



Employer's Quarterly Wage/Tax Report

Mail To:

Unemployment Insurance Agency
Tax Office
PO Box 33598
Detroit, MI 48232-5598

YOU MUST FILE THIS REPORT EVEN IF YOU ARE UNABLE TO PAY OR HAVE NO PAYROLL FOR THE QUARTER.
For details about completing this report see the instructions page.

Employer Type: Contributing (Complete Sections 1, 2, 3 & 4) Reimbursing (Complete Sections 1, 2 & 4)

SECTION 1

Check this box if this is an Amended report. Explain: _____

UIA Employer Account No: _____

FEIN: _____

Quarter Ending Date (mm/dd/yyyy): _____

Provide the **number** of all **full-time** employees plus **part-time** employees who worked during or received pay for the pay period that includes the 12th of the month:

1 st Month	2 nd Month	3 rd Month

SECTION 2

List only employees who had wages during this quarter

Family Owned Enter "F"	Delete "X"	Social Security No.	Employee Last Name	Employee First Name	M.	Gross Wages Paid This Quarter

If more lines are needed to enter employee information, continue to Section 2 on back of form. When finished entering employees, continue to Section 3 for Contributing Employers or Section 4 for Reimbursing Employers.

For UIA Use Only. Do Not Write Below Line.

(Barcode) 99991206456123
*9 9 9 9 1 2 0 6 4 5 6 1 2 3 *

SECTION 2 (continued)

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Family Owned Enter "F"	Delete "X"	Social Security No.	Employee Last Name	Employee First Name	M.	Gross Wages Paid This Quarter

If you have more than 25 employees and/or out-of- state waqes. You must use MiWAM to file on-line.

SECTION 3

Total Gross Wages paid this quarter:	
Excess Wages:	
Taxable Wages:	
UI Tax Rate (ABC +CBC + NBC):	x
UI Tax Due (UI Tax Rate x Taxable Wages) <i>Round to Nearest \$:</i>	
Obligation Assessment (OA) Rate:	x
OA Due (OA Rate x Taxable Wages) <i>Do Not Round:</i>	
Total Amount Due (UI Tax Due + OA Due):	
Prior Balance:	
Amount Enclosed:	

Check this box if this is the Final Report for this business. (Prepare and submit form UIA 1772)

Taxable Wage Limit

DUE DATE:

SECTION 4

YOUR CERTIFICATION: I certify that I have examined this report, and that to the best of my knowledge and belief it is correct and complete.

Signature Title Date Contact Phone Number

For questions, call the Office of Employer Ombudsman (OEO) at 1-855-4UIAEO(855-484-2636). Outside of Michigan, please call 1-313-456-2300. Questions may also be emailed to OEO@michigan.gov.

MAKE A COPY OF THIS REPORT FOR YOUR RECORDS. LARA is an Equal Opportunity Employer/Program.