMINISTRATION
10 N Senate Ave Indianapolis IN 46204-2277
Toll free: 1-800-437-9136 Fax: 317-233-2706

*This agency is requesting disclosure of your Social Security Number in accordance with IC 22-4-19-6, IC 4-1-6; discloure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY	
BATCH:	DOC:

Employer	Account Number	Quarter Year

Social Security Number *	Employee	Corrected Amount	Reported Amount	Difference More or (Less)