

**TEXAS WORKFORCE COMMISSION**

Austin, TX 78714-9037

Wage List Adjustment Schedule

Page No. \_\_\_\_\_ Of \_\_\_\_\_

(To Correct **Total Wages** Previously Filed on Form C-4)

Account Number: \_\_\_\_\_

Qtr./Yr. \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

**See Reverse Side For Instructions**

If the Social Security number, name or wages of one or more employees were omitted from or erroneously reported on a Wages List, each such error should be corrected on this form. List only the data for which corrections are required.

Reason For Adjustment: \_\_\_\_\_

**For TWC Use Only**

Audited by \_\_\_\_\_

Prepared By \_\_\_\_\_

AE Number \_\_\_\_\_

AE Number \_\_\_\_\_

Important (If this adjustment affects total or taxable wages reported on Form C-3, Employer's Quarterly Report, you must complete Form C-5, Adjustment Report.) ☐ C-5 Attached

(1) Employee's Social Security Account Number	(2) Employee's Name			(3) Total Wages	(4)
	1 <sup>st</sup> Init.	2 <sup>nd</sup> Init.	Last	As Reported	Corrected
<b>Totals</b>					

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Tax and Labor Law Department, 101 E. 15th St., Rm. 504, Austin, TX 78778-0001, (512) 463-2699. Individuals may receive and review information that TWC collects about the individual by emailing to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.

*I certify all information contained in this adjustment is true and correct.*

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

(Signature and Title-Owner, Partner, President, Etc.)