

OFFICE OF THE STATE COMPTROLLER
TAXABLE EXPENSE CORRECTIONS

EXHIBIT B

Agency Code _____ Agency Name _____

Preparer's Name _____ Telephone Number _____

Preparer's Title _____ Page _____ of _____

Line Number	Employee Name	SS#	Correct Tax.Exp. Amt.	Incorrect Tax.Exp.Amt. Reported (if applicable)	Reason

I certify that the information provided on this sheet is accurate and complete to the best of my knowledge

Preparer's Signature _____ Date _____