

Notification of Employer Tax Payment Adjustment

Date: [Insert Date]

To: [Employer's Name]

Company: [Employer's Company Name]

Address: [Employer's Address]

Dear [Employer's Name],

We are writing to inform you of an adjustment to your employer tax payment for the fiscal year [Insert Year]. During our recent review of your tax records, we identified an inconsistency that requires correction.

The adjusted amount is as follows:

- Original Tax Payment: [Insert Amount]
- Adjusted Tax Payment: [Insert New Amount]
- Effective Date of Adjustment: [Insert Date]

Please ensure that the adjusted payment is processed by the due date to avoid any penalties. If you have any questions or require further clarification, do not hesitate to contact our office at [Insert Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]