



State of Michigan  
Department of Licensing and Regulatory Affairs  
**UNEMPLOYMENT INSURANCE AGENCY**  
WAGE RECORD UNIT  
3024 W. Grand Blvd., Suite 12-450, Detroit, MI 48202  
www.michigan.gov/uia  
**AMENDED WAGE DETAIL REPORT**



1. EMPLOYER NAME & ADDRESS	2. UIA ACCOUNT NO.	3. FEDERAL EMPLOYER IDENTIFICATION NO.	4. QUARTER ENDING DATE
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5. TOTAL GROSS WAGES REPORTED ON THE ORIGINAL FORM UIA 1017 \$	(ACTUAL) TOTAL GROSS WAGES \$ FOR THIS QUARTER
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6. REASON FOR THE AMENDMENT:

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS SECTION

<b>PART A</b>	<b>PART B</b> <b>List only the employee(s) for whom you are reporting corrections. If you are reporting a corrected SSN, file <u>one</u> form for <u>all</u> quarters and do not report wage amounts.</b>
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7. SOCIAL SECURITY NUMBER ON FORM UIA 1017	8. FAMILY OWNED? Enter "F"	9. CORRECT SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME		11. GROSS WAGES PAID THIS QUARTER	
			LAST	FIRST	DOLLARS	CENTS

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

Signature of owner/officer _____ Date _____	Name of contact person _____	Telephone _____
Page ____ of ____		

## AMENDED WAGE DETAIL REPORT

This report is authorized by MCL 421.1, et seq., and its purpose is to amend quarterly wage detail information previously submitted. In order to comply with the law concerning accuracy, it is important to provide amended information for each Employer Account Number needing correction.

An Amended Wage Detail Report is to be used to amend information previously submitted on either the Internet or on the Wage Detail Report, Form UIA 1017. Any questions regarding the Form UIA 1019 should be directed to the Wage Record Unit at (313) 456-2760 (TTY customers use 1-866-366-0004.) Employers filing this Form UIA 1019 may also need to file an Amended Quarterly Tax Report, Form UIA 1021. The Form UIA 1021 is used to correct the gross and taxable wages reported for tax purposes on the Employer's Quarterly Tax Report, Form UIA 1020. Any questions regarding Form UIA 1021 are to be directed to (313) 456-2180 (TTY customers use 1-866-366-0004.)

**IMPORTANT:** A separate Amended Wage Detail Report must be filed for each quarter being amended. The corrected gross wages reported on the Form UIA 1019 must equal the corrected gross wages reported on Form UIA 1021.

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM**

Part B Column 7 – Place an F by the employees that are immediate family members of the business owner(s).

If you are reporting new information that was not reported previously: Show the complete detail information for employee in Part B only. Part A should be blank.

For Example: You omitted Robert Smith from your original report.

PART A	PART B				
7. SOCIAL SECURITY NUMBER ON FORM UIA 1017	8. FAMILY OWNED? Enter "F"	9. CORRECT SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME		11. GROSS WAGES PAID THIS QTR.
			LAST	FIRST	DOLLARS   CENTS
	F	999-89-8989	Smith	Robert	3600   00

If you are correcting information that was previously reported. In Part A, show the exact Social Security Number that was used on the original report. Show the corrected detail information for each employee in Part B.

For Example: You transposed two digits of the Social Security Number of Ann Lee. You want to change wages for Mary Jones from \$2,400.00. You erroneously reported wages for John Williams.

PART A	PART B				
7. SOCIAL SECURITY NUMBER ON FORM UIA 1017	8. FAMILY OWNED? Enter "F"	9. CORRECT SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME		11. GROSS WAGES PAID THIS QTR.
			LAST	FIRST	DOLLARS   CENTS
999-98-9999		999-89-9999	Lee	Ann	
888-88-8888		888-88-8888	Jones	Mary	4200   00
777-77-7777		DELETE	Williams	John	

If you are reporting a Social Security Number for an employee for whom you did not previously have a Social Security Number: Leave Part A blank. Show the employee's correct Social Security Number in Part B.

For Example:

PART A	PART B				
7. SOCIAL SECURITY NUMBER ON FORM UIA 1017	8. FAMILY OWNED? Enter "F"	9. CORRECT SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME		11. GROSS WAGES PAID THIS QTR.
			LAST	FIRST	DOLLARS   CENTS
		999-89-8999	Hill	Thomas	3600   00