



Mail Date: December 29, 2016
Letter ID:
EAN:
Name:

SAMPLE FORM

TAX RATE DETERMINATION FOR CALENDAR YEAR 2017

THIS IS NOT A REQUEST FOR PAYMENT. Your Unemployment Insurance tax rate, as provided under sections 22 and 22b of the Michigan Employment Security (MES) Act, is shown below as "YOUR COMPUTED RATE." Your penalty (if applicable) is shown as "NON-REPORTING PENALTY ." For information on the "OBLIGATION ASSESSMENT (OA)", "SUTA PENALTY RATE," and other important information, see explanations on back.

FORMULA FOR EACH COMPONENT	FIGURES BASED ON EMPLOYER ACCOUNT	RESULT (in percent)
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NonChargeable Benefits Component (NBC) (Maximum 1%)

1.00%

Amounts paid based on this component will not appear in the "Taxes Credited" line of the ABC calculation below.

Chargeable Benefits Component (CBC) (Maximum 6.3%)

36 months of Benefit Charges (ending 6/30/2016)	261,508.68 ÷ 3	3.30%
36 months of Taxable Payroll (ending 6/30/2016)	8,028,890.77 ÷ 3	

Account Building Component (ABC)

Negative Numbers Shown in Parenthesis

Actual Reserve

Prior Actual Reserve (as of 6/30/2015)	205,030.93
Total Payments Credited to Reserve (as of 7/31/2016)	141,829.72
Total Voluntary Payments Credited to Reserve	+ 0.00
Total Taxes Credited to Experience Account	+ 141,829.72
Minus Benefits Charged (12 months ending 6/30/2016)	- 72,936.28
Equals Actual Reserve (as of 6/30/2016)	= 273,924.37

Required Reserve

12 months of Total Payroll (ending 6/30/2016)	12,686,361.45	Gross Annual Payroll
Multiplied by Cost Criterion	X 0.0375	
Equals Required Reserve (6/30/2016)	= 475,738.55	

ABC Calculation

(Required Reserve - Actual Reserve) X ABC multiplier 0.50	[475,738.55 — 273,924.37] X	0.50	(Maximum 3%)
12 months Total Payroll (ending 6/30/2016)	12,686,361.45	0.80%	

Your taxable payroll for 12 months ending 6/30/2016 was: 2,817,167.21

Your Computed Rate	5.10%
Non-Reporting Penalty	0.00%
Obligation Assessment	1.66%
SUTA Penalty Rate	0.00%
Solvency Rate	0.00%
Your Total Rate Plus Penalty (if applicable)	6.76%

APPEAL STATEMENT: Any protest or appeal from this Determination must be filed either through MiWAM, in person, by mail, or by fax (313) 456-2130 and must be received within **30 calendar days** of the "Date Mailed" shown above, or if such 30th day is a Saturday, Sunday or legal holiday, by the end of the next business day.

For details on how this rate was calculated, see the Years of Liability Table on reverse side. Your years of liability is: 16

