Mail completed form to:
UI Contributions Bureau
PO Box 6339
Helena MT 59604-6339
Or fax to: (406) 444-0629

Mail completed form to: Montanta Department of Labor & Industry

MONTANA UNEMPLOYMENT INSURANCE EMPLOYER REGISTRATION

Fill in all spaces that apply to your business. Instructions are listed on Page 4.

Questions? Call (406) 444-3834
Or visit web site: UieServices.mt.gov

<table>
<thead>
<tr>
<th>AGENCY USE ONLY</th>
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</thead>
<tbody>
<tr>
<td>Employer Number</td>
</tr>
<tr>
<td>NAICS</td>
</tr>
<tr>
<td>Subject Date</td>
</tr>
<tr>
<td>County Code</td>
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</tbody>
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1. Purpose of Registration:
   - [ ] New Employer
   - [ ] Change Legal Name
   - [ ] Change Assumed Business Name (DBA)
   - [ ] Purchased a Business
   - [ ] Changed Business Organization
   - [ ] Update existing Account Information

2. Corporation or Legal Name

3. Business or Trade Name

4. Phone Number
   Fax Number
   Email Address of Contact Person

5. Mailing Address for Tax Forms (Number & Street or P.O. Box)
   City
   State
   ZIP Code

6. Montana Business Physical Location (Street Address)
   City
   State
   ZIP Code

7. Phone Number
   Cell Phone Number
   County

8. Mailing Address for Benefit Charge Statements (if different from Tax Form address):
   Address
   City
   State
   ZIP Code

9. Mailing Address for UI Claims Separation Questionnaires & Investigations (if different from Tax Form address):
   Address
   City
   State
   ZIP Code

10. Type of Organization
    - [ ] Individual
    - [ ] Corporation
    - [ ] Sub-chapter S Corporation
    - [ ] Partnership (Indicate type: general, limited, LLP, etc.): ____________________________
    - [ ] Nonprofit Corporation
    - [ ] Government
    - [ ] Limited Liability Company (LLC): If LLC, how have you chosen to be taxed for income tax purposes?
      - [ ] Sole Proprietorship (Schedule C)
      - [ ] Partnership (Form 1065)
      - [ ] Corporation (Form 1120)
      - [ ] S Corporation (Form 1120 S)
    - [ ] Indian Tribe or Wholly-Owned Entity of an Indian Tribe (Name):

In what state was your business originally incorporated or registered? Date Incorporated:

Check all that apply.
- [ ] Domestic / Household
- [ ] Agriculture
- [ ] Non-Profit 501 (c)(3)
- [ ] Fiduciary/Trust
- [ ] PEO

11. List the owner, partners, or corporate officers. Attach separate sheet if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Mailing Address</th>
<th>Title</th>
<th>Social Security Number</th>
<th>Telephone &amp; Cell Number</th>
<th>% Ownership</th>
</tr>
</thead>
<tbody>
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U11 (Rev. 1/2/2019)
12. Name of Person Who Prepares Records and Reports: ____________________________ Title: ____________________________

Address ____________________________ City ____________________________ State ______ ZIP Code ______
Telephone Number ___________ Cell Number _______ Fax Number _______ Email ____________________________

13. Name of Accountant: ____________________________

Address ____________________________ City ____________________________ State ______ ZIP Code ______
Telephone Number ___________ Cell Number _______ Fax Number _______ Email ____________________________

14. DESCRIPTION OF BUSINESS TYPE AND ACTIVITY IN MONTANA: This section **MUST BE COMPLETED** in detail to accurately determine your business activity for proper assignment of contribution rates. Be specific and CHECK ALL THAT APPLY. Generalities could result in assignment of a higher contribution rate.

- Agriculture, Forestry, Fishing
- Mining
- Construction
- Wholesale Trade
- Retail Trade
- Services
- Transportation, Communication & Public Utilities
- Finance, Insurance, Real Estate
- Manufacturing

<table>
<thead>
<tr>
<th>Primary Activity</th>
<th>Specific Product or Service</th>
<th>% of Gross Income</th>
<th># MT Employees</th>
</tr>
</thead>
</table>

15. Does this establishment have employment at more than one physical location in Montana?   **Yes**  **No**
Excluding construction and contract work site if less than six (6) months in duration.

If yes, provide the address, city and ZIP Codes of all other Montana locations.

Name of contact person and phone number: ______________________________________________________

16. Will you have any out-of-state employees? **Yes**  **No**. If Yes, in what other states do they work? ______________________________________________________

17. Date wages first paid in Montana: ____________________________ Will your total payroll for the current year equal or exceed $1,000? **Yes**  **No**

The date and year payroll first equaled or exceeded $1,000: ____________________________

18. Supply the following information concerning wages paid by the current owner in Montana during the current and/or preceding year(s) – if information is unavailable, leave blank:

<table>
<thead>
<tr>
<th>YEARS: To Date in 2019</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages You Paid Each Year:</td>
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</tbody>
</table>

19. Are you required to pay Federal Unemployment Tax (FUTA)? **Yes**  **No**

20. Complete this section only if you are a governmental entity, Indian tribe or wholly-owned entity of an Indian tribe, or a 501(c)(3) tax exempt organization.

Select one of the following payment options:

- Reimbursement of benefit payments attributable to employment with your organization.
- Experience Rated (payment of contributions) on your quarterly taxable payroll at the rate applicable for new employers.

** Default is Experience Rated: 1) If section is not completed, and 2) you have not provided an IRS exemption letter.
FORMER OWNER INFORMATION – If no prior owner or acquisition, skip to Signature and sign below.

IF YOU HAVE CHANGED YOUR BUSINESS ORGANIZATION (SUCH AS PROPRIETORSHIP TO CORPORATION), OR HAVE ACQUIRED A MONTANA BUSINESS OPERATION, YOU MUST COMPLETE THE SECTIONS BELOW.

Former Owner’s Name ___________________________ Former Owner’s UI Number or FEIN, if known ___________________________

Former Corporate Name or DBA ___________________________ Telephone Number ___________________________

Current Street Address (not a P.O. Box) ___________________________ City ___________________________ State ____ ZIP Code ___________

ACQUISITION INFORMATION

1. How did you acquire this business? □ Organization Change □ Lease □ Other □ Purchased All □ Purchased a Portion - What did you purchase? __________

2. Did you acquire all, part or none of the former owner’s assets? □ All □ Part □ None Percent Acquired □ Date Acquired

3. What assets did you purchase? __________________________________________________________

4. Did you acquire all, part or none of the former owner’s workforce? □ All □ Part □ None Percent Acquired □ Date Acquired

5. How many employees did you acquire? ___________________________ Please provide a list of names and social security numbers of employees acquired.

6. Did you acquire all, part or none of the former owner’s Montana trade (customers/accounts)? □ All □ Part □ None Percent Acquired □ Date Acquired

7. Did you acquire all, part or none of the former owner’s Montana business (products/services)? □ All □ Part □ None Percent Acquired □ Date Acquired

8. Was the Montana business operating at the time of the acquisition? □ Yes □ No Date Closed (MM / DD / YYYY) __________

9. Are you continuing the Montana business you acquired? □ Yes □ No

10. Does your Montana business have substantially the same owners, officers or management as the former business? □ Yes □ No

11. Will the previous business/account continue in business in Montana? □ Yes □ No □ Don’t Know

12. If eligible, do you wish to apply for the experience rating established by the acquired/previous business? □ Yes □ No

If you acquire your predecessor’s tax rate and experience rating record, your account may be chargeable for any benefits paid to your predecessor’s employees. The predecessor employer must also agree to the experience rating transfer. If you do not acquire the experience of the predecessor and this is not a mandatory transfer, you will receive the rate assigned to new employers. It will not include the predecessor’s history.

PRINT NAME & TITLE (Owner, a Partner or one Corporate Officer) □ Signature □ Date □ Signature □ Date

PRINT NAME & TITLE (Additional Partner or Corporate Officer) □ Signature □ Date □ Signature □ Date

PRINT NAME & TITLE (Additional Partner or Corporate Officer) □ Signature □ Date □ Signature □ Date

PRINT NAME & TITLE (Additional Partner or Corporate Officer) □ Signature □ Date □ Signature □ Date

U11 (Rev. 1/2/2019)
Employer Registration Instructions

You must register with the Unemployment Insurance Division when you begin employing and paying wages. Complete this form and return it to the UI Division at PO Box 6339, Helena, MT  59604 or fax 406-444-0629. We will determine if you are subject under UI law and whether you need to report wages each quarter. This form is intended to be self-explanatory; however, the following provides additional information on some items. If an item does not apply to you, enter N/A (not applicable).

**Pages 1-2, Item Numbers:**

1. Check the box regarding the reason you are registering your business.

2 through 9 - Complete for your business. Item 5 is your primary physical location in Montana. If there is more than one location, note the others in Item 15. **Note:** Item 9 refers to the address where separation notices, fact finding correspondence and requests for information regarding claims will be mailed.

10 – Check the box next to the description of your business entity. If you are an LLC, identify how you file your federal income tax. If filing as a corporation or subchapter S corporation, officers' wages must be reported on quarterly UI tax reports. Sole proprietor and partners are not covered and wages are not reported.

11 - List all owners, partners, corporate officers, or members and managers of LLC’s. If necessary, attach an additional sheet. Remember to include home addresses, phone numbers and social security numbers of all persons listed as well as their percent of ownership in the business.

12 & 13 – Enter the preparer’s contact information for your business records and reports in Item 12. Please complete Item 13 if you have a business accountant.

14 - Check the box next to the industry that best describes your business. Describe your primary business activity in Montana, your specific product or service, and the percent of your gross income this activity is responsible for. Also, tell us how many employees you employ in Montana for each activity. **Please be specific.** New employer rates are assigned using the industry's average contribution rate. **Generalities can result in assignment of a higher rate.**

15 – Check "Yes" if you operate this business in more than one physical location (e.g., plants, stores, offices, warehouses, etc.) in Montana and provide address and contact information for each location.

16 through 17 – Complete as instructed.

18 – List wages paid, by the current owner in Montana, during the current and/or preceding year(s) of business operation.

19 – Complete as instructed.

20 – Complete this section only if you are a governmental entity, Indian Tribe or wholly-owned entity of an Indian Tribe, or a 501(c)(3) tax exempt organization. **Note:** If this question is not completed and/or you have not provided an IRS exemption letter you will be defaulted to Payment of Contributions.

**Page 3 – Former Owner Information & Acquisition Information:**

1 through 12 - Complete this section only if you:
- Changed the business organization; i.e. from proprietorship to partnership or corporation, or from a corporation to a partnership or proprietorship; or
- Acquired or purchased a business or portion of a business from someone else.

**Signatures:** All owners' or all partners' signatures are required. Only one corporate officer signature is required. Additional sheets for signatures may be attached.