Montana Employer's Unemployment Insurance (UI)			Qua	arter End	Due Date			
Quarterly Wage Report – Form UI-5								
ومشوه			Em	ployer Identificat	ion Numbers			
			UI Account Number					
			Federal Id (FEIN)					
			UI Contribution Rate					
			UI Administrative Fund Tax Rate					
			UI Total Tax Rate UI Annual Taxable Wage Base					
			(Each Employee) \$31,400.00					
			(,,, _,, _					
A report must be filed even if no wages are paid. Instructions for completing this form are online at <u>http://uid.dli.mt.gov/forms</u> or call 406-444-3834. File online at:								
uieservices.mt.gov. If paying	by check, please use attached voucher.							
	ages paid for the quarter covering this report Business – Name, address and phone number of new	ownor						
and provide	ed Employing – Last payroll date///							
information Change	ge in Name, Address, Phone Number or Federal ID # (	ist correcti	ions ł	nere):				
	nded Report							
		ck here if v	-	listing is attached				
Employee's Social Security Number La	Name of Employee Ist Name First Name			Total Wages iid this Quarter		Excess Wages This Quarter		
Totals								
Step 3. Calculate Tax				Unemployment	Step 4. Numb	per of		
			Insurance Tax		UI Employ	ees		
1. Total wages paid this qua						ed		
	Governmental and Reimbursable Accts.) >				workers who wor			
<ol> <li>UI taxable wages (line 1 n</li> <li>UI total tax rate</li> </ol>	ninus line 2) >				during, or receive the payroll period			
					includes the 12 <sup>th</sup>			
5. Total tax (multiply line 3 times line 4)					the month:			
6. Credits (overpayment from prior quarters)					1 <sup>st</sup> month			
<ol> <li>Adjustments to prior quarters (attach explanation)</li> <li>Balance due (line 5 - line 6 +/- line 7 - see instructions)</li> </ol>					2 <sup>nd</sup> month			
<ul> <li>9. If filing late, add penalty (\$25) and interest (line 8 x 1.5% x month(s) past due)</li> </ul>					3 <sup>rd</sup> month			
10. Payment enclosed (line 8 +9) >								
Make Check Payable to Unem	-							
Step 5. Signature. Sign a	and make a copy of this form for your records. Mail yo o wages are paid or tax is due. Questions? Call (406)			ional wage listings	and payment with vou	cher by		
Mail to:	I certify the information on this report is true an		[					
Unemployment Insurance Contributions Bureau PO Box 6339					Date: r Name of Contact Person Telephone No			
Helena MT 59604-6339								

## MONTANA UNEMPLOYMENT INSURANCE EMPLOYEE WAGE LISTING - Form UI-5A

Use this form (or a facsimile) as a continuation sheet for the UI employee wage listing on the Montana Employer's Unemployment Insurance Quarterly Wage Report - Form UI-5 (Step 2).

Employer's Name and Address:			UI Account No:						
			FEIN:						
			Quarter End:						
Employee's Social Security Number	Name of Employee           Last Name         First Name		Total Wages Paid this Quarter			Excess Wages This Quarter			
Page No of		То	tals						

For additional UI Employee Wage Listing Forms UI5A, please photocopy a blank form or call 1-800-550-1513. Attach the completed UI5A to the UI Quarterly Wage Report and mail to the Unemployment Insurance Contributions Bureau PO Box 6339, Helena, MT 59604-6339