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		Total Wages Paid this Quarter		Excess Wages This Quarter	
	Last Name	First Name				
Page No._____ of _____		Totals				

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