



**EMPLOYER'S QUARTERLY TAX REPORT**

**Employer Name & Address:**

Granite All State Test 2007  
PO Box 1491  
  
Parker, CO 80134

**Mail To:**

UIA Wage Record Unit  
P.O. Box 9052  
Detroit, MI 48202-9052

**Do Not Make Address Corrections On This Form.**

If the pre-printed address is not correct, please call (800) 638-3994 (in Michigan) or (313) 456-2180 to obtain Form UIA 1025, *Employer Request for Address/Name Change*.

**INSTRUCTIONS:** This report is due on the 25th of the month following the end of the calendar quarter and can be filed on-line through B2G On-Line Services at [www.michigan.gov/uia](http://www.michigan.gov/uia). See reverse side for detailed instructions, Statement of Authority, reporting requirements, and interest and penalty charges. Employers without a UIA account number: Note special instructions on reverse side.

**CHECKS SHOULD BE MADE PAYABLE TO: State of Michigan – Unemployment Insurance Agency**  
(Write your 7-digit UIA Employer AccountNumber on the front of the check.)

To insure proper processing of this report, type/print characters in ink within the boxes as shown.

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Check box, if final report.  
\*See reverse side for instructions

1. UIA Employer	9999999	2. Taxable Wage Limit	9000	
3. Quarter Ending Date	9/30/2010	4. Federal Emp. I.D. Number	84-1234567	
5. Gross Wages		30,363.72		
6 Excess Wages		21,363.72	1st Month	1
7. Taxable Wages		9,000.00	2nd Month	0
8. Tax Rate		5.00	3rd Month	0
9. Tax Due		450.00		
10. Prior Account Balance		0.00		
11. Amount Enclosed		450.00		

**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	
Title	Date

**MAKE A COPY FOR YOUR RECORDS**

TELEPHONE \_\_\_\_\_

For UIA Use Only. Do Not Write Below Line.