Montana Employer's Unemployment Insurance (UI)					rter End	Due Date		
Quarterly \								
•~•				Employer Identification Numbers				
				UI Account Number				
				Federal Id (FEIN)				
				UI A UI T UI A	Contribution Rate Administrative Fu Total Tax Rate Annual Taxable V (Each Employee	und Tax Rate Vage Base	0.00	
A report must be filed even if no wages are paid. Instructions for completing this form are online at <a href="http://uid.dli.mt.gov/forms">http://uid.dli.mt.gov/forms</a> or call 406-444-3834. File online at <a href="http://uid.dli.mt.gov/forms">UleServices.mt.gov/forms</a> or call 406-444-3834. File online at <a href="http://uid.dli.mt.gov/forms">http://uid.dli.mt.gov/forms</a> or call 406-444-3834. File online at <a href="http://uid.dli.mt.gov/forms">h</a>								
Step 1. Check       No Wages paid for the quarter covering this report         applicable boxes       Sold Business - Name, address and phone number of new owner:         Image: Ceased Employing - Last payroll date      //								
	menti			-	-			
Employee's Social Security Number	Las	Name of Employee st Name First Name			Fotal Wages id this Quarter	Excess Wages This Quarter		
							-	
							+	
							+	
							+	
Totals								
Step 3. Calculate Tax				State Unemployment Insurance Tax		Step 4. Number of UI Employees		
1. Total wages paid this quarter >								
2. UI excess wages (Except Governmental and Reimbursable Accts.) >						<ul> <li>Number of covered workers who worker</li> </ul>		
3. UI taxable wages (line 1 minus line 2) >						during, or received		
4. UI total tax rate						the payroll period the includes the 12 <sup>th</sup> da		
5. Total tax (multiply line 3 times line 4)						the month:	ay OI	
6. Credits (overpayment from prior quarters)						-		
7. Adjustments to prior quarters (attach explanation)						1 <sup>st</sup> month		
8. Balance due (line 5 – line 6 +/- line 7 see instructions)						2 <sup>nd</sup> month		
9. If filing late, add penalty (\$25) and interest (line 8 x 1.5% x month(s) past due)						3 <sup>rd</sup> month		
10. Payment enclosed (line 8 +9) >								
Make Check Payable to Unemployment Insurance Division						-		
		and make a copy of this form for your record aid or tax is due. Questions? Call (406) 44		additi	onal wage listings a	nd payment by the due	date	
Mail to: Unemployment Insurance Contributions Bureau PO Box 6339 Helena MT 59604-6339			I certify the information on this report is true and correct.					
		Authorized Signature Telephone Number			Name of Contact Person Telephone No			
Mailubia		by a way was a line to the line man lay meant income				UI-5 Revised	2/18	