



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
UNEMPLOYMENT INSURANCE AGENCY  
Tax Office  
P.O. Box 8068 - Royal Oak, Michigan 48068-8068  
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**