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

GOVERNMENTAL/REIMBURSABLE

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/tax/uitaxforms.asp or call 406-444-3834. You may file your report online at wow.mt.gov

Step 1. Check applicable boxes and provide information requested:

- ☐ No Wages paid for the quarter covering this report
- ☐ Sold Business – Name and address 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.

STAPLE CHECK HERE

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

Step 3. Calculate Tax

	State Unemployment Insurance Tax
1. Total wages paid this quarter >	
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 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. 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.

Authorized Signature | Title | Telephone Number

Date:

Name/Title of Contact Person | Telephone No

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