


Mail completed form to: UI Contributions Bureau PO Box 6339 Helena MT 59604-6339 Or fax to: (406) 444-0629	 Montana Department of LABOR & INDUSTRY MONTANA UNEMPLOYMENT INSURANCE EMPLOYER REGISTRATION	AGENCY USE ONLY					
		Employer Number	NAICS				
		Subject Date	County Code				
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	Remarks					
1. Purpose of Registration: <input type="checkbox"/> New Employer <input type="checkbox"/> Change Legal Name <input type="checkbox"/> Change Assumed Business Name (DBA) <input type="checkbox"/> Purchased a Business <input type="checkbox"/> Changed Business Organization <input type="checkbox"/> Update existing Account Information							
2. Corporation or Legal Name		Federal Employer ID (FEIN)					
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 <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-chapter S Corporation <input type="checkbox"/> Partnership (Indicate type: general, limited, LLP, etc.): _____ <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability Company (LLC): <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> If LLC, how have you chosen to be taxed for income tax purposes? <input type="checkbox"/> Sole Proprietorship (Schedule C) <input type="checkbox"/> Partnership (Form 1065) <input type="checkbox"/> Corporation (Form 1120) <input type="checkbox"/> S Corporation (Form 1120 S) </div> <input type="checkbox"/> Indian Tribe or Wholly-Owned Entity of an Indian Tribe (Name): _____ <table style="width:100%; border: 1px solid black;"> <tr> <td style="width:80%; padding: 2px;">In what state was your business originally incorporated or registered?</td> <td style="width:20%; padding: 2px;">Date Incorporated:</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>				In what state was your business originally incorporated or registered?	Date Incorporated:		
In what state was your business originally incorporated or registered?	Date Incorporated:						
Check all that apply. <input type="checkbox"/> Domestic /Household <input type="checkbox"/> Agriculture <input type="checkbox"/> Non-Profit 501 (c)(3) <input type="checkbox"/> Fiduciary/Trust <input type="checkbox"/> PEO							
11. List the owner, partners, or corporate officers. Attach separate sheet if necessary.							
Name	Home Mailing Address	Title	Social Security Number	Telephone & Cell Number	% Ownership		

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

Primary Activity	Specific Product or Service	% of Gross Income	# MT Employees

15. Does this establishment have employment at more than one physical location in Montana? Yes No
 Exclude 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:

YEARS:	To Date in 2018	2017	2016	2015	2014	2013
Wages You Paid Each Year:						

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? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
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3. What assets did you purchase? _____

4. Did you acquire all, part or none of the former owner's workforce? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
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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)? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
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7. Did you acquire all, part or none of the former owner's Montana business (products/services)? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
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8. Was the Montana business operating at the time of the acquisition? Yes No
 If no, enter the date it was closed by the former owner. 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)		PRINT NAME & TITLE (Additional Partner or Corporate Officer)	
Signature	Date	Signature	Date
PRINT NAME & TITLE (Additional Partner or Corporate Officer)		PRINT NAME & TITLE (Additional Partner or Corporate Officer)	
Signature	Date	Signature	Date

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.