

## Out-of-State Wage Detail Credit Request Form

The *Out-of-State Wage Detail Credit Request Form* is for employers who have employee(s) that previously worked in another state and whose services were permanently transferred to Massachusetts—may be eligible to take credit for wages reported and contribution paid to the transferring state on behalf of the individual(s) now being reported to Massachusetts—reducing the employer’s Massachusetts UI taxable wage liability.

**This form is subject to approval by DUA and agency may deny if there is any information missing from this form.**

Employer Name: \_\_\_\_\_

EAN number: \_\_\_\_\_ FED ID number: \_\_\_\_\_

Employee’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

State from which credit was earned: \_\_\_\_\_

Out-of-State Taxable Wages amount reported: \_\_\_\_\_

Employee’s permanent transfer date to Massachusetts: \_\_\_\_\_

**Please submit proof of Employee’s *Out-of-State Wage Report***

**I hereby certify that the above information is correct to the best of my knowledge and if there is any additional information needed will be provide to agency.**

Signed by: \_\_\_\_\_ Print name: \_\_\_\_\_

Official title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Send the completed *Out-of-State Credit Request Form* by email:  
[UIEmployerReports@detma.org](mailto:UIEmployerReports@detma.org) or eFax: (617) 626-6850**

**For questions or any other customer service needed, please call: (617) 626-5075.**