MICHIGAN UNEMPLOYMENT INSURANCE AGENCY



Other MiWAM Functions and Settings

MiWAM TOOLKIT for Employers - Part 3 Other MiWAM Functions and Settings

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Address Changes

Physical Address

o chang	e your phys	ical address, click o	on the "Names and Addı	esses" tab.	
Accounts	Recent Items	Multi-Account Services	Names and Addresses		
0			E Customer Na	mes & Addresses	
			Legal Name	August 1. (1997)	
			Physical Addre	ess	
			Legal Address	Add	-

=	Physical	🤨 Settings 🕜 Help 🔒
1	Home > Physical	
	Marcasson (Carlos Carlos (Carlos (Carl	
	uddress	
A	datess	
0		
0	Physical	



Enter your new physical address. You will need to verify the address before continuing. The system will process the address change overnight and you will see your updated physical address the following business day.

1. Address Chang	ge > 2. Review and	Submit			
ddress Ch	ange				
Physical Cha	inge				
Country	USA	~			
Street					
Street					
Unit Type		~	Unit #	City	
State	MICHIGAN	~	Zip 🗸	County	
Attention					



To change the Mailing address that appears at the top of your "Welcome" page, click on the "UI Tax" link beneath the "Accounts" tab.

Account Access		
Request Access	Add Access to Another Account	
Accounts		View Account
Accounts		View Account



To change or add your mailing address, click on "Add" next to "Mailing Address."

<u>.</u>	🚛 Customer N	lames & Addresses
10000	Legal Name	PANY
and the second sec	Physical Ad	dress
the second second second	Legal Addre	ss Add
VI Tax	Account Na	mes & Addresses
	Account Na Mailing Add	
J UI Tax		ress Add
UI Tax	Mailing Add	ress Add dress Add

1. New Address	2. Review and S	ubmit			
New Addre	SS				
Search Tax Mail Ch	× 6				
Count	y USA	~			
Stree	et 🗌				
Stree	et				
Unit Typ	e	~	Unit #	City	1
Stat	MICHIGAN	~	Zip	County	
					2



Click "Select this address" and click "Save."

7 8	😰 Settings 🕜 Help 🔒 Log (
Select this address	
Select this address	
Select this address	
Save Cancel	City
Test Andreas and a	county
	Select this address Select this address Select this address



Once the address has been verified, click on "Next Step," then "Submit." The new address will appear the next business day.

ew Addres	S			
Tax Mail Cha	nge			
Country	USA 🗸			
Street				
Street	[
Unit Type	~	Unit #	City	

I Want To

Chat With an Agent



The Chat feature allows you to communicate with an agent in real time. Click on the "Chat with an Agent" link for assistance with your tax or benefits questions.

Chat with an Agent	
end Unemploymer	nt a Message
iew Employer Han	dbook
etup Email Remin	ders
Add or Update Pow	er of Attorney
pply for WOTC	
lequest Benefit Ch	arges File
ign Up for SIDES	e-Response



When you click on the link, you will be asked for your first name and last name. These are optional fields. However, you must enter your FEIN or unemployment account number, along with the gross wages of your most recent quarterly report.

First Name		
ି		
Last Name		
FEIN or EAN Number *		
Gross Wages on Recent Report *		

Send Unemployment a Message



You may also send unemployment a message through your MiWAM account. Click on the "Send Unemployment a Message."

)	I Want To
	Chat with an Agent
ſ	Send Unemployment a Message
-	View Employer Handbook
	Setup Email Reminders
	Add or Update Power of Attorney
	Apply for WOTC
	Request Benefit Charges File
	Sign Up for SIDES e-Response



Once you click the link, you will have the opportunity to choose "Message Type" that include a rating, benefits, and protests dropdown menu. Choosing a message type helps the agency assign your questions to the department that will be able to assist you best.

Send Message			
Customer			
	~		
Account			
- UI Tax	~		
Quarter			
31-Dec-2020	~		
Message Type			
Account Question - Rating	~		
Subject			
Rate			
Message			
I have questions about my rate.			

View Employer Handbook



If you need detailed information regarding unemployment insurance, click on the "View Employer Handbook" link to access the most recent handbook. You may download the handbook for your convenience. If you have Adobe Acrobat Reader, you may also search the document to pinpoint the sections of the handbook that you need for your particular issues.

Ch	nat with an Agent
	end Unemployment a Message
Vie	ew Employer Handbook
Se	tup Email Reminders
Ad	ld or Update Power of Attorney
Ap	oply for WOTC
Re	equest Benefit Charges File
Sig	gn Up for SIDES e-Response

Set Up Email Reminders



Click the "Set Up Email Reminders" to select your quarterly report reminders.

Ê	I Want To
	Chat with an Agent
	Send Unemployment a Message
	View Employer Handbook
	Setup Email Reminders
- 6	Add or Update Power of Attorney
	Apply for WOTC
	Request Benefit Charges File
	Sign Up for SIDES e-Response

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The "Set Up Email Reminders" feature allows you to select a 10- or 25-day email, reminding you when your quarterly report is due. You can also opt out of any emails by clicking the box next to, "To stop the automated email reminder, please check this box and resubmit your request."

1. Set Up Email Reminders 2. Review and Submit Set Up Email Reminders

The UIA will send you an email reminder before the due date of the UIA 1028, Employer's Quarterly Wage/Tax Report. You may choose either a 10 or 25 day reminder below for the number of days before the quarterly report due date to receive the email reminder. If no selection is made, we will send the email reminder 10 days before the quarterly report due date.

The quarterly due dates are:

January April July October	25 th 25 th 25 th		
💽 Re	eminder 10 days before Due Date		
⊖ Re	eminder 25 days before Due Date		
To stop the stop the stop the stop of t	he automated email reminder, pleas	e check this box and re	submit your request.

Add or Update Power of Attorney

Home > Power of Attorney

You have the ability to add a service provider, modify or delete a current service provider's access to your account. Click on the "Add or Update Power of Attorney" to begin the process.

Ê	I Want To
	Chat with an Agent
	Send Unemployment a Message
	View Employer Handbook
	Setup Email Reminders
1	Add or Update Power of Attorney
	Apply for WOTC
	Request Benefit Charges File
	Sign Up for SIDES e-Response



Click on the "Add Power of Attorney" link to add a service provider to your account. Click on the link under the "POA Name" to modify or remove a current service providers access.

Power of Attorney			
Click the Add Power of Atto Add Power of Attorney Power of Attorney List	orney button to add a new Pow	ver of Attorney	Show History Filter
POA Name	Commence	Cease	Authorization Type
			Limited Authorization

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In the example below, the POA has "Limited Authorization" to assist you with your unemployment taxes. You can change any authorization by selecting "Yes" or "No." Any changes will take effect the following business day.

Power of Attorney Maintenance	9			
Your authorized representative m	ay be an orgar	nization, firm or individual		
Power of Attorney Authorizatio	on Form		_	
Representative FEIN:	Rep	presentative SSN:	Representative Name:	
ADDRESS				This address has been validat
Address line 1:				
Address line 2:				
Country:		Unit Type:	Unit:	
USA	~		~	
Dity:		State:	ZIP:	
			~	
Contact Name:		Contact Phone #:	Contact Fax #:	Contact Email Address:
OTE: If no Ending Authorizatio Inemployment Insurance Agence leginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple	on Date is prov cy (UIA) in writ ease select on	ided, the above named r ting that this Power of Att Ending Authorit e):	orney is revoked. zation Date:	
NOTE: If no Ending Authorizatio Jnemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E	n Date is prov cy (UIA) in writ ease select on [1] Inspect or	ided, the above named r ting that this Power of Att Ending Authori e): e):	orney is revoked. zation Date:	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Jnemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Chinted Authorization	on Date is prov cy (UIA) in writ aase select on [1] Inspect or Enter into agre	ided, the above named r ting that this Power of Att Ending Authori e): e): receive confidential inform ements; and [5] Receive	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Jnemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Limited Authorization Please select the type of authori	n Date is prov cy (UIA) in writ asse select on [1] Inspect or inter into agre	ided, the above named r ting that this Power of Att Ending Authori e): e): receive confidential inform ements; and [5] Receive	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an	ake oral or written presentations of fact ar
Unemployment Insurance Agence Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to:	n Date is prov cy (UIA) in writ asse select on [1] Inspect or inter into agre	ided, the above named r ting that this Power of Att Ending Authori e): e): receive confidential inform ements; and [5] Receive	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Check Type of Authorization Inimited Authorization Please select the type of authori I. Inspect or receive confidential 2. Represent me and make oral/	n Date is prov cy (UIA) in writ aase select on [1] Inspect or Inter into agree ization by chee I information	ided, the above named r ting that this Power of Att Ending Authors e): receive confidential infor ements; and [5] Receive cking the appropriate box	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an tes.	to represent you until you notify the Michig ake oral or written presentations of fact ar Id payment notices).
NOTE: If no Ending Authorizatio Unemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Check Type of Authorization Inimited Authorization Please select the type of authori I. Inspect or receive confidential 2. Represent me and make oral/	n Date is prov cy (UIA) in writ aase select on [1] Inspect or Inter into agree ization by chee I information	ided, the above named r ting that this Power of Att Ending Authors e): receive confidential infor ements; and [5] Receive cking the appropriate box	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an tes.	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Limited Authorization Please select the type of authori	n Date is prov cy (UIA) in writ aase select on [1] Inspect or Inter into agree ization by chee I information	ided, the above named r ting that this Power of Att Ending Authori e): receive confidential infor ements; and [5] Receive cking the appropriate box ntation	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an res.	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Limited Authorization Please select the type of authori 1. Inspect or receive confidential 2. Represent me and make oral/ of fact or argument 3. Sign Returns	n Date is prov cy (UIA) in writ aase select on [1] Inspect or Inter into agree ization by chee I information	ided, the above named r ting that this Power of Att Ending Authori e): receive confidential infor ements; and [5] Receive cking the appropriate box	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an res.	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Limited Authorization Please select the type of authori 1. Inspect or receive confidential 2. Represent me and make oral/ of fact or argument 3. Sign Returns	n Date is prov cy (UIA) in writ aase select on [1] Inspect or Inter into agree ization by chee I information	ided, the above named r ting that this Power of Att Ending Authori e): receive confidential infor ements; and [5] Receive cking the appropriate box ntation Yes Yes	oriney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an tes. v	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agence Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Climited Authorization Please select the type of authori 1. Inspect or receive confidential 2. Represent me and make oral/ of fact or argument 3. Sign Returns 4. Enter into agreements	n Date is prov cy (UIA) in writ aase select on [1] Inspect or Inter into agree ization by chee I information	ided, the above named r ting that this Power of Att Ending Authori e): receive confidential infor ements; and [5] Receive cking the appropriate box ntation	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an res.	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to; argument; [3] Sign returns; [4] E Limited Authorization Please select the type of authori I. Inspect or receive confidential 2. Represent me and make orall of fact or argument 3. Sign Returns 4. Enter into agreements 5. Receive Mail	n Date is prov cy (UIA) in writ aase select on [1] Inspect or Inter into agree ization by chee I information	ided, the above named r ting that this Power of Att Ending Authori e): receive confidential infor ements; and [5] Receive cking the appropriate box ntation Yes Yes	oriney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an tes. v	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Climited Authorization Please select the type of authori I. Inspect or receive confidential Represent me and make oral/ of fact or argument B. Sign Returns 4. Enter into agreements	n Date is prov cy (UIA) in writ aase select on [1] Inspect or Inter into agree ization by chee I information	ided, the above named r ting that this Power of Att Ending Authors e): receive confidential infon ements; and [5] Receive cking the appropriate box ntation Yes Yes No	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an res.	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Limited Authorization Please select the type of authori I. Inspect or receive confidential 2. Represent me and make oral/ of fact or argument 3. Sign Returns 4. Enter into agreements 5. Receive Mail D Receive Tax Forms	In Date is prov cy (UIA) in writ ease select on [1] Inspect or r inter into agree ization by check I information /written preser	ided, the above named r ting that this Power of Att Ending Authori e): receive confidential infor ements; and [5] Receive cking the appropriate box ntation Yes Yes	oriney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an tes. v	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agence Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to; argument; [3] Sign returns; [4] E Climited Authorization Please select the type of authori 1. Inspect or receive confidential 2. Represent me and make oral/ of fact or argument 3. Sign Returns 4. Enter into agreements 5. Receive Mail	In Date is prov cy (UIA) in writ ease select on [1] Inspect or r inter into agree ization by check I information /written preser	ided, the above named r ting that this Power of Att Ending Authors e): receive confidential infon ements; and [5] Receive cking the appropriate box ntation Yes Yes No	orney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an res.	ake oral or written presentations of fact ar
NOTE: If no Ending Authorizatio Unemployment Insurance Agend Beginning Authorization Date: 04-Apr-2018 Check Type of Authorization (ple General Authorization Authorize my representative to: argument; [3] Sign returns; [4] E Limited Authorization Please select the type of authori I. Inspect or receive confidential 2. Represent me and make oral/ of fact or argument 3. Sign Returns 4. Enter into agreements 5. Receive Mail D Receive Tax Forms	n Date is prov cy (UIA) in writ aase select on- inter into agre ization by cheo I information /written preser	ided, the above named r ting that this Power of Att Ending Authori e): receive confidential inform ements; and [5] Receive cking the appropriate box ntation Yes No Yes	oriney is revoked. zation Date: mation; [2] Represent me and m mail (including forms, billings an res. v v v v v v v	ake oral or written presentations of fact ar

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In this example, you can give the service provider "General Authorization" to your account by selecting the "General Authorization" box. The changes will take effect the following business day.

AUTHORIZATION INFORMATION - MICHIGAN UIA

NOTE: If no Ending Authorization Date is provided, the above named representative will be authorized to represent you until you notify the Michigan Unemployment Insurance Agency (UIA) in writing that this Power of Attorney is revoked.

Beginning Authorization Date:	Ending Authorization Date:
04-Apr-2018	
Check Type of Authorization (please select one):	

General Authorization

Authorize my representative to: [1] Inspect or receive confidential information; [2] Represent me and make oral or written presentations of fact and/or argument; [3] Sign returns; [4] Enter into agreements; and [5] Receive mail (including forms, billings and payment notices).

Limited Authorization

Please select the type of authorization by checking the appropriate boxes.



To remove a current POA, select an "Ending Authorization Date." You may use a past date. The POA will be removed the following business day.

AUTHORIZATION INFORMATION - MICHI	GAN UIA		
NOTE: If no Ending Authorization Date is p Unemployment Insurance Agency (UIA) in v	rovided, the above named repres writing that this Power of Attorney	entative will be authorized to represent you until you notify t is revoked.	he Michig
Beginning Authorization Date:	Ending Authorization		
04-Apr-2018	09-Feb-2021	82	
Check Type of Authorization (please select	one):		
General Authorization			
Authorize my representative to: [1] Inspect argument; [3] Sign returns; [4] Enter into ag	or receive confidential informatio greements; and [5] Receive mail	 [2] Represent me and make oral or written presentations including forms, billings and payment notices). 	of fact ar
Limited Authorization			
Please select the type of authorization by cl	hecking the appropriate boxes.		
1. Inspect or receive confidential information	n		
	No	~	
2. Represent me and make oral/written pre-	sentation		
of fact or argument	Yes	~	
3. Sign Returns	10		
	Yes	~	
 Enter into agreements 			
	No	~	
5. Receive Mall			
Receive Tax Forms			
	Yes	~	
Receive Claims Control Forms			
	No	~	
Receive Contested Claims Forms	No	~	
	140	•	

Apply for WOTC

The Work Opportunity Tax Credit allows qualified employers to apply for tax credits for their businesses. Click "Apply for WOTC" to begin the process.

Ê	I Want To
	Chat with an Agent
	Send Unemployment a Message
	View Employer Handbook
	Setup Email Reminders
	Add or Update Power of Attorney
	Apply for WOTC
	Request Benefit Charges File
	Sign Up for SIDES e-Response
	Apply for WOTC Request Benefit Charges File



Each step has specific questions regarding the individuals that you wish to hire. Complete all six steps, and click "Add" if you have any attachments.

on opportunity	y Tax Credit Application		
50 Pre-Screening	Notice and Certification Request fo	or the Work Opportunity Credit	
Step 1: 8850	Job Applicant Information		
Job Applica	ant Name:		
Address:			
SSN:			
Step 2: 8850	9 Pre-Screening Information		
Step 3: 8850	D Employer's Information		
L	racteristics Form - Work Opportuni		
		ty fax credit	
Step 4: 9061	1 Applicant Information		
Step 5: 9061	1 Applicant Characteristics		
Step 6: 9061	1 Target Group Questions		
and a state of the			
ttachment Instru			

Request Benefit Charges File

I Want To
Chat with an Agent
Send Unemployment a Message
View Employer Handbook
Setup Email Reminders
Add or Update Power of Attorney
Apply for WOTC
Request Benefit Charges File
Sign Up for SIDES e-Response



Click the box next to the "Check this box if you would like to receive UIA Benefit Charges and Credits via an electronic file." Please understand that if there are not charges or credits, you will not receive a file. You can view your file in the "Notices" tab within your MiWAM account. Select the "Recent Items" tab, the click the "Notices" tab to the right.

IEW FILE FORMAT	
he Electronic File Exchange is a s counts and have the client data r	ervice that allows an Employer Representative (ER) to request correct data about their clients' Unemployment Insurance Agency (UIA) eturned electronically.
he benefit charges or credits file v	Benefit Charges or Credits Exchange – This will assist the ER in tracking the benefit charges or credits applied to the clients' UIA account. Ill be available weekly and include the clients' UIA account number, claimant SSN, processed date, benefit week ending date, adjustment type int, claimant last name, and claimant first name.
ow to Opt-In/Out:	
	ile exchange, please check the box for the UIA 1136 Denefit Charges or Credits. Once the request has been processed through the nightly ssage will be sent to confirm that you will receive an electronic file exchange based on your selection.
	tile exchange, please uncheck the box for UIA 1136 Benefit Charges or Credits. Once the request has been processed through the nightly bate will be sent to confirm that you will no longer receive an electronic file exchange based on your selection.

Sign Up for SIDES e-Response



To sign up for State Information Data Exchange System (SIDES), click on the "Sign Up for SIDES e-Response."

Ê	I Want To
	Chat with an Agent
	Send Unemployment a Message
	View Employer Handbook
	Setup Email Reminders
	Add or Update Power of Attorney
	Apply for WOTC
	Request Benefit Charges File
	Sign Up for SIDES e-Response

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Create a four-digit PIN for your SIDES account. Click "Next Step," then "Submit" to apply for your SIDES account. Note that you will receive an email notifying you of any "Fact Finding" in your SIDES account.

Register for SIDES					
Sign Up for SIDES E-Response					
You will need to create a 4 digit Pin for SIDES E-Response					
Create a 4 digit PIN Re-enter your 4 digit PIN	The State Information Data Exchange System (SIDES), Is a web-based system that allows the Unemployment Insurance Agency and employers to communicate directly and efficiently when an individual filed a new unemployment claim.				
You will receive a Notification confirming your SIDES E-R You will receive an email when Fact Finding has been sent to					

When you log in to your MiWAM account, you will see an "Account Alert" notifying you of any Fact Finding forms in your SIDES account.

Go directly to the site <u>Ulsides.org/</u>. You will need your FEIN, EAN and PIN. Click Separation Information.

ccount	Account Alerts	📋 I Want To
	Balance: (\$1,080.17)	View My Accounts
>	You have 1 pending Fact Finding on the SIDES E-Response Site	Manage Reports and Payments
	OIDEO Entesponse oite	Set Go Green Preference
		Register Location Account

Settings

The "Settings" link in the upper right hand corner of your "Welcome" page has a number of features to assist you with your account needs.

≡ MiWAM For Empl	oyers	😨 Settings 💡 Help 🔒 Log Off
🔂 Home		
Logon	Alerts	📋 I Want To
>	✓ There are no alerts	Chat with an Agent
		Send Unemployment a Message
		View Employer Handbook
		Potus Email Domindara

Hann Informations Very and shared in an

Edit Your Profile



After you click on "Settings," you can change the information in your account profile. Click the "Profile" tab, then click the "Edit" button.

le Payment Sou	rces Activity	
gon	Edit Alerts	I Want To
	✓ There are no alerts	Additional logons
		Third party access
		Change password



You may change the Username, Name and Email address in your "Edit User" tab. You can also add or update your "Secret Question" and "Answer." It is important to have a secret question and answer, since this feature allows you to unlock your account if necessary. To the right of the screen, you can add or modify phone numbers.

Profile	Primary Phone Number
Username	Country
	USA 🗸
Name	Туре
	Business ~
Email	Phone Number
Secret Question	Extension
Where were you born? ~	
Change Secret Question	·
	Secondary Phone Number
	Country
	USA

Payment Sources

For instructions on how to create a payment profile, see page 29 of the MiWAM Toolkit for Employers - Part 1.

Activity



When you click on the "Activity" tab, you will see any activity on your account. You can "Filter" your search using keywords, or you can use the date dropdown menu feature to view particular dates of activities within your account.

From	07-Apr-2020			
То				
	Search			
Activity				
Filter				
Wednesday, Ja	n 27, 2021			
04:53 PM	Logged On			
Tuesday, Jan 2	6, 2021			
01:23 PM	Logged On			
Friday, Jan 22,	2021			
02:33 PM	Logged On			
10:28 AM	Logged On			
Tuesday, Jan 1	9, 2021			
12:18 PM	Payment Request	UI Tax	CONTRACTOR OF A	30-Sep-2020
12:16 PM	Logged On			

Additional Logons

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As the Master account holder, you may add other users to your account. You determine the type of access and employer permissions the users may have in order to assist you and your clients. Click on the "My Profile" button to begin the process.

Logon	Edit Alerts	📋 I Want To
>	✓ There are no alerts	Additional logons
		🔒 Third party access



On the "Additional Logons" tab, click the "Add" button to the right of the screen to add another user.

dditional Logons	Logon Access	
Logons		6
Filter		



Enter the first and last name of the user, including the user's email address. Click on the "Yes" radio button if the user is an employee of your company. Click "Yes" if you would like the user to have the ability to add other users to your company's account. If you are a service provider, users will only have the ability to delegate access to other users only if you have an unemployment number. The added users cannot delegate access to other accounts. That function is only available to Master account holders. Click on the "Add Permissions" button to select which functions your added user will need.

nter new user information	on							
rst Name		Last Name		Email Address				
the user you are adding a	an Employee for your	business?			۲	Yes	0	No
d Account Permission	<							
Add Permission	IS				~			
ould you like to allow this	user to delegate acco	ess to another user	7		۲	Yes	0	No
ase enter all required i	nformation You will	not be able to su	bmit this request up	til values have been enter	ed in all	required	fields a	nd all
	d.	not be able to su	since and request a	in fundes nute seen enter	- a m an	required	inclus a	



Click on the "UIA Account #" link of any unemployment account you wish the added user to have access to.

count Service Su	ummary		? ×		
UIA Account #	Account Type	UIA Account Name	Access Level		
	UI Tax	and the second second second	Limited		
	UI Tax	PROPERTY AND ADDRESS.	Limited		_
2 Rows			OK Cancel	0	N
			© Yes		

Choose the features you wish the added user to have. Click "OK."

	Account Service Summary		? X	
count Service S	Account Access for	i	 ×	
ilter	Reports and Payments			
UIA Account #	Account Maintenance			
	1 Tax Issues and Assessments		-	2
2 Rows	9 Benefit Services		- 1	
	Work Opportunity Tax Credit (WOTC)			-

Please enter all required information. You will not be able to submit this request until values have been entered in all required fields and all

 \triangleright

Once you submit your request, the added user will receive an email giving them details on creating an "Employee" MiWAM account.

 Home
 Settings
 Profile
 Add Logon

 1. Add Logon
 2. Review and Submit

Review and Submit

This Add Logon submission is ready to submit.

Logon Access



After you click "OK," you will be taken back to your "Manage Logons" page. Once your added user creates a MiWAM account, you will see the user's name on the "Additional Logons" tab and you will also see the user's name under the "Access to My Accounts" tab along with the user's designated employers and permissions.

dditional Logons	cess	
Logons		l
Filter		
		Added By Master: No Delegati
		Added By Master: No Delegati
		Added By Master: No Delegati
		Added By Masler. No Delegali
		Added By Master: No Delegati
		Added By Master: No Delegati
		Added By Master: No Delegati



You may click the Username of your added user to view or modify the settings for the user.

Logons	A
Filter	
	Added By Master: No Delegation
a final state of the	Added By Master: No Delegation
(manufacture)	Added By Master: No Delegation
	Added By Master: No Delegation



On the "Activity" tab, you can "Change" the delegation tab from "No Delegation" to "Can Delegate." You may also "Deactivate Access" within this tab for the user.

🚮 Home > Settings > Profile >	-		
Logon Activity			
Additional Logon	Settings	Change	I Want To
⇔	Access Type	: Added By Master: No D	Deactivate access



The Activity tab allows you see the activities of the added user. You can "Filter" the activity according to the subject or date, or you can use the dropdown menu to search more specifically by dates.

, ,	Search		
	Courth		
	Search		
ctivity			
liter			
hursday, Jan 14	, 2021		
03:58 PM	Qtrly Wage/Tax Report	UI Tax	31-Dec-2020
03.57 PM	Logged On		
londay, Jan 11, 2	2021		
ionuay, oan in, a			

Third Party Access

Profile Payment Sour	ces Activity	
Logon	Edit Alerts	📋 I Want To
>	There are no alerts	Additional logons
		Chird party access



Click on the "Username" link of the third party that appears under the "Third Party Logons" tab.

Third Pa	rty Logons T	hird Party Access	
🔒 Logon	15		
Filter			

 \triangleright

On the "Third Party Access" tab, you can view the "Access Level" that was given to any service provider. Click on the "Multiple Permissions" tab.

Third Party Access to My		ccess				Filte
Usemame	Access Type	Name	Account Type	Id	Access Level	Active
	Third Party		Tax	-	Multiple Permissions	12



In this example, the service provider can file quarterly reports, submit payments and protest various tax issues and assessments. Notice in the right hand corner that you can remove the service provider's access to your account by deselecting the check in the "Active" box.

≡ Home		📩 sattings 🕐 Help 🔒 Log Off
	Profile	? *
🚮 Home >	Account Access for	
Third Party Lo	Reports and Payments ✓	Active 🗹
Access to My A	Account Maintenance 🗹	Filter
Usemame	Tax Issues and Assessments	ccess Level Active
Surger Street	Benefit Services	uttiple Permissions
	Work Opportunity Tax Credit (WOTC)	ione
		Cancel



If you deselected the "Active" box, you will receive an email stating that the third party is no longer authorized to access your account.

Account Permissions Removed			
Received: Sunday, Feb 14, 2021 11:56:50 A Subject MiWAM User's Permission Change			
Dear			
Employer Name			
You are receiving this email because JIA account number ending in .	removed	MiWAM authorizations for	with
To view these changes to your MiWAM acco	ount authorizations, ple	ase login to MiWAM and navigate to the My Accounts	link.
You may login to your account by going to nttps://miwamstg.ngds.state.mi.us/MIS/Empl	loyers/		
		cept incoming email. Please do not reply to this messa e Employer Ombudsman (OEO) at 1-855-4UIAOEO (8	
		ne other than yourself or an unauthorized person, or yo 84-2636 (between 8:30 am and 4:30 pm Monday throu	
Thank you for using MiWAM!			

Unemployment Insurance Agency



You may view the activities of any service provider by click on the Username of the provider under the "Third Party Logons" tab.

Third Party Logons	Third Party Access
Logons	
Filter	



You can verify any activity that the third party has completed for you.

on Activity				
ctivity				
Fi/ter				
aturday, Feb (3, 2020			
03:51 PM	Amend Qtrly Wage/Tax Report	UI Tax		30-Sep-2019
03.38 PM	Amend Qtrly Wage/Tax Report	UI Tax		31-Dec-2019
Vednesday, Fe	b 5, 2020			
12:42 PM	Amend Qtrly Wage/Tax Report	UI Tax	1000000000000	30-Jun-2019

Change Password





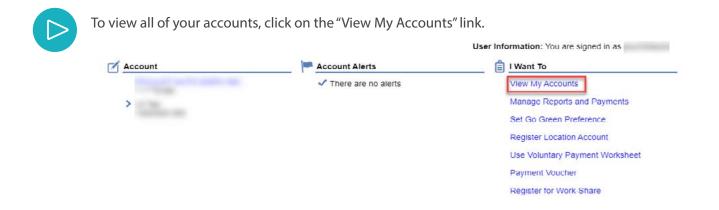
The system will prompt you for your current password and your new password. Please follow the guidelines under "Password Help" to assist you with creating your new password.

Change Password	Password Help
Current Password	Passwords cannot be reused
	Minimum 8 characters
New Password	Passwords must contain both letters and numbers
	Passwords must contain both uppercase and lowercase letters
Confirm Password	Passwords must contain special characters

View My Accounts

For more features contained within the "I Want To" header, click on the "UI Tax" link under the "Accounts" tab.

Accounts	Recent Items	Multi-Account Services	Names and Addresses	
Accounts				View Accounts
Filter				
UI Tax				\$0.00



Click on "View Accounts" to see all of your accounts contained within your MiWAM account.

Accounts	Recent Items	Multi-Account Servi	ces Names and Addresses	
Account	s			View Account
Filter				
UI Tax				\$0.0



If you are a service provider, you will see all of the employers within your account.

Filter				
14 <4 1 of 37 +>	▶ 1 100 of 3,655			
Account Type	Account Id	Name	Address	Balance
UI Tax	Contract of the	10000.01100.000	the called of the Manufacture of the	\$0.00
UI Tax				\$1.40
UI Tax			the distance where the second of	\$0.00
UI Tax				\$0.00
UI Tax				(\$3.21)
UI Tax				\$0.00
LII Tay	and the second second	the second se	the second second second second second	/\$1/ 13)



No more tiles, appears as a list now:

ccounts					Hide Clos
Multi-Unit Location	\$0.00	Multi-Unit Location	\$0.00	Multi-Unit Location	\$0.0
🗹 UI Tax	\$1.25				



D

If you are an employer with chargeable or non-chargeable accounts, you can view them here.

UNEMPLOYMENT INSURANCE



≡ Accounts			💿 Setting	gs 🕐 Help 🔒 Log Off
🚮 Home 🔸 Acco	unts			
Accounts				Hide Closed
Filter				
Account Type	Account Id	Name	Address	Balance
Multi-Unit Location				\$0.00
Multi-Unit Location				\$0.00
Multi-Unit Location				\$0.00
Multi-Unit Location				\$0.00
Multi-Unit Location				\$0.00
Multi-Unit Location				\$0.00

Manage Reports and Payments

For Manage Reports and Payments instructions, see page 43 of the MiWAM Toolkit for Employers - Part 2.



Set Go Green Preference

For Go Green Preference instructions, see page 39 of the MiWAM Toolkit for Employers - Part 1.

Register Location Account



If your company has other locations, you can add them to your MiWAM account. Click on the "Register Location Account" link.

Account	Account Alerts	I Want To
	✓ There are no alerts	View My Accounts
>		Manage Reports and Payments
		Set Go Green Preference
		Register Location Account
		Use Voluntary Payment Worksheet
		Payment Voucher
		Register for Work-Share



Click on the "Add a Location" link under the "New Locations" tab.

Locations		
Register Location Account(s)	
New Locations Location 1		5.5.5.5.
		🛃 Add a Location
Locations		Filte
Show Errors 1 - 1 of 1		
Name	Address	Start Date
10 10 12	MICHIGAN USA	
Add a Location		Required



Enter the name of your location and your address. Within the "Attributes" section, enter the start date and whether your location will be a "Chargeable" or "Non-Chargeable" location. Select the busines category, type and activity from the dropdown menus.

Register Location Account(s)

1. Locations 2. Review

Location 1				Remove this Location	👫 Copy row	Add a Location
ocation information						
ame						
NORTH LOCATION	N					
ddress						
Street 2 Unit Type	~	Unit				
MICHIGAN	~	Om	WAYNE		~	
Attention			Illucius			
start Date	06-Jan-2021	8	1 Multi-Unit Type	Chargeable	~	
Business Category	Administration of	of Human Resource	Programs		~	
Business Type	Administration of	of Human Resource	Programs		~	
Business Activity	Administration of	of Public Health Pro	grams		~	
				Remove this Location	Copy row	Add a Location



Once you click "Next Step," you will see the message below. You must have at least two locations to continue the process. If you do not have two locations, you will not be able to add any locations.

<i>1</i>		
Review		
At least 2 chargeable location accou	ints are required in order to register new chargeable lo	cation accounts.
At least 2 chargeable location accou	ints are required in order to register new chargeable lo	cation accounts.
	Ints are required in order to register new chargeable to Address	



Add the second location by clicking on "Add a Location."

New Locations NO	RTH LOCATION					
Location 1				Remove this Location	📫 Copy row	Add a Location
ocation information						
lame						
NORTH LOCATION	N					
ddress						
Street 2						
Unit Type	~ Unit					
MICHIGAN	*		WAYNE		~	
Atlention						
Attributes Start Date	06-Jan-2021	24	Multi-Unit Type	Obernanble		
	Administration of Humar		-	Ghargeable	~	
Business Category Business Type	Administration of Human				~	
Business Activity	Administration of Public				*	
Business Activity	Administration of Public	Health Prog	jrams			
				Remove this Location	Copy row	Add a Location
Cancel					< Previous S	Next Step

Complete all the necessary information for your second location and click "Next Step."

togiotor acoution	Account(s)				
New Locations NO	RTH LOCATION	SOUTH LOCATION	0		
Location 2		1	Remove this Location	Copy row	Add a Location
Location Information					
Name					
SOUTH LOCATION	4				
3032 W GRAND B Street 2 Unit Type	~]	Un/t	DETROIT	~	
MICHIGAN			The second		
Attention					
Attention	06-Jan-2021		Multi-Unit Type Chargeable	~	
Attention	and a second sec	of Human Resource Pr		~	
Attention Attributes Start Date Business Category Business Type	Administration of Administration of	of Human Resource Pri of Human Resource Pri	ograms ograms		
Attention Attributes Start Date Business Category	Administration of Administration of	of Human Resource Pr	ograms ograms	~	



After you have added the locations, make sure that all of the information is correct. Click "Submit" button.



Review

2 location(s) will be added to UIA	No	
If this is correct, press the Submit b screen.	utton to complete request. Otherwise, you may use th	e Previous button to navigate back to the last
Locations		
Name	Address	Start Date
		Same Section of the

 NORTH LOCATION
 O6-Jan-2021

 SOUTH LOCATION
 06-Jan-2021

 2 Rows
 2

 \triangleright

Once your locations have been added to your account, you will see the locations displayed under the "Accounts" tab.

Recent Items	Multi-Account Services Names and Addresses	
Accounts		View Accounts
Filter		
Multi-Unit Location	001	\$0.00
UI Tax	CONTRACTOR OF STREET,	(\$300.00)
UI Tax	000	\$0.00

Use Voluntary Payment Worksheet



For instructions on Voluntary Payments, see page 46 of the MiWAM Toolkit for Employers - Part 2.

I Want To View My Accounts

Manage Reports and Payments

Set Go Green Preference

Register Location Account

Use Voluntary Payment Worksheet

Payment Voucher

Manage Work-Share Plans

Payment Voucher

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If you would like to pay your taxes by check, you can click on the "Payment Voucher" link and complete the form. Be sure to include the quarter you are paying for along with your unemployment number. The address for mailing the voucher is on the form.



Register for Work Share



If you have not registered for Work Share, you will see this link. Click on "Register for Work Share" to begin.





Select "Yes" or "No" for each question, then click "Next Step," then "Submit."

,	Work-Share Enrollment
	Work Share is a program that allows employers to maintain operations during decline in business activity in lieu of layoff. Under an approved employer Work Share plan employees can work a reduced number of hours in the work week and receive Work Share Benefits from the Unemployment Insuran Agency (UIA).
1	Please refer to www.michigan.gov/workshare for more information and to review all eligibility requirements.
,	You must complete this registration section. After completion, you will receive a web notice in your MiWAM account within 24 hours notifying you that y can apply for the Work Share Plan. Click on the "UI Tax" link, "Manage Work Share Plan" under the "I Want To" heading and then click "Apply for Work Share Application".
	After completing a Work Share application, you must set up your plan(s) by submitting your employee information using one of the 3 format options:
	1. Manually input each employee's information into MiWAM.
	2. Work-Share Plan covered Employees Excel Template (click here to view the template).
	3. Work-Share Plan covered Employees File Format (click here to see format of the file).
	Once your Work Share plans are complete and approved, you must certify the weekly work hours of each employee at the end of each calendar week (ending on a Saturday). You must certify your plan(s) by using one of the 3 format options:
	1. Manually input each employee's information into MiWAM.
	2. Bi-Weekly Work-Share Certification Excel Template (click here to view the template).
	3. Bi-Weekly Work-Share Certification File Format (click here to see format of the file).
	If you have questions about Work Share or need assistance filing your Work Share plan, please contact our Office of Employer Ombudsman at 855-48 2636. Or send an email to UIA-Workshare@michigan.gov.
ļ	Do you wish to apply for a Work-Share plan?
	Yes 🗸
ì	Would you like assistance submitting your plan?
	Cancel Cancel Previous Step

Notice	Customer Rept
Received: Tuesday, Jun 30, 2020 3:52:23 PM Subject: Notice of Approval to participate in Work-Share	
Dear	
Employer Name: Confirmation ID:	
	he Work-Share features, log onto your Tax Account and you will see the Manage Work-Share Plans link on th aling in the Work-Share program with the submission of the completed plan. If you requested assistance -46 hours.
This email was sent from a notification-only address that cannot accept incoming er contact the Unemployment Insurance Agency's Work Share Hotline at 1-844-WORK	mail. Please do not reply to this message. If you have questions regarding your unemployment account then (SHR (1-844-967-5747).
If you have reason to believe this submission was made by someone other than you immediately call 1-855-484-2636 (between 8:30 am and 4:30 pm Monday through R	urself or an unauthorized person, fty you are experiencing technical issues with MiWAM, you should riday) or email <u>MIWAMSupport@michigan.gov</u> .
Thank you for using MIWAMI	

Manage Work Share Plans



If your company was found eligible for Work Share, you will see the "Manage Work Share Plans" within the "I Want To" header. Since you have applied for Work Share, you can submit your plans by clicking on the "Manage Work Share Plans" link.

🗐 I Want To
View My Accounts
Manage Reports and Payments
Set Go Green Preference
Register Location Account
Use Voluntary Payment Worksheet
Payment Voucher
Manage Work-Share Plans

 \triangleright

To begin, click on the "Work Share Plan Application" button in the upper right hand corner. You may also use an Excel or text file to apply for Work Share. View the links "Download Excel Template" and "View File Format" for more information regarding uploading your application.

Work-Share pl	an application p	lease click the butt	on to the rig	ht. Work-Shar	re Plan application	elow. To begin a new is can be filed by nd flat file format can	triant contain	e Plan Application
	EXCEL TEMPL	ATE						
VIEW FILE FO	RMAT							
Filter								
1 11000								



Answer each question from the dropdown menus. (For specific information regarding Work Share, you may visit the Work Share website at <u>Michigan.gov/WorkShare</u>)



Welcome to the Michigan UIA Work-Share Application. You will be asked a series of questions to determine if your proposed Work-Share Plan can be approved by UIA. Confirmation of your approved plan, or an explanation of the reason(s) why your plan cannot be approved, will be sant to you today via a web notice after the application has been submitted. Please provide responses to the following questions and statements carefully.

Was your business closed or hours limited pursuant to an Executive Order?	Yes	~	
What is the name of the work unit to be covered by your Plan?	OFFICE SPACE		
How many employees work in the affected work unit?:		[2
Are all employees in the unit covered by the proposed Work-Share Plan?	Yes	~]	
What is your proposed start date of the Work-Share Plan?:	01-Feb-2021		
What is your proposed end date of the Work-Share Plan?:		01-Mar-202	21 🔤
Does your plan cover the entire proposed plan period, or just certain weeks?	Entire Plan Period	0	Certain Weeks
Is this Work-Share Plan application an amendment for a prior Work-Share Plan?		O Yes	No No
What is the percentage of work reduction proposed for this unit?:		[40.000
Cancel	1	C Previour 5	Slep Next Slep >



I

Please answer all the questions, then click "Next Step."

Please read the following carefully:			
will provide full and complete reports to the this Work-Share plan as required by the uner	unemployment agency relating to the operation of nployment agency.	I agree	O I disagree
I will not hire new employees in, or transfer e during the effective period of the Work-Share	mployees to, the work unit covered by this plan plan.	I agree	O I disagree
will not lay off participating employees durin	g the effective period of the Work-Share plan	I agree	O I disagree
reduction percentage during the effective per	rs of work by more than the Work-Share Plan iod of the Work-Share plan (except in cases of ment maintenance, or similar circumstances).	I agree	O I disagree
	e collective bargaining unit representative and have a collective bargaining unit of the proposed Work-	I agree	O I disagree
The implementation of this Work-Share plan 15% of the employees in the affected unit an hours	is in lieu of temporary layoffs that would affect at least d would result in an equivalent reduction in work	I agree	O I disagree
What is your estimate of the number of emplo not implemented?	eyees who would have been laid off if the plan were		
How will you give advance notice to an emplo	ayee whose hours of work per week under the plan will be reduc	ed (e.g. Email, Meetings, 1	Notice Posting)?
In person.			



Enter all of the information for the employees.

Employees

following the forma	use the import feature instead of manually keying, you can download the excel template using the button below OR you can submit a flat file llowing the format specified below. The file should include all of the employees for the Work-Share Plan Application. You can upload your file using the uport button at the bottom. Each record added will be listed below and can be modified prior to submission.								
DOWNLOAD EXC									
VIEW FILE FORM	AT								
	it you must add all Employees	affected in this Pl	an: 1 out of 2						
Work-Share En	nployees			1000	100 100				
Employee				😹 Delet	te this Record	😭 Copy row	🚯 Add Employee		
SSN									
First Name	I	Last Name							
Street line 1	The second second								
Street line 2									
Unit Type	~	Unit			City	Sec. The sec.			
Slale	MICHIGAN 👻	ZIP / Postal Code							
Telephone	instanti anti anti	Date of Birth	03-Jan-1956	8	Gender		~		
U.S. Citizen	~	Race		~	Hispanic or Latino?		~		
Alien Number		Alien Expiration Date		8	Alien Docume Type	nt	~		
Occupation Code	43 - Office, Administrative 🗸	First Day of Work	01-Jan-2019	55	Work ZIP				
UIA Number									
				💽 Delet	te this Record	f Copy row	🔒 Add Employee		

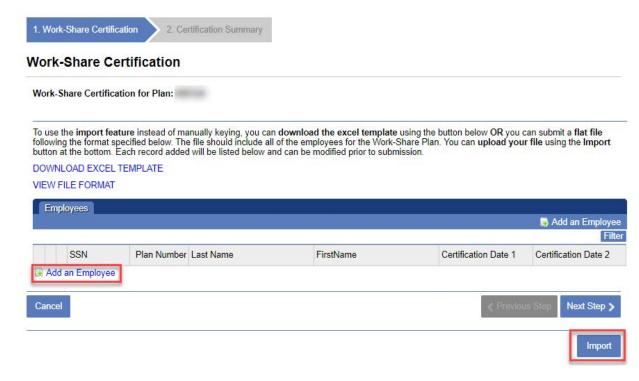


Once the employees are added, submit the information.

Employee				Delete this Record	😭 Copy row	Note: For the second se
SSN						
First Name		Last Name				
Street line 1						
Street line 2						
Unit Type	~	Unit		City		
State	MICHIGAN 🗸	ZIP / Postal Code				
Telephone		Date of Birth		Gender		
U.S. Citizen	~	Race		✓ Hispanic or Latino?		
Alien Number		Alien Expiration Date		Alien Documer Type	nt	~
Occupation Code	43 - Office, Administrative 🖌	First Day of Work	08-Jan-2019	Work ZIP		
UIA Number						

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Once you have submitted your plan, you can then certify for your employees, either weekly or bi-weekly. You can manually add the employees or use the "Import" feature. Click the "Download Excel Template" and/or the text file information, "View File Format."





Once you have submitted your plans and certifications, you can view them within your "Manage Work Share Plans" link. You can also modify or terminate the plans here.

To view details or modify an existing approved Work-Share plan, please select from the list below. To begin a new	Work-Share
Work-Share plan application please click the button to the right. Work-Share Plan applications can be filed by	
uploading an excel template, uploading a flat file, OR manually keying. The excel template and flat file format can be	
seen below.	

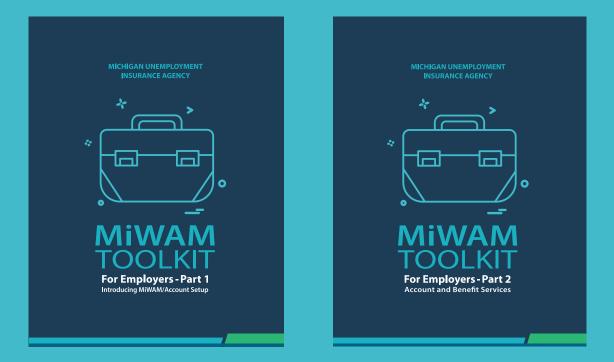
DOWNLOAD EXCEL TEMPLATE

VIEW FILE FORMAT

Filter					Ι					
14 🕶 1 of 9	re ≪ 1 of 9 → → 1 - 50 of 440									
Plan Number	Unit Name	Reduction %	Begin	End	Status					
		20%	03-May-2020	24-Apr-2021	Approved	View-Plan	File Certification	Modify Plan	Terminate Plan	
		:20%	19-Apr-2020	10-Apr-2021	Approved	View Plan	File Certification	Modify Plan	Terminate Plan	
		20%	19-Apr-2020	10-Apr-2021	Terminated	View Plan	File Certification	Modify Plan		
		20%	28-Jun-2020	24-Apr-2021	Approved	View Plan	File Certification	Modify Plan	Terminate Plan	
		20%	04-Oct-2020	24-Apr-2021	Approved	View Plan	File Certification	Modify Plan	Terminate Plan	
-	distant in	20%	08-Nov-2020	24-Apr-2021	Approved	View Plan	File Certification	Modify Plan	Terminate Plan	

Plan Application

For additional information, refer to the following MiWAM Toolkits:





STATE OF MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY UNEMPLOYMENT INSURANCE AGENCY

Michigan.gov/UIA

UIA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request toindividuals with disabilities. TTY services are available at 1-866-366-0004.

REVISED 9/2021