


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. See page 4 for instructions.	To register online, go to uleservices.mt.gov Please call us at (406) 444-3834, option 1, if you have any questions about this form.	Remarks			
1. Federal Employer ID (FEIN)	2. Purpose of Registration <input type="checkbox"/> New Employer <input type="checkbox"/> Changed Business Organization <input type="checkbox"/> Purchased a Business <input type="checkbox"/> Update Existing Account Information				
3. Corporation or Legal Name					
4. Business or Trade Name					
5. Phone Number	Fax Number	Email Address of Contact Person			
6. Mailing Address for Business (Number & Street or P.O. Box)		City	State ZIP Code		
7. Montana Business Physical Location (Street Address)		City	State ZIP Code		
8. Phone Number	Cell Phone Number	County			
9. Mailing Address for Benefit Charge Statements (if different from mailing address above): Address		City	State ZIP Code		
10. Mailing Address for UI Claims Separation Questionnaires & Investigations (if different from Tax Form address): Address		City	State ZIP Code		
11. Type of Organization (Check only one) <input type="checkbox"/> Individual/Sole Proprietorship (Schedule C) <input type="checkbox"/> Sub-chapter S Corporation (1120-S) <input type="checkbox"/> Partnership (Indicate type: general, limited, LLP, etc.): _____ <input type="checkbox"/> C Corporation (1120) <input type="checkbox"/> Limited Liability Company (LLC) - files as a SOLE PROPRIETORSHIP (Schedule C) <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Limited Liability Company (LLC) - files as a PARTNERSHIP (1065) <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability Company (LLC) - files as an S-CORPORATION (1120-S) <input type="checkbox"/> Indian Tribe or Wholly Owned by a Tribe: <input type="checkbox"/> Limited Liability Company (LLC) - files as a C-CORPORATION (1120) Name of Tribe: _____					
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 (Must be licensed by Montana Employment Relations Division (406) 444-0776)					
12. List the owner, partners, members, or corporate officers. Attach separate sheet if necessary					
Name	Home Mailing Address	Title	Social Security Number	Telephone & Cell Number	% Ownership

Important If this preparer is an accountant or third-party preparer please sign and attach the Third Party Authorization form.

13. Name of Person Who Prepares Records and Reports: _____ Title _____

Address _____ City _____ State _____ ZIP Code _____

Telephone # _____ Cell # _____ Fax # _____ Email _____

14. Name of Accountant: _____

Address _____ City _____ State _____ ZIP Code _____

Telephone # _____ Cell # _____ Fax # _____ Email _____

15. 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**. Vague descriptions or generalities could result in assignment of a higher contribution rate.

- | | | |
|---|--|--|
| <input type="checkbox"/> Agriculture, Forestry, Fishing | <input type="checkbox"/> Mining | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Services |
| <input type="checkbox"/> Transportation, Communication & Public Utilities | <input type="checkbox"/> Finance, Insurance, Real Estate | <input type="checkbox"/> Manufacturing |

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

16. Does this establishment have employment at more than one physical location in Montana? Yes No
 (Exclude construction and contract work sites 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: _____ Phone number: _____

17. Will you have any out-of-state employees? No Yes. If yes, in what other states do they work? _____

18. 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: _____

19. 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 2019	2018	2017	2016	2015	2014
Wages Paid Each Year:						

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

21. 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. (Please attach copy of 501(c)(3) if choosing this option).
- Experience Rated (payment of contributions) on your quarterly taxable payroll at the rate applicable for new employers. (No 501(c)(3) is required).

** If this section is not completed or you have not provided an IRS exemption letter, you will be classified as an experience-rated employer.

FORMER OWNER INFORMATION – If there is no prior owner or acquisition, skip to Signature Section 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 (if this is an organizational change, STOP here and sign below).
 Purchased All Purchased a Portion - What did you purchase? _____
 Other _____

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 business operating at the time of the acquisition? Yes No
 If no, enter the date it was closed by the former owner. (mm/dd/year) _____

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

10. Will your Montana business have substantially the same management as the former owner? 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 rate 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, all Partners, 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
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 to 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). Please call us at (406) 444-3834, option 1 if you have any questions.

Pages 1-2, Item Numbers:

1 - Federal Identification Number

2- Check the box indicating the reason you are registering your business.

3 through 10 - Complete for your business. Item 7 is your primary physical location in Montana. If there is more than one location, note the others in Item 16. Note: Item 10 refers to the address where separation notices, fact finding correspondence and requests for information regarding benefit claims will be mailed.

11 - Check the box next to the description of your business entity. If you are an LLC, check the box next to how your LLC will file its federal income tax. If filing as a corporation or subchapter S corporation, **officers' wages must be reported** on quarterly UI tax reports. Sole proprietors and partners are not covered and wages should not be reported for them.

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

13 & 14 - Enter the preparer's contact information for your business records and reports in Item 13. Please complete Item 14 if you have a business accountant. Complete the Third Party Authorization form for outside accountants or payroll services. It is available on our website at <http://uid.dli.mt.gov/Portals/55/Documents/Contributions-Bureau/dli-uid-ui006.pdf>.

15 - 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. Vague descriptions or generalities can result in assignment of a higher rate.

16 - 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.

17 & 18 - Complete as instructed.

19- List wages paid by the current owner **In Montana**, during the current and/or preceding year(s) of business operation.

20- Complete as instructed.

21 - 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. If neither box is checked, your account will be established as an Experience Rated account by default. If you wish to be set up as a reimbursable employer, but do not provide an IRS exemption letter your account will be set up as an Experience rated account by default.

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.