



For Mailing Purposes \_ Use EN 72



### Instructions

- Clearly print or type your name and Social Security number. Enter any additional name or Social Security number under which you may have worked.
- Enter the Federal Employer Identification Number (FEIN) from your W-2 Form, if available.
- Clearly print or type employer name, address, telephone number, and dates of employment.
- Mark the box in Item 9 if you never worked for or were not PAID by the employer listed within the identified quarter(s) and request the wages not be used on your claim. There are penalties for withholding employment information.
- If you did work for the employer, report missing **gross** wages (before taxes) PAID to you in each calendar quarter identified in Item 10 on the front side. For example, you may have worked during the last week of March (1st quarter) but were not paid until April (2nd quarter). Report these wages in the 2nd quarter (the quarter containing the date you were PAID).

There are 4 calendar quarters per year.  
The quarters are numbered and are the same from year to year.  
Each quarter contains three calendar months as follows:

<b>1st Quarter</b>	January 1	through	March 31
<b>2nd Quarter</b>	April 1	through	June 30
<b>3rd Quarter</b>	July 1	through	September 30
<b>4th Quarter</b>	October 1	through	December 31

- If you know your *gross* wages for each quarter, complete only the Total Quarterly Wages box for each quarter identified in Item 10, or you may use the spaces provided to list each pay date and amount to help you figure the Total Quarterly Wages.
- If you did not work for or were not PAID by the employer listed during the identified quarters and request that the reported wages not be used, check box # 9.
- If you have pay stubs, enter the pay dates (date of check) and *gross* wages paid on that date in the correct quarter.
- Calendars are available upon request that show the 4 quarters. Call our Claimant Customer Relations Hotline (number below) to request a calendar. A calendar (Form UIA1259) is also available on our website: [www.michigan.gov/uia](http://www.michigan.gov/uia).
- If you need help, call our Inquiry Line at 1-866-500-0017 (TTY customers use 1-866-366-0004).
- Carefully read the Certification Statement on reverse side before you sign and date this form.

**NOTE:** If your claim is established based on the information you provide on this form, it may be subject to a redetermination when corrected wage information is obtained from your employer.

**Return this form to:** Unemployment Insurance Agency  
P.O. Box 169  
Grand Rapids, MI 49501-0169  
Fax: 1-517-636-0427