

Form UIA 1136 (Statement of Unemployment Benefits Charged or Credited to Employer's Account)

UIA 1136
(Rev. 3/04)



State of Michigan
Department of Labor & Economic Growth
Unemployment Insurance Agency
www.michigan.gov/uia

Authorized by
MCL 421.1, et seq.



STATEMENT OF UNEMPLOYMENT BENEFITS CHARGED OR CREDITED TO EMPLOYER'S ACCOUNT

Page No.: 1



Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

UIA Employer Account No.: 0000000 000
Employer Name: Norelmach Company

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Payment/ Adjustment Date	CERT			UNEMPLOYED WORKER	
				WK END DATE	AD TYP	CHG TYP	EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

TOTAL TO ACCOUNT 0000000 000
FOR WEEK ENDING 03/06/2004

402.00

LAST PAGE FORM 1136

ATTENTION CONTRIBUTING EMPLOYERS: If claimant's earnings from you for any week(s) listed equal or exceed your charges for that week(s), please notify UIA so your account may be credited.

THIS IS NOT A REQUEST FOR PAYMENT - SEE IMPORTANT INFORMATION ON REVERSE SIDE
DLEG is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.

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Information about specific claimants whose benefits were charged (or credited) to employer's account during the week identified here

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55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

UIA Employer Account No.: 0000000 000
Employer Name: Norelmach Company

Unemployed Worker SSN	Unemployed Worker Name	DO	Payment/ Adjustment Date	CERT		CHG TYP	UNEMPLOYED WORKER	
				WK END DATE	AD TYP		EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

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FOR WEEK ENDING 03/06/2004 402.00

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Social Security Number of each worker whose benefits are reported

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				AD TYP	WK END DATE		EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	01	02/21/2004	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	01	02/28/2004	REG	0.00	201.00

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Name of each worker whose benefits are reported.

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MAIL DATE: 03/18/2004

UJA Employer Account No.: 0000000 000
Employer Name: Norelmach Company

Unemployed Worker SSN	Unemployed Worker Name	BO NBR	Payment/ Adjustment Date	CERT		CHG TYP	UNEMPLOYED WORKER	
				WK END DATE	AD TYP		EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
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Date on which charge or credit was made to employer's account for each identified claimant.

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UIA Employer Account No.: 0000000 000
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Unemployed Worker SSN	Unemployed Worker Name	BO NBR	Payment/ Adjustment Date	CERT		CHG TYP	UNEMPLOYED WORKER	
				WK END DATE	AD TYP		EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
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Week-ending date of week of unemployment for which payment was made and charged.

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Norelmach Company
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 03/18/2004

UJA Employer Account No.: 0000000 000
Employer Name: Norelmach Company

Unemployed Worker SSN	Unemployed Worker Name	BO NBR	Payment/ Adjustment Date	CERT WK END DATE	AD TYP	CHG TYP	UNEMPLOYED WORKER	
							EARNED INCOME	TOTAL
333-33-3333	J. Doe	021	03/03/2004	02/21/2004	01	REG	0.00	201.00
333-33-3333	J. Doe	021	03/03/2004	02/28/2004	01	REG	0.00	201.00

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DLEG is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.

Key Adjustment/Payment (ADTP) Codes are shown here (and explained on the back of the Form).

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Charge Type (the unemployment program under which the payment was made).

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Gross earnings reported by the claimant for the week from any employer, but not identified by specific employer. This amount is used to reduce the worker's weekly benefit and therefore the benefit charge to an employer's account.

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Charge to employer's account for each claimant, for that week.

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**Notice to
"Contributing
Employers" about
possibility of being
"non-charged" for
the week.**

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Form UIA 1136 (Statement of Unemployment Benefits Charged or Credited to Employer's Account)

STATEMENT OF AUTHORITY AND RIGHT OF PROTEST: THE UNEMPLOYMENT INSURANCE AGENCY (UIA) IS REQUIRED BY SECTION 421.21(a) OF THE MICHIGAN EMPLOYMENT SECURITY (MES) ACT TO PROVIDE EMPLOYERS WITH STATEMENTS SUMMARIZING THE TOTAL BENEFITS CHARGED AGAINST AN EMPLOYER'S ACCOUNT. If you disagree with these charges and/or credits, you may request a redetermination in writing by mail or fax. To be filed on time, such request must be received by the UIA within thirty (30) calendar days after the MAIL DATE shown on the front of this form, or if such 30th day is a Saturday, Sunday, legal holiday, or Agency non-work-day, by the next day which is neither a Saturday, Sunday, legal holiday, nor Agency non-work day. Good cause may be considered for late protests.

INSTRUCTIONS FOR FILING A REQUEST FOR REDETERMINATION: A request for a redetermination regarding an unemployed worker's eligibility for unemployment benefits (charges) and/or credit adjustments should be directed to the address or to the fax number listed below. Refer to the MAIL DATE as shown on the front of this form in your request for redetermination. When the protest involves individual charge(s) and credit(s), include the unemployed worker's name, social security number, the employer's account number, date payment or adjustment was issued, week ending date involved, and the amount of the charge or credit. In addition, the reasons for disagreeing with the charges or credits should be stated. For information or assistance with questioned benefit payments or adjustments, contact our Employer Customer Relations Hotline at 1-800-638-3994 (TTY callers use 1-866-366-0004).

ATTENTION CONTRIBUTING EMPLOYERS: If the wages you paid an unemployed worker for any of the week(s) listed on the front of this form equal or exceed your charge please notify the UIA in writing so your account may be credited. Note: This only applies if two or more employers have been charged. See Section 20(f) of the MES Act.

ALL REQUESTS MUST BE COMPLETED IN BLACK INK

MAIL OR FAX REQUEST FOR REDETERMINATION TO:
UIA P.O. Box 169 Grand Rapids, MI 49501-0169
Fax: 1-517-636-0427

NOTE: The cost of Extended Benefits paid from 1-25-09 through 2-21-09 will be shared 50/50 by the federal government and Michigan employers. Effective 2-22-09, the American Recovery and Reinvestment Act of 2009 established that the federal government will pay 100% of the cost of EB. Government entities and Indian tribes and tribal units are charged 100% of the cost of EB regardless.

KEY ADJUSTMENT/PAYMENT (ADTP) CODES ON LISTING OF DETAIL CHARGES AND CREDITS

01 - NORMAL EMPLOYER CHARGE FOR BENEFITS PAID TO UNEMPLOYED WORKER	03 - OFFSET TYPE ADJUSTMENT
04 - NORMAL EMPLOYER CHARGE/CREDIT ADJUSTMENT	05 - CHARGES HELD IN 20A SUSPENSE PENDING DISPOSITION OF A PROTEST
06 - CHARGES PREVIOUSLY HELD IN 20A SUSPENSE ARE BEING RECHARGED TO YOUR ACCOUNT	07 - YEAR OLD VOID
08 - CREDIT DUE TO RESTITUTION	14 - RESTITUTION ADJUSTMENT
17 - CHARGE FOR BENEFITS PAID BY ANOTHER STATE ON COMBINED WAGE CLAIM	18 - ADJUSTMENT OF BENEFITS PAID BY ANOTHER STATE ON COMBINED WAGE CLAIM
20 - CREDIT DUE TO RESTITUTION	21,23,24 - RE-CHARGE DUE TO CANCELLATION OF RESTITUTION

Appeal rights and instructions are shown here.

Mailing address and fax for returning protest is shown here.

ADTP Codes used on front are explained here.



Form UIA 1770 (Summary of Statement of Benefit Charges and Credits)

UIA 1770
(Rev. 3/94)

State of Michigan
Department of Labor & Economic Growth
Unemployment Insurance Agency
www.michigan.gov/uia

Authorized by
MCL 421.1, et seq.

SUMMARY OF STATEMENT OF BENEFITS CHARGES AND CREDITS
CALENDAR QUARTER ENDING 9/30/1999

10705

Trust Fund Accounting
55555 Some Avenue
City, State 48708-8026

MAIL DATE: 01/05/1999
UIA Employer Account No.: 0000000 000

Operating Unit Number: 019 889 00
Employer Name: Trust Fund Accounting

Unemployed Worker SSN	Unemployed Worker Name	BO NSR	Number of Items	TOTAL
333-33-3333	Chur Robe	01	01	201.00
333-33-3333	Chur Robe	01	01	201.00
TOTAL FOR OPERATING UNIT 0199889 000 FOR QUARTER ENDING 09/30/1999				01 201.00

THIS IS NOT A REQUEST FOR PAYMENT - SEE IMPORTANT INFORMATION ON REVERSE SIDE
DLEG is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.

This is a quarterly summary of all the individual weekly statements of charges and credits, for the calendar quarter shown here.