

Form 132 - **AMENDED** Report

BUSINESS NAME: _____

Business Identification Number: _____ - ____

QTR/YR Changed: ____/____

	Social Security Number	First Initial	Employee Name Last	Correct Amount of Whole Hours	Original Whole Hours as Reported	Net Change in Whole Hours	Correct Amount of Wages	Original Wages as Reported	Net Change in Wages
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
			Page Totals						

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

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Signature _____ Prepared By _____ Date _____ Preparer Telephone Number _____
 Required **X**