

Form 132 - AMENDED Report

Business Name: _____

Business Identification Number: _____

QTR/YR Changed: ____/____

| 1 | Social Security Number | First Initial | Employee Last Name | Original Whole Hours as Reported | Net Change in Whole Hours | Correct Amount of Whole Hours | Original Wages As Reported | Net Change in Wages | Correct Amount of Wages |
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| Page Totals | | | | | | | | | |

I certify this report is true and correct and is filed under penalty of false swearing.

Page No. ____ of ____

Prepared By

Date

Preparer Telephone Number

Signature

Required _____

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