

Registration for Client Level Reporting

1. Client Federal Employer Identification Number, Required.

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2. Client Company or Owner's Name (include, if applicable, Corp., Inc., PC, LC, LLC, LLP, etc.) Required.

3. Business Name, Assumed Name or DBA (as registered with the county).

4. Physical Address of the actual Michigan location of the client. Not a PO Box. Required.

Street Address			
City	State	ZIP code	Client Telephone Number

5. Mailing Address. Where all forms from UIA will be sent, unless otherwise instructed.

Street Address		
City	State	ZIP code

6. Enter the two digit Business Ownership Type code from the list below.

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| Sole Proprietorship 10 | Any Other Michigan Corporation 40 |
| Husband/Wife Proprietorship 20 | Any Non-Michigan S Corporation 51 |
| Any Other Type of Partnership 30 | Any Other Non-Michigan Corporation 50 |
| Limited Partnership 33 | Trust or Estate (Fiduciary) 60 |
| Limited Liability Company (LLC, LC, LLP) .. 34 | Joint Stock Club or Investment Company 70 |
| Michigan S Corporation 41 | Social Club or Fraternal Organization 80 |
| Michigan Professional Corporation 42 | Any Other Type of Business 90 |

7. Enter the Business Code (SIC) that best describes the client's business (see Business Codes page in Form 518)

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8. UIA Account Number previously assigned to client, if known.

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9. Date client level reporting to begin.

Month		Day		Year			

10. PEO Information.

PEO Name	PEO FEIN
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Schedule B must be completed if the client has been involved in a business transfer. I certify that the information provided on this form is true, correct, and complete to the best of my knowledge and belief.

Printed Name of Authorized Agent	Signature of Authorized Agent	Telephone Number
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