



State of Michigan
Licensing and Regulatory Affairs
UNEMPLOYMENT INSURANCE AGENCY
Tax Office – Suite 11-500
3024 W. Grand Boulevard – Detroit, Michigan 48202
Phone: (313) 456-2180 FAX: (313) 456-2130
www.michigan.gov/uia



AMENDED QUARTERLY TAX REPORT

UIA Employer Account No.: Calendar Qtr. Ending: _____

Federal Emp. I.D. No. (FEIN): _____

Employer Name: _____

Street Address: _____

City, State, Zip Code: _____

AMENDED
REPORT

USE THIS REPORT ONLY TO CORRECT WAGES PREVIOUSLY REPORTED IN ERROR. DO NOT USE THIS FORM TO CORRECT RATE ERRORS OR INCORRECT MULTIPLICATION.

ALL LIABLE EMPLOYERS ARE REQUIRED BY SECTION 13 OF THE MICHIGAN EMPLOYMENT SECURITY ACT (MCL 431.13) AND ADMINISTRATIVE RULE 421.121 OF THE UNEMPLOYMENT INSURANCE AGENCY (UIA) TO DISCLOSE THEIR TAX LIABILITY BY FILING QUARTERLY TAX REPORTS. INTEREST ACCRUES AT THE RATE OF 1% PER MONTH (COMPUTED ON A DAY-TO-DAY BASIS) ON ALL TAXES REMAINING UNPAID AFTER THE DUE DATE AS PROVIDED BY SECTION 15(a) OF THE ACT. FAILURE TO PAY CAN RESULT IN THE FILING OF A TAX LIEN AS PROVIDED BY SECTION 15(e) OF THE ACT.

1. Reason for Adjustment (If additional space is required, use reverse side of form):	COLUMN I Previously Reported Amounts	COLUMN II Corrected Amounts	COLUMN III Difference
2. Gross Quarterly Wages			
3. Excess Wages			
4. Taxable Wages (Subtract Line 3 from Line 2)			
5. Tax Rate			
6. Total Tax (Multiply Line 4 by Line 5)			
7. Tax Paid			

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

Signature

Date

Title

()

Area Code

Telephone No.

YOUR OVERPAYMENT OR UNDERPAYMENT IS SHOWN ON LINE 6, COLUMN III.

IF YOU UNDERPAID YOUR TAX, PLEASE SUBMIT THE ADDITIONAL TAX DUE WITH THIS REPORT. MAKE YOUR CHECK PAYABLE TO STATE OF MICHIGAN – UNEMPLOYMENT INSURANCE AGENCY. WRITE YOUR 7-DIGIT UIA EMPLOYER ACCOUNT NUMBER ON YOUR CHECK. INTEREST ACCRUES ON LATE PAYMENTS AT THE RATE OF 1% PER MONTH.

IF YOU OVERPAID THE TAX DUE, DEDUCT THE OVERPAYMENT ON YOUR NEXT QUARTERLY REPORT. IF YOU WANT THE OVERPAYMENT REFUNDED, SUBMIT YOUR REQUEST, IN WRITING TO ABOVE ADDRESS, UNDER SEPARATE COVER.

RETAIN A COPY OF THIS REPORT FOR YOUR RECORDS. IF YOU NEED ASSISTANCE, TELEPHONE (313) 456-2180.

RETURN THIS FORM TO THE ADDRESS ABOVE OR FAX TO (313) 456-2130.

