UIA 1028 (Rev. 02-13)

Rick Snyder GOVERNOR



State of Michigan Department of Licensing and Regulatory Affairs Unemployment Insurance Agency 3024 W Grand Blvd, Suite 11-500, Detroit, MI 48202 www.michigan.gov/uia



Authorized by MCL 421.1 et seq.

> Shaun Thomas Acting Director

## **Employer's Quarterly Wage/Tax Report**

Mail To:

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

1<sup>st</sup> Month

# 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: \_\_\_\_\_

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 12<sup>th</sup> of the month:

2<sup>nd</sup> Month

3<sup>rd</sup> Month

FEIN: \_\_\_\_\_

Quarter Ending Date (mm/dd/yyyy):\_\_\_\_

### **SECTION 2**

List only employees who had wages during this quarter

| Family<br>Owned<br>Enter<br>"F" | Delete<br>"X" | Social Security No. | Employee Last Name | Employee First Name |  | Gross Wages Paid<br>This Quarter |
|---------------------------------|---------------|---------------------|--------------------|---------------------|--|----------------------------------|
|                                 |               |                     |                    |                     |  |                                  |
|                                 |               |                     |                    |                     |  |                                  |
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|                                 |               |                     |                    |                     |  |                                  |
|                                 |               |                     |                    |                     |  |                                  |

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)

| Family<br>Owned Delete<br>Enter<br>"F" |  | Social Security No. | Employee Last Name | Employee First Name | М. | Gross Wages Paid<br>This Quarter |  |  |
|--|--|---------------------|--------------------|---------------------|----|----------------------------------|--|--|
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If you have more than 25 employees and/or out-of- state wages, You must use MiWAM to file on-line.

| Total Gross Wages paid this quarter:  |   |
|---|---|
| SECTION 3 Excess Wages  |   |
| Taxable Wages   |   |
| UI Tax Rate (ABC +CBC + NBC):   | x |
| UI Tax Due (UI Tax Rate x Taxable Wages) Round to Nearest \$  |   |
| Obligation Assessment (OA) Rate   | x |
| OA Due (OA Rate x Taxable Wages) Do Not Round   |   |
| Total Amount Due (UI Tax Due + OA Due):   |   |
| Prior Balance:  |   |
| Check this box if this is the Final Report for this business. (Prepare and submit form UIA 1772) Amount Enclosed: |   |

### **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.

| Signatu | re |  |   |   | Title |  | Date | Con | tact I | Pho | ne Ni | umbe | er |
|---------|----|--|---|---|-------|--|------|-----|--------|-----|-------|------|----|
|         |    |  | - | _ |       |  |      |     |        | _   |       |      |    |

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

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

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### INSTRUCTIONS

## **REPORTING REQUIREMENTS**

All liable employers are required by Section 13 of the Michigan Employment Security (MES) Act, (MCL 421.13) and Administrative Rule 121 of the Unemployment Insurance Agency (UIA), to disclose their tax liability by filing a quarterly tax report. State law will require all employers to file thru MiWAM. We encourage you to log on to <u>WWW.Michigan.gov/UIA</u> to create your MiWAM account.

### PENALTY/INTEREST CHARGES FOR LATE FILING OF THIS REPORT

**For All Employers**: A penalty of \$50 is assessed for the first quarter that the information in Section 2 is received by the UIA after the due date. A penalty of \$250 is charged for each subsequent quarter that the information remains un-submitted. These penalties may be included in the Prior Account Balance shown on this report. Interest accrues at the rate of 1% per month (computed on a daily basis) on all taxes or reimbursements remaining unpaid after the due date as provided by Section 15(a) of the MES Act.

**For Contributing Employers:** A penalty of 10% of the tax due for the quarter, minimum charge of \$5 and a maximum charge of \$25, is assessed for each quarter that the information in Section 3 is received by UIA after the due date.

*Employer Type:* Indicate if you are a Contributing or Reimbursing employer by checking the appropriate box.

## SECTION 1: Completed By All Employers

*Amended Reports:* Indicate "Amended" if this report is being filed to correct a previously filed report.

**UIA Account Number:** Enter your 10-digit UIA account number with no spaces. If you recently filed Form 518, *Registration for Michigan Business Taxes*, and have not yet received, or don't know, your UIA Account Number call the Office of Employer Ombudsman (OEO) at 1-855-4UIAOEO (855-484-2636) to request your account number.

*FEIN:* Enter your 9-digit Federal Employer Identification Number (FEIN).

*Quarter Ending Date*: Quarter ending dates are 03/31, 06/30, 09/30 and 12/31, plus the appropriate year.

Number of full-time or part-time employees for  $1^{st}$ ,  $2^{nd}$ , and  $3^{rd}$  month of the quarter being reported: Include in the count all employees (full-time or parttime) who worked, or received pay during the payroll period that includes the 12th of the month. Do this for each month of the quarter for which you are filing. Include those employees who are on leave without pay. Include employees who earned wages in excess of the taxable wage limit.

#### SECTION 2: Completed By All Employers

*Family Owned Enter "F":* Does the employee, alone or in combination with his/her child or spouse, own the business? OR, does the parent(s) of the employee who is under the age of 18 own the business? If the answer to this question is "Yes", enter F. If "No", leave blank. For more information on family employment, see Section 43(g) of the MES Act.

**Delete "X":** Place an X for any employee who had zero wages **and** no longer works for you.

Social Security Number (SSN), Employee Last Name, Employee First Name, Employee Middle Initial: Enter all the information requested. If amending or correcting previously-submitted employee or wage information, enter the information in Section 2 the way it should have been reported originally. Also, include information for employees that you are not correcting. This corrected report will replace the report originally filed for the quarter/year. If reporting information for multiple quarters, file one complete form for each quarter that you are correcting.

#### Gross Wages Paid This Quarter:

| Report These Wages  | Do <u>NOT</u> Report These<br>Wages   |
|---|---|
| Wages paid in cash  | Wages that were earned but<br>not actually paid during the<br>calendar quarter                          |
| Wages in any medium other<br>than cash, such as the cash<br>equivalent of meals<br>furnished on the employer's<br>premises or lodging<br>provided by the employer as<br>a condition of employment | Sick pay paid under an<br>employer plan, if paid on<br>account of sickness                              |
| Commissions and bonuses, awards, and prizes   | Profit-sharing  |
| Vacation, severance, and holiday pay  | The employer's pre-tax<br>contributions to a retirement<br>plan   |
| Sick pay when it is paid to<br>liquidate an employee's<br>balances at the time of<br>separation from employment   | Wages of an employee<br>whose services are excluded<br>from coverage under Section<br>43 of the MES Act |
| The cash value of a<br>cafeteria plan, if the<br>employee has the option<br>under the plan to choose<br>cash  | Reimbursements to<br>employees of expenses<br>incurred on behalf of the<br>employer                     |
| An employee's pre-tax<br>wages to a retirement plan   | Premiums for life insurance,<br>pre-paid legal services,<br>health insurances                           |
| Tips actually reported by the<br>employee to the employer<br>Discounts on purchases<br>from the employer  | Wages of elected official or<br>volunteer firefighters  |

For more information regarding wage reporting, refer to Section 44 of the MES Act or Employer Handbook Chapter B. **Total of Gross Wages from Pages 1 and 2:** Enter the total of "Gross Wages Paid This Quarter."

#### SECTION 3: Completed By Contributing Employers Only

*Excess Wages:* Determine how much of each employee's wages reported under "Gross Wages Paid This Quarter" is in excess of the annual taxable wage limit of \$9,500. Wages paid to an individual by a single employing unit that exceed the taxable wage limit for that year are not taxable. For example: An employee is paid \$3,250 per quarter, and the taxable wage limit for that year is \$9,500. Quarterly wages are reported as follows:

| Wages   | 1 <sup>st</sup> Qtr | 2 <sup>nd</sup> Qtr | 3 <sup>rd</sup> Qtr | 4 <sup>th</sup> Qtr | TOTAL    |
|---------|---------------------|---------------------|---------------------|---------------------|----------|
| Gross   | \$3,250             | \$3,250             | \$3,250             | \$3,250             | \$13,000 |
| Excess  | 0                   | 0                   | \$250               | \$3,250             | \$ 3,500 |
| Taxable | \$3,250             | \$3,250             | \$3,000             | 0                   | \$ 9,500 |

NOTE FOR SUCCESSOR EMPLOYERS. Include the employee's wages previously reported by a predecessor employer when determining excess wages within the same calendar year.

MULTI-STATE EMPLOYERS whose employees work in two or more states in one year should include all of an individual's wages previously reported in another state when determining excess wages reportable to the UIA in the calendar year.

**Taxable Wages:** Total Gross Quarterly Wages minus Excess Wages equals Taxable Wages. This is the current amount of each employee's wages that is taxable for unemployment tax purposes.

**UI Tax Rate:** The tax rate will be indicated on preprinted reports. If you do not know your tax rate, see the CONTACT US section of these instructions.

**UI Tax Due (Rounded):** Multiply "Taxable Wages" by "UI Tax Rate." For example, if your tax rate is 3%, multiply your Taxable Wages by .03. Add that amount to any "Prior Balance" to calculate the total Tax Due. Please refer to Fact Sheet 152, available at <u>www.michigan.gov/uia</u>, for information on rounding of tax due.

**Obligation Assessment (OA) Rate:** The Obligation Assessment Rate will be indicated on pre-printed reports. Please refer to Fact Sheet 146, available at <u>www.michigan.gov/uia</u>, for information on the Obligation Assessment.

**OA Due:** Multiply "Taxable Wages" by "OA Rate." Do not round this figure. The calculation of the OA takes into consideration the employer's current tax rate, the OA ratio, a base assessment, and the taxable wage base. (Tax rate x OA ratio) + (base assessment ÷ taxable wage base)

*Total Tax Due:* This figure is the sum of the Rounded Tax Due and Non-Rounded Tax Due figures.

**Prior Balance:** Indicates any prior balance for which you are responsible. Specific details can be viewed on your MiWAM account or by calling the telephone numbers shown below in the Contact Us section.

**Amount Enclosed:** Enter amount of the payment being submitted. If no tax is due or no remittance is being submitted, enter 0.

**Taxable Wage Limit:** The current taxable wage limit is \$9,500. Wages paid to an individual by a single employing unit that exceed the taxable wage limit for the year are not taxable.

**Due Date:** This report is due on the 25<sup>th</sup> of the month following the end of each calendar quarter.

*Is this the Final Report for this business?:* Selecting 'YES,' indicates there will no longer be any employment reported for this UIA account. You must also submit a completed Form UIA 1772, *Discontinuance or Transfer of Payroll or Assets in Whole or Part.* This report can be found and filed through your MiWAM account.

#### *I meet the requirements to apportion my payments and elect this option:* Effective in 2013 if you had 25 or fewer employees on January 12<sup>th</sup> of the prior tax year and 50% or more of your total previous year's contributions were payable with your first quarter report, you can elect to distribute your tax due for first quarter in four equal payments (25% due with each quarterly report). See Section 13(3) of the MES Act for more information.

### SECTION 4: Must Be Completed By All Employers

Complete all requested information.

#### **PAYMENT INSTRUCTIONS:**

Make checks payable to: STATE OF MICHIGAN-UNEMPLOYMENT INSURANCE AGENCY and write your UIA ACCOUNT NUMBER on the face of your check.

#### MAIL COMPLETED REPORTS AND PAYMENTS

TO: Unemployment Insurance Agency Tax Office PO Box 33598 Detroit, Michigan 48232-5598

#### CONTACT US:

UIA forms are available on our website at <u>www.michigan.gov/uia</u>. Your questions can be directed to the Office of Employer Ombudsman (OEO) at 1-855-4UIAOEO (855-484-2636). Outside of Michigan, please call 1-313-456-2300. Questions may also be emailed to OEO@michigan.gov.