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

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
UI Annual Taxable Wage Base
(Each Employee) $33,000.00

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 UleServices.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 Federal ID # (list corrections here): _____
- ☐ Amended Report. **Please attach an explanation and include the name(s) of any employees changed.**

Step 2. Unemployment Insurance Employee Wage Listing

Check here if wage listing is attached.

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

Step 3. Calculate Tax

	State Unemployment Insurance Tax
1. Total wages paid this quarter >	
2. UI excess wages (Except Governmental and Reimbursable Accts.) >	
3. UI taxable wages (line 1 minus line 2) >	
4. UI total tax rate	
5. Total tax (multiply line 3 times line 4)	
6. Credits (overpayment from prior quarters)	
7. Adjustments to prior quarters (attach explanation)	
8. Balance due (line 5 – line 6 +/- line 7 -- see instructions)	
9. If filing late, add penalty ($25) and interest (line 8 x 1.5% x month(s) past due)	
10. Payment enclosed (line 8 +9) >	

Make Check Payable to Unemployment Insurance Division

Step 4. Number of UI Employees

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 _____

Step 5. Signature. Sign and make a copy of this form for your records. Mail your report, additional wage listings and payment by the due date above, even if no wages are paid or tax is due. Questions? 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.

Authorized Signature Telephone Number

Date:

Name of Contact Person Telephone No

Mail this form with your check to the Unemployment Insurance Contributions Bureau