Montana Employer's Unemployment Insurance (UI) Quarterly Wage Report – Form UI-5G

Quarter End	Due Date

Employer Identification Numbers

UI Account Number

Federal Id (FEIN)

UI Contribution Rate	%
UI Administrative Fund Tax Rate	%
UI Total Tax Rate	%

A report must be filed even if no wages are paid. Instructions for completing this form are online at http://uid.dli.mt.gov/forms or call 406-444-3834. File online at: uieservices.mt.gov . **If paying by check, please use attached voucher.**

Step 1. Check applicable boxes and provide information requested:	☐ No Wages paid for the quarter covering this report ☐ Sold Business – Name, address and phone number of new owner: ☐ Ceased Employing – Last payroll date _____/_____/_____ ☐ Change in Name, Address, Phone Number or Identification Number (list corrections here): ☐ Amended Report

Step 2. Unemployment Insurance Employee Wage Listing   ☐ Check here if wage listing is attached.

Employee's Social Security Number	Name of Employee		Total Wages Paid this Quarter	
	Last Name	First Name		
Totals				

Step 3. Calculate Tax	**State Unemployment Insurance Tax**		**Step 4. Number of UI Employees**
1. Total wages paid this quarter >			Number of covered workers who worked during, or received pay for the payroll period that includes the 12th day of the month: 1st month _____ 2nd month _____ 3rd month _____
2. UI total tax rate			
3. Total tax (multiply line 1 times line 2)			
4. Credits (overpayment from prior quarters)			
5. Adjustments to prior quarters (attach explanation)			
6. Balance due (line 3 – line 4 +/- line 5 -- see instructions)			
7. Penalty and interest due, if you file late			
8. Payment enclosed (line 6 +7) >			

Make Check Payable to Unemployment Insurance Division

Step 5. Signature.
Sign and make a copy of this form for your records. Mail your report, additional wage listings and payment with voucher by the due date above, even if no wages are paid or tax is due. Question? Call (406) 444-3834.

Mail to: Unemployment Insurance Contributions Bureau PO Box 6339 Helena MT 59604-6339	*I certify the information on this report is true and correct.*	Date:
	Authorized Signature Title Telephone Number	Name/Title of Contact Person Telephone No

Mail this form with your check and voucher to the Unemployment Insurance Contributions Bureau   UI-5G Revised 2/17