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		%			
III Administrativa Fu	nd Tay Data	0/			

			Federal Id (FEIN)			
		-	UI Contribution I UI Administrative UI Total Tax Rat UI Annual Taxal (Each Emple	e Fund te ole Wa		% % %
are online at http://uid.dli.mt. your report online at wow.mt						
applicable boxes and provide information	/ages paid for the quarter covering this report Business – Name, address and phone number of new or ed Employing – Last payroll date// ge in Name, Address, Phone Number or Identification Inded Report	_	r (list corrections h	ere):		
Step 2. Unemployme	nt Insurance Employee Wage Listing] Che	ck here if wage list	ing is a	ttached.	
Employee's Social Security Number	Name of Employee Last Name First Name		Total Wages Paid this Quarter		Excess Wages This Quarter	5
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T						
P						
L						
H						
Ē						
K						
E						
R						
Totals						
Step 3. Calculate Tax		St	ate Unemploym Insurance Tax		Step 4. Number UI Employee	
1. Total wages paid this qu	uarter >				Number of covered	
2. UI excess wages (Exception 1)	pt Governmental and Reimbursable Accts.)				workers who worked	d
3. UI taxable wages (line 14. UI total tax rate	minus line 2) >				during, or received properties for, the payroll perio	d
5. Total tax (multiply line 3	times line 4)				that includes the 12 ^t of the month:	day
6. Credits (overpayment from	om prior quarters)					
7. Adjustments to prior qua	arters (attach explanation)				1 st month	
8. Balance due (line 5 – line 6 +/- line 7 see instructions)					2 nd month	
Penalty and interest due, if you file late					3 rd month	
10. Payment enclosed (line	8 +9) >					
Make Check Payable to Un	nemployment Insurance Division	•				
	gn and make a copy of this form for your records. Mail vages are paid or tax is due. Questions? Call (406) 44			ge listi	ngs and payment by t	the
Mail to: Unemployment Insurance	I certify the information on this report is true and o		Date:			

ado dato above, event into wagoo are para or tax to ado. Quodione. Odir (100) 111 000 1.								
Mail to: Unemployment Insurance	I certify the information on this re	port is true and correct.	Date:					
Contributions Bureau PO Box 6339	Authorized Signature	Telephone Number	Name of Contact Person	Telephone No				
Helena MT 59604-6339			<u> </u>	LILE Day for all 4/4/				
Mail this fame with your sheek to the Unameday meant becomes a Cantulay time Dynamy								