

# Employee File Adjustment Form

Company # \_\_\_\_\_ State Code \_\_\_\_\_ Local Code \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

## TAXABLE ADJUSTMENTS

GROSS	FIT NTXBL	FIT TXBL	FIT TAX	EIC PAID
Y _____ . _____	_____ . _____	_____ . _____	_____ . _____	_____ . _____

SIT TXBL	SIT TAX	LOC TXBL	LOC TAX
Y _____ . _____	_____ . _____	_____ . _____	_____ . _____

## FICA ADJUSTMENTS

OASDI TXBL	OASDI TAX	HI TXBL	HI TAX	MED TXBL	MED TAX
Y _____ . _____	_____ . _____	_____ . _____	_____ . _____	_____ . _____	_____ . _____

COMPANY OASDI TXBL	COMPANY OASDI TAX	COMPANY HI TXBL	COMPANY HI TAX	COMPANY MED TXBL	COMPANY MED TAX
Y _____ . _____	_____ . _____	_____ . _____	_____ . _____	_____ . _____	_____ . _____

## COMPANY PAID TAX ADJUSTMENTS

FUTA TXBL	FUTA TAX	SUI TXBL	SUI TAX	SUI GROSS
Y _____ . _____	_____ . _____	_____ . _____	_____ . _____	_____ . _____

## UNCOLLECTIBLE ADJUSTMENTS

UNCOLL OASDI	UNCOLL HI
Y _____ . _____	_____ . _____

REPORT THE CORRECT AMOUNT, NOT THE AMOUNT OF THE ADJUSTMENT.