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| Unemployment Insurance Contributions Bureau PO Box 6339 Helena MT 59604-6339 Telephone (406) 444-3834 Fax (406) 444-0629 | MONTANA UNEMPLOYMENT INSURANCE ELECTRONIC MEDIA REPORTING APPLICATION |
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|--|----------------|
| Employer Business Name or Agent's Name | UI Account No. |
|--|----------------|

Address: (No., Street)

City, State and Zip Code

| | | |
|---|------------------------|--|
| If reporting for multiple employers, number of employers: | Report information is: | Wage information <u>only</u> <input type="checkbox"/> Wage and Tax information <input type="checkbox"/> |
|---|------------------------|--|

Diskette CD Spreadsheets FTP Secure File Transfer

For **Diskettes/CD**, check on each line:

| | |
|----------------|--|
| Diskette Size: | <input type="checkbox"/> 3 1/2" |
| Density: | <input type="checkbox"/> High Density <input type="checkbox"/> Low Density |

| | | |
|--|-------|-----------|
| For PAYROLL Information, contact: (Name) | Title | Phone No. |
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|--|-------|-----------|
| For TECHNICAL Information, contact: (Name) | Title | Phone No. |
|--|-------|-----------|

I am requesting approval to report employee wage and/or employer tax information on diskette, CD, spreadsheet or FTP Secure File Transfer. I am enclosing a test copy clearly marked "FOR TEST PURPOSES ONLY".

Employer Signature: _____

Title: _____ Date: _____

Please allow three months for testing.

FOR AGENCY USE ONLY

Approved Denied

Reason: _____

Signature: _____ Date: _____