NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS						
		P.O. BOX 2281, ALBUQUERQU				
(505) 841-8576						
STATEMENT TO CORRECT INFORMATION REPORTED ON FORM ES-903A Form ES903C should be submitted for each quarter requiring correction. Schedule A should include totals for the quarter.						
		be listed on schedule B (or attach li			ler.	
	igee being concerce chedia	SCHEDULE A		AS REPORTED	AS CORRECTED	DIFFERENCE
Acct No.:		1. Total Wages (column 12 of ES903A)				
		2. Deduct excess wages (column 13 of ES903A)				
QTR Ending:		3. Taxable wages (item 1 less item 2)				
		4. Tax Due (item 3 X rate of)				
Date Due:		5. Interest due (1% per month after due date)				
		6. Late report penalty(add \$50)				
Name:		7. Late payment penalty (add 5% of tax due or				
		\$25 whichever is grea				
Address:		8. Total amount due to NMDOL				
		9. Total amount actually paid	-			
SCHEDULE B						
			Wages as they were re		Corrected Wages	
Employee social Name of Employee		Individual total wages	Wages in excess of	Individual total wages	Wages in excess of	
security number			paid this quarter	annual taxable base	paid this quarter	annual taxable base
		TOTALS		1		<u> </u>
		TOTALS			1	
Reasons for Corrections:(Corrections resulting in credit may not be effected without narrative justification)						
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.					FOR DEPARTEMENT USE ONLY Date:	
					Batch No.	
Authorized Signature/Title Date:					Processed by:	