Florida Department of Revenue

Correction to Employer's Quarterly or Annual Domestic Report

	Do Not Use This Area
UT Account Number Correction to Reporting Period Ending	Batch Number
FEI Number	Audited By
Employer's Name	Date
Street Address	Remarks
City State ZIP	

Explain, in detail, the reason for correction

1. Employee's Social Security Number	2. Employee's Name Last First Initial Middle Initial	3. Page No.	4. Gross Wages Per Original Report	5. Unit Code	6. Correct Gross Wages	7. Unit Code
	Totals This Page		$		$	

8. If this information changes the figures on your original report please complete the section below.

Item	Originally Reported	To Be Corrected To	Difference
Gross Wages			
Excess Wages			
Taxable Wages			
Tax Due			

Difference Between Column 4 and 6 **$**

I certify that the information contained in this report is true and correct.

Signature	Phone No.
Title	Date
Make check payable to **Florida U.C. Fund**	$

See page 3 for complete instructions and coupon

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Correction to Employer's Quarterly or Annual Domestic Report Instructions

This form (Form UCT-8A) is provided for use in correcting errors made on the original *Employer's Quarterly Report* (Form UCT-6) or *Annual Report for Employers of Domestic Employees Only* (UCT-7). Annual filers will need to complete one UCT-8A for each quarter being corrected.

Items 1 and 2 are used to correct an employee's name or social security number.

Caution: Be sure that the employee's social security number and name shown in Items 1 and 2 agree with your original report, unless the social security number and name originally reported were incorrect. In such a case, enter the number and name, as per the original report. Underneath, write social security number change and/or name change; then list the correct social security number and/or name.

Item 3 should be completed if continuation sheets were filed with the original report.

Items 4 and 6 are used to correct gross wages.

Items 5 and 7 should be omitted unless you have received prior approval. Unit codes are special codes assigned employers to identify the mailing address for unemployment insurance claims forms, if different from the primary employer address.

Complete Item 8 if individual wage corrections change gross wages, excess wages, or taxable wages originally shown on the tax report.

Coupon Completion Instructions

Write your seven digit account number and the check digit in the "Account No." boxes provided.

Enter the federal employer's identification number in the "F.E.I. Number" boxes.

Enter the employer's legal entity name and the mailing address in the space provided.

Enter the amount of payment in the "Amount Enclosed" boxes.

Enter the 1 digit quarter and 2 digit year in the boxes labeled "Payment for QTR/YR." For the quarter box, enter the number "1" for quarter ending March 31st, the number "2" for quarter ending June 30th, "3" for quarter ending September 30th and "4" for quarter ending December 31st. In the year boxes, enter the last two digits for the year. For example: enter "07" for 2007.

Mail the original completed form and coupon along with any remittance due to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0180

Need Assistance?

To speak with a Department of Revenue representative, call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 800-482-8293.

Hearing or speech impaired persons may call the TDD line at 800-367-8331 or 850-922-1115.

IMPORTANT

Complete page 1 for corrections to the Employer's Quarterly or Annual Domestic Report.
Complete page 3 only if payment is enclosed.
Return completed form and coupon, if applicable, to the Department.

DO NOT DETACH

Correction to Employer's Quarterly or Annual Domestic Report
Payment Coupon

UCT-8A
R. 07/07

Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT.
Please write ACCOUNT NUMBER on your check.
Be sure to SIGN YOUR CHECK.
Make check payable to: **Florida U.C. Fund**

DOR USE ONLY
☐☐/☐☐/☐☐
POSTMARK OR HAND DELIVERY DATE

ACCOUNT NO. ☐☐☐☐☐☐☐–☐

F.E.I. NUMBER ☐☐☐☐☐☐☐☐☐

AMOUNT ENCLOSED US Dollars ☐☐☐,☐☐☐,☐☐☐. Cents ☐☐

PAYMENT FOR QTR/YR ☐ – ☐☐

Name
Address
City/St/ZIP

UCT-8A

☐ Check here if you transmitted funds electronically.

9100 0 99999999 0068054049 2 5009999999 0000 4