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2025 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 amende				
Taxpayer's Business Name Bu		usiness Account Number (FEIN or TR Number)		
Tax type being amended Re		Return Period (MM-YYYY)		
Sales Tax Use Tax on Sales and Withholding Tax Use Tax on Purchases Rentals				
Reason Code for Amending Return (See Instr.) If Reason Code is "Other," provide explanation				
<u> </u>	CORRECTED		CORRECTED	
PART 1: SALES AND USE TAX	A. Sales		B. Use: Sales and Rentals	
Gross Michigan sales, rentals, accommodations and telecommunications services. Carry amount from line 4 on Worksheet 5095		1b.		
	A. Sales Tax		B. Use Tax	
Total sales and/or use tax. Taxable amount multiplied by 6% (0.06). Carry amount from line 7 on Worksheet 5095 2a.		2b.		
Total prepaid tax from Form 5083, 5085 and/or 5086 (e-file only)	XXXXXX	3b.	XXXXXX	
Remaining amount of sales and/or use tax eligible for discount. Subtract line 3 from line 2		4b.		
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 Use tax on purchases for which no tax was paid or inventory purchased or withdrawn for business or personal use (see instructions)				
PART 3: WITHHOLDING TAX		İ		
8. Total amount of Michigan income tax withheld		8.		
PART 4: TOTAL TAX/PAYMENT DUE				
 Amount of sales, use and withholding tax due. Add lines 6a, 6b, 7 and 8. If a amount available for future tax periods (skip lines 10-14) 		9.		
10. Total prior payment (including overpayments available from prior return perior paid for this return period)		10.		
11. Amount of tax due. Subtract line 10 from line 9. If line 10 is greater than line 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	r, or Partner)	Date		
Print Taxpayer or Official Representative's Name Title		Phone	e 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