

**Wage Change Request Form**

**DATE:**

**TO:**

E-mail Tax Department @ taxwagerecordcorrection@twc.texas.gov

**FROM:**

Workforce Board Name or Department Name:

Individual Name:

Business Title:

**SUBJECT:**

Wage Change Request

**OVERVIEW:**

The purpose of this document is to request a change to current wage information.

1. Complete the required information below.

2. Provide copies of the supporting documentation, acceptable documents to include:

 Social Security Card, Driver’s License/ Government ID

3. Provide copy of TWC screen showing wages (Do not redact information)

**NOTE: DO NOT REDACT ANY INFORMATION.**

**IMPORTANT INFORMATION:**

* The Tax Department does not delete wages unless authorized by the employer, a Tax department investigation/audit, or a court of law.
* The Tax Department will change the SSN to a pseudo number.
* The name of the original individual will remain the same and the wages will show as zero for audit trail purposes.
* No Changes can be made to wages marked used in a prior UI Claim.
* No wages can be changed to a matching name unless ID theft is reported, **and a copy of a police report is attached**.
* No wages will be changed that are older than the statute of limitations (three years).

**CUSTOMER’S NAME:**

First and last name of person making the complaint.

Name:

**CUSTOMER’S SSN:**

Social Security Number (SSN):

**INFORMATION REPORTED UNDER CUSTOMER’S SSN:**

Incorrect Name Listed (1st Field), Employer Name (2nd Field) and Account Number (3rd Field - if known):

For Example: J Doe, ABC Corp, XX-XXXXXX-X

**QUARTER(S)/YEAR:**

For example: 1st Quarter 2022 = 1Q22

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Additional information: