

SSN Correction Form

BIN: _____

EMPLOYER NAME: _____

INCORRECT SSN: _____

CORRECT SSN: _____

INCORRECT NAME: _____

CORRECT NAME: _____

QUARTER(S): _____

YEAR(S): _____

PERSON REQUESTING THIS CHANGE: _____

TITLE: _____

PHONE: _____

DATE: _____

NOTES:

I CERTIFY THAT THE INFORMATION IS CORRECT:

SIGNATURE: _____

PHONE: _____

You may fax this form to 503-947-1700 or mail the form to:

EMPLOYMENT DEPARTMENT
UI TAX – ATTN TAX SUPPORT SERVICES
875 UNION ST NE
SALEM OR 97311-0030