RETURN THIS FORM WITH THE SUMMARY REPORT

AMENDED EMPLOYEE WAGE LISTING
REPORT ONLY THE EMPLOYEES WHOSE WAGES CHANGED

WYO-077 (01/09)

BUSINESS NAME _____

QUARTER/YEAR (or Month/Year)	**UI ACCOUNT #**	**WORKERS' COMP EMPLOYER #**

SOCIAL SECURITY NUMBER	EMPLOYEE NAME LAST	FIRST	MI	**ORIGINAL** TOTAL WAGES REPORTED	**CORRECTED** TOTAL	**CORRECTED** EXCESS WAGES (UI ONLY)	**CORRECTED** TAXABLE WAGES (UI ONLY)	CLASS CODE	COVERAGE TYPE B, U, or W
	TOTALS			**$ -**	**$ -**	**$ -**	**$ -**		

CORPORATE OFFICER INFORMATION BELOW

SOCIAL SECURITY NUMBER	CORPORATE OFFICER / LLC MEMBER LAST	FIRST	MI	**ORIGINAL** TOTAL WAGES REPORTED	**CORRECTED** TOTAL UI AND/OR WC	**CORRECTED** EXCESS WAGES (UI ONLY)	**CORRECTED** TAXABLE WAGES (UI ONLY)	CLASS CODE	COVERAGE TYPE B, U, or W
	PAGE TOTALS			**$ -**	**$ -**	**$ -**	**$ -**		