Michigan Department of Treasury
5092 (Rev. 04-20), Page 1 of 1

2021 Sales, Use and Withholding Taxes Amended Monthly/Quarterly Return

Issued under authority of Public Acts 167 of 1933, 94 of 1937, and 281 of 1967, all as amended.

Taxpayer's Business Name	Business Account Number (FEIN or TR Number)

Tax type being amended

☐ Sales Tax ☐ Use Tax on Sales and Rentals ☐ Withholding Tax ☐ Use Tax on Purchases

Return Period (MM-YYYY)

Reason Code for Amending Return (See Instr.)	If Reason Code is "Other," provide explanation

PART 1: SALES AND USE TAX

		CORRECTED A. Sales			CORRECTED B. Use: Sales and Rentals	
1. Gross sales, rentals, accommodations and telecommunications services. Carry amount from line 4 on Worksheet 5095	1a.			1b.		
		A. Sales Tax			**B. Use Tax**	
2. Total sales and/or use tax. Taxable amount multiplied by 6% (0.06). Carry amount from line 7 on Worksheet 5095	2a.			2b.		
3. Total prepaid tax from Form 5083, 5085 and/or 5086 (e-file only)	3a.	XXXXXXX		3b.	XXXXXXX	
4. Remaining amount of sales and/or use tax eligible for discount. Subtract line 3 from line 2	4a.			4b.		
5. Total discount allowed (see instructions)	5a.			5b.		
6. Total sales and/or use tax due. Subtract line 5 from line 4	6a.			6b.		

PART 2: USE TAX ON ITEMS PURCHASED FOR BUSINESS OR PERSONAL USE

7. Use tax on purchases for which no tax was paid or inventory purchased or withdrawn for business or personal use (see instructions)	7.	

PART 3: WITHHOLDING TAX

8. Total amount of Michigan income tax withheld	8.	

PART 4: TOTAL TAX/PAYMENT DUE

9. Amount of sales, use and withholding tax due. Add lines 6a, 6b, 7 and 8. If amount is negative, this is the amount available for future tax periods (skip lines 10-14)	9.	
10. Total prior payment (including overpayments available from prior return periods or amounts previously paid for this return period)	10.	
11. Amount of tax due. Subtract line 10 from line 9. If line 10 is greater than line 9, this is the amount available for future tax periods (skip lines 12-14)	11.	
12. Penalty for late filing or late payment (see instructions)	12.	
13. Interest for late payment (see instructions)	13.	
14. **TOTAL PAYMENT DUE.** Add lines 11, 12 and 13	14.	

TAXPAYER CERTIFICATION: *I declare under penalty of perjury that this return is true and complete to the best of my knowledge.*

Signature of Taxpayer or Official Representative (must be Owner, Officer, Member, Manager, or Partner)		Date
Print Taxpayer or Official Representative's Name	**Title**	**Phone Number**

Make check payable to **"State of Michigan."** Write the **account number, "SUW Monthly/Quarterly"** and **return period** on the check.

Send the return and payment due to: Michigan Department of Treasury, P.O. Box 30324, Lansing, MI 48909-7824

+ 0000 2021 88 01 27 2