

UIA 1028
(Rev. 10-14)

Rick Snyder
GOVERNOR

State Of Michigan
Department of Licensing and Regulatory Affairs
Unemployment Insurance Agency
3024 W Grand Blvd, Detroit, MI 48202
www.michigan.gov/uia

Authorized By
MCL 421.1 et seq.

Sharon Moffett-
Massey
DIRECTOR

NONSUBMITTABLE

THE MANDATORY POSTER AGENCY INC
5859 WEST SAGINAW HWY SUITE 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) 6/30/2015

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
50	46	41

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	766.53
		138-56-8771	FATA	JOE	6,500.01
		303-92-8118	COLE	RONALD J	4,983.33
		317-94-1247	EVANS	ROBERT	5,652.01
		351-62-1099	WILSON	CYNTHIA A	4,176.93
		362-17-5193	HOWLAND	JASMINE S	2,357.67
		362-70-1999	STAUFFER	NORMA J	4,122.35
		363-80-1456	HILBORN	LISA K	2,263.50
		364-21-5695	MOORE	CLEVELAND	136.80

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
		364-82-5145	FATA	STEVE	6,500.01
		365-02-2005	HOWLAND	JENNIFER N	67.50
		365-02-8072	CASAREZ	JASMINE L	4,918.48
		365-04-9186	SHEETS	JOSEPH P	29,250.00
		365-98-5917	SIMON	WILLIAM A	1,171.68
		366-13-5646	HAWN	REBECCA K	2,896.01
		366-64-5361	McCLOY	ELIZABETH J	6,283.75
		367-21-4327	EDSTROM	NICHOLAS	797.40
		367-88-8691	KIDWELL	JENNIFER S	4,572.85
		367-96-6924	BARTLETT	MICHAEL J	234.00
		369-04-4904	HAFFER	RYAN S	612.00
		369-08-5793	PARSLEY	KAITLYN	4,060.17
		369-08-9380	LARGENT	ERIC T	5,160.50
		370-13-7363	GARCIA	JUSTEN	1,344.60
		370-17-3080	GLASSCOE	JAUVON S	406.71

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:	252,733.49
Excess Wages:	118,903.51
Taxable Wages:	133,829.98
UI Tax Rate (ABC + CBC + NBC):	X 10.30000
UI Tax Due (UI Tax Rate x Taxable Wages) Round to Nearest \$:	13,784.00
Obligation Assessment (OA) Rate:	X 2.40000
OA Due (OA Rate x Taxable Wages) Do Not Round:	3,211.92
Total Amount Due (UI Tax Due + OA Due):	16,995.92
Prior Balance:	73.75
Amount Enclosed:	17,069.67
Taxable Wage Limit:	9,500.00
DUE DATE:	7/25/2015

☐ 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
			517-321-4144

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