



State of Michigan  
Department of Labor & Economic Growth  
**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 REIMBURSING EMPLOYER QUARTERLY PAYROLL REPORT

UIA Employer Account No.: ..... Calendar Qtr. Ending: \_\_\_\_\_

Federal Emp. I.D. No. (FEIN): \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**REIMBURSING EMPLOYERS USE THIS REPORT TO CORRECT ERRORS IN PREVIOUSLY REPORTED PAYROLL.**

Effective with the 2nd quarter of 2005, all REIMBURSING EMPLOYERS ARE REQUIRED to submit a quarterly payroll report on or before the 25th day of the month following the end of the calendar quarter as provided by Section 13 of the Michigan Employment Security (MES) Act (MCL421.13).

1. Reason for Adjustment: (If additional space is required, attach additional pages)			
	<b>COLUMN I</b> Previously Reported Amount	<b>COLUMN II</b> Corrected Amount	<b>COLUMN III</b> Difference
2. Quarterly Wages			

**YOUR 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:

Telephone: (    )   -

**RETAIN A COPY OF THIS REPORT FOR YOUR RECORDS**

**IF YOU NEED ASSISTANCE, TELEPHONE (313) 456-2080**

**RETURN THIS FORM TO THE ADDRESS ABOVE OR FAX TO (313) 456-2132**



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