2018 Form 5081, Page 2 of 2 ★★★★★	Taxpayer's Business Na PAYER WORKING		Business Account Number
IAXI	The state of the s	A. Sales Tax	B. Use Tax
	A Test Company	A, ould lux	5. 000 Tax
11. Total tax due. Subtract line 10 from lin	e 9	11.	
12. Tax payments and credits in current year (after discounts)			\$0.00
PART 2: USE TAX ON ITEMS PURC	HASED FOR BUSINESS OR	PERSONAL LISE	1973
13. Purchases for which no tax was paid			13.
get of a stee age.			The state of the state of
14. Total use tax on purchases due. Multiply Line 13 by 6% (0.06)			14.
15. Use tax paid on purchases and withdrawals in current year			15.
			to the second of
PART 3: WITHHOLDING TAX  16. Gross Michigan payroll, pension and	other taxable compensation		16.
16. Gross Michigan payroli, pension and	otilei taxable compensation		10.
17. Total number of W-2 and 1099 forms		17.	
18. Total Michigan income tax withheld per W-2 and 1099 forms			18.
10. Total Michigan Income (ax withheld per W-2 and 1000 forms			
19. Total Michigan income tax withholding paid during current tax year			19.
PART 4: SUMMARY			
20. Total sales, use and withholding tax due. Add lines 11A, 11B, 14 and 18			20. \$18.00
			process to the order out off a
21. Total sales, use and withholding tax p	aid. Add lines 12A, 12B, 15 and 19.		21.
22. If line 21 is greater than line 20, enter	the difference here. If not, skip to li	ne 25	22.
23. Amount of line 22 to be credited forward	ard. Treasury will send notification w	hen the credit forward is verified	, establish drug record first florest ac-
and available			23.
24. REFUND. Subtract line 23 from line 22			24.
			Calk department of the
25. If line 21 is less than 20, enter balance due			25.
26. Penalty for late filing or late payment (see instructions)			26.
			Este to refer the con-
27. Interest for late payment (see instructions)		27.	
28. TOTAL PAYMENT DUE. Add lines 25, 26 and 27			28.
20. TOTAL PARILLY DOLLARS INDO 20	, Lo and Li minimum		a se officer and the first a
PART 5: SIGNATURE (All information			
Taxpayer Certification. I declare under pen- return and attachments is true and complete to t		Preparer Certification. I decl return is based on all information	are under penalty of perjury that this of which I have any knowledge.
		Preparer's Signature	CA Education and an exemple to the
By checking this box, I authorize Treasur	y to discuss my return with my preparer.		
Signature of Taxpayer or Official Representative	(must be Owner, Officer, Member,	Preparer's Business Address	A Company of the Comp
Manager, or Partner)		3A 2	
Print Taxpayer or Official Representative's Name	Date		
Title	Telephone Number	Preparer's Identification Number	Preparer's Telephone Number
		The second second second second second	

File and pay this return for free on Michigan Treasury Online at mto.treasury.michigan.gov.

Alternatively, make check payable to "State of Michigan." Write the account number, "SUW Annual" and tax year on the check.

Send the return and payment due to: Michigan Department of Treasury, P.O. Box 30401, Lansing, MI 48909-7901

\*\*\*\*\*\* TAXPAYER WORKING COPY/DO NOT FILE \*\*\*\*\*\*

**+** 0000 2018 68 02 27 9