

**Montana Employer's Unemployment Insurance (UI)
Quarterly Payment Transmittal – UI-5E**



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)	\$ 27,000.00

A quarterly report must be filed even if no wages are paid. If you paid no wages, check the box below and write "None" on the "payment enclosed" line. (Do not return this form if you filed a "none" report via the Internet filing method.) To pay on-line, go to wow.mt.gov to register for Warp on the Web, our on-line filing and payment service.

Check here if no wages were paid for the quarter covered by this report.

<p>Step 1: Payment Information Do Not Return this form if payment was made electronically by ACH debit.</p>	Credit (UI overpayments from prior quarters) \$ _____ Amount of Payment Enclosed (Tax Due minus any Credit): \$ _____ Make Check Payable to Unemployment Insurance Division <input type="checkbox"/> I no longer wish to receive the UI-5E Payment Transmittal Form in the mail	
<p>Step 2. Reporting Method: Check the method used to file your UI quarterly wage report (check only one box).</p>	<input type="checkbox"/> Diskette <input type="checkbox"/> FTP via Secure File Transfer <input type="checkbox"/> CD <input type="checkbox"/> Internet (WOW)	
<p>Step 3. Changes/ Corrections Note changes by checking the applicable box(es) and providing information requested:</p>	<input type="checkbox"/> Ceased Employing – Last payroll date ____/____/____ <input type="checkbox"/> Sold Business – Name, address and phone number of new owner: <input type="checkbox"/> Change in Name, Address, Phone Number or Identification Number (list corrections below):	
<p>Step 4. Signature. Sign and make a copy of this form for your records. Questions? Call (406) 444-3834. Mail to: Unemployment Insurance Contributions Bureau PO Box 6339 Helena MT 59604-6339</p>	I certify the information on this report is true and correct.	Date: _____ Name/Title of Contact Person _____ Telephone No _____
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">S T A P L E C H E C K H E R E</p>	Authorized Signature _____ Title _____ Telephone Number _____	_____ _____