

Date _____

Page _____ of _____

DWS Account Number _____

Employer _____

Town _____

Amend totals in Part A of my original DWS-ARK-209B for quarter ending _____ as follows:

	REPORTED ON THE ORIGINAL REPORT	SHOULD HAVE BEEN REPORTED
Item 2 – Total of all Wages Paid		
Item 3 – Wages in Excess of \$		
Item 4 – Taxable Wages		
Contribution Due @ _____ % rate		
Contribution Paid		

Balance due check attached \$ _____ . _____

Credit amount \$ _____ . _____

Reason for adjustment: _____

Amended individual wages reported on DWS-ARK-209B for year and quarter specified below as follows:

SOC. SEC. NO. OF EMPLOYEE	NAME OF EMPLOYEE	YEAR/ QTR.	TOTAL WAGES PAID	
			REPORTED ON THE ORIGINAL REPORT	SHOULD HAVE BEEN REPORTED

(For continuation sheet, see reverse side)

Signature _____ Title _____ Phone# _____

Date _____

Page _____ of _____

DEPARTMENT OF WORKFORCE SERVICES
P O BOX 8007 – LITTLE ROCK AR 72203-8007
(501) 682-3798

DWS-ARK-209B ADJUSTMENT VOUCHER – CONTINUATION SHEET

DWS Account Number _____

Employer _____

Town _____

SOC. SEC. NO. OF EMPLOYEE	NAME OF EMPLOYEE	YEAR/ QTR.	TOTAL WAGES PAID	
			REPORTED ON THE ORIGINAL REPORT	SHOULD HAVE BEEN REPORTED