

CLIENT COPY

The Mandatory Poster Agency, Inc.
5859 W Saginaw Hwy Ste 343

Lansing

MI 48917

Mail To:

Unemployment Agency
Tax Office
P.O. Box 33598
Detroit, MI 48232-5598

Employer's Quarterly Wage/Tax Report

YOU MUST FILE THIS REPORT EVEN IF YOU ARE UNABLE TO PAY OR HAVE NO PAYROLL FOR THE QUARTER.

For details about completing this report, see the instructions page.

Employer Type: Contributing ☒ (Complete Sections 1, 2, 3 & 4) Reimbursing ☐ (Complete Sections 1, 2 & 4)

SECTION 1

☐ Check this box if this is an Amended report. Explain: _____

UIA Employer Account No: 1363474

FEIN: 38-3468792

Quarter Ending Date (mm/dd/yyyy) 06/30/2017

Provide the **number** of all **full-time** employees plus **part-time** employees who worked during or received pay for the pay period that includes the 12th of the month:

1st Month	2nd Month	3rd Month
35	38	31

SECTION 2

List only employees who had wages during this quarter.

Family Owned Enter "F"	Delete "X"	Social Security Number	Employee Last Name	Employee First Name	Gross Wages Paid This Quarter
		028-54-7380	Parker	Joanna R	6,548.59
		138-56-8771	Fata	Joe	6,500.01
		152-06-2822	Fawkes	Michael C	5,180.88
		351-62-1099	Wilson	Cynthia A	5,561.17
		363-80-1456	Hilborn	Lisa K	7,634.20
		364-17-8104	Haan	Michael R	78.00
		364-82-5145	Fata	Steve	6,500.01
		365-04-9186	Sheets	Joseph P	27,500.00
		366-06-2352	Navarro	Cynthia M	5,255.86

If more lines are needed to enter employee information, continue to Section 2 on back of form. When finished entering employees, continue to Section 3 for Contributing Employers or Section 4 for Reimbursing Employers.

For UIA Use Only. Do Not Write Below Line.



LARA is an Equal Opportunity Employer/Program.

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SECTION 2 (continued)

EAN: 38-3468792

Family Owned Enter "F"	Delete "X"	Social Security Number	Employee Last Name	Employee First Name	Gross Wages Paid This Quarter
		366-13-5646	Hawn	Rebecca K	4,323.01
		366-64-7090	Livingston	Darcella K	5,663.93
		367-21-4327	Edstrom	Nicholas	393.80
		367-80-5946	Dora	Brian P	5,239.56
		367-88-8691	Kidwell	Jennifer S	7,117.96
		367-96-6924	Bartlett	Michael J	392.70
		369-08-9380	Largent	Eric T	7,252.50
		370-94-1019	Shoemaker	Rebecca F	9,182.71
		371-17-5992	Smith	Houston W	175.00
		371-78-4690	Fata	Tony	15,694.50
		372-04-5466	Oliver	Margaret A	1,625.68
		372-21-2262	Fata	Massimo S	58.50
		372-76-6070	Fisher	Amy J	5,264.93
		372-96-3624	Little	Ryan B	3,034.99
		373-88-7390	Robarge	Carolyn M	5,405.95

Beginning in the first quarter 2015, all employees must use MiWAM to file online; this includes employers who are reporting out-of-state wages and/or entering J-1 OR H-2B wages.

SECTION 3

Total Gross Wages paid this quarter:	251,768.08
Excess Wages:	181,460.21
Taxable Wages:	70,307.87
UI Tax Rate (ABC + CBC + NBC):	x 9.80000
UI Tax Due (UI Tax Rate x Taxable Wages) Round to Nearest \$:	6,890.00
Obligation Assessment (OA) Rate:	x 2.54000
OA Due (OA Rate x Taxable Wages) Do Not Round:	1,785.82
Total Amount Due (UI Tax Due + OA Due):	8,675.82
Prior Balance:	-0.40
Amount Enclosed:	8,675.42
Taxable Wage Limit:	9,000.00
DUE DATE:	07/25/2017

☐ Check this box if this is the Final Report for this business. **(Prepare and submit form UIA 1772)**

☐ I meet the requirements to apportion my payments and elect this option.
(See instructions for more information)

SECTION 4

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

Signature _____ Title _____ Date _____ Contact Phone Number _____

QUESTIONS: If you have any questions, please contact the Office of Employer Ombudsman (OEO) at 1-855-484-2636 or by email at OEO@michigan.gov

MAKE A COPY OF THIS REPORT FOR YOUR RECORDS

Wage Detail Report

STATE OF MICHIGAN, DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
UNEMPLOYMENT INSURANCE AGENCY

Authorized by
MCL 421.1, et seq.

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See reverse side for detailed instructions and penalty provisions

THIS REPORT IS DUE BY THE 25TH DAY OF MONTH FOLLOWING THE END OF A CALENDAR QUARTER

Report Quarter Ending:

Return by:

6/30/17

7/25/17

The Mandatory Poster Agency, Inc.
5859 W Saginaw Hwy Ste 343

MAIL ONLY ONE
UIA 1017 ORIGINAL
REPORT TO:
(DO NOT MAIL A COPY)

UIA Wage Record Unit

P.O. Box 9052

Detroit, MI 48202-9052

1-313-456-2760

TTY Customers: 1-866-366-0004

Lansing

MI 48917

FEIN 38-3468792

LIST SSN IN ASCENDING ORDER

UIA 7-digit
Account Number

1363474

Multi-Unit

000

Please Type Or Print All Information

FAMILY OWNED Enter "F"	DELETE (X)	SOCIAL SECURITY NO.	EMPLOYEE NAME		GROSS WAGES
			LAST NAME	FIRST NAME	PAID THIS QUARTER
		374-92-1222	Kimble	Deanna	\$ 5,185.50
		374-96-8545	Carter	Limika	\$ 6,963.95
		375-13-8611	Feuss	Diana	\$ 3,115.09
	X	375-17-1388	Dionise	Anthony	\$ 683.20
		375-60-1684	Squire	Earl	\$ 6,240.00
		375-94-0959	Blais	Amber	\$ 7,296.80
	X	376-17-5860	Petersen	Emma	\$ 47.05
		376-88-8095	Bishop	Michael	\$ 15,919.28
		378-17-0439	Fay	Molly	\$ 6,423.00
		379-72-9370	Fata	Tom	\$ 6,500.01
	X	380-15-7249	Ballard	Lydia	\$ 5,123.25
	X	380-96-1497	Buckmaster	Angela	\$ 15,633.47
		381-04-2468	Porter	Charles	\$ 5,238.27
		383-92-7557	Bishop	Celeste	\$ 15,683.70
	X	386-19-1106	O'Neil	Mallory	\$ 3,934.57
		427-69-3646	Austin	Daniel	\$ 6,196.50
					\$
					\$
					\$
					\$

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

TOTAL \$ 251,768.08

Signature of Officer/Owner:

Date:

(Last page only)

Name of Contact Person:

Telephone:

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