Montana Employer's Unemployment Insurance (UI)		Qu	arter End	Due Date		
Quarterly Wag	ge Report – Form UI-5					
		Em	Employer Identification Numbers			
		UI A	Account Number			
		Fed	deral Id (FEIN)			
		UI	UI Contribution Rate UI Administrative Fund Tax Rate			
			Total Tax Rate Annual Taxable	Waga Paga		
		01	(Each Employe	_	100.00	
			(	, , , , , , , , , , , , , , , , , , , ,		
	n if no wages are paid. Instructions for completing this form are gov/forms or call 406-444-3834. File online at					
<u>UleServices.mt.gov</u> . If payi	ing by check, please use attached voucher.					
	o Wages paid for the quarter covering this report old Business – Name, address and phone number of new owner	<i>.</i> .				
and provide	eased Employing - Last payroll date//					
information	nange in Name, Address, Phone Number or Federal ID # (list cor			hongod		
109000001	mended Report. Please attach an explanation and include the n					
		re if wage	e listing is attached			
Employee's Social	Name of Employee  Last Name First Name	D,	Total Wages		Excess Wages This Quarter	
Security Number	Last Name First Name	Г	aid this Quarter	Tills Qua	tei	
Totals						
Step 3. Calculate Tax		State	= Unemployment	Step 4. Numb	er of	
			surance Ťax	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	UI Employees	
1. Total wages paid this o	quarter >			Number of cove	rod	
UI excess wages (Except Governmental and Reimbursable Accts.)  >				workers who wo		
3. UI taxable wages (line 1 minus line 2)				during, or receiv		
4. UI total tax rate				the payroll perio includes the 12 <sup>t</sup>		
5. Total tax (multiply line 3				the month:		
6. Credits (overpayment from prior quarters)				1st month		
7. Adjustments to prior quarters (attach explanation)				2 <sup>nd</sup> month		
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)				3 <sup>rd</sup> month		
-	ne 8 +9) > nemployment Insurance Division					
_		t additio	nal waga liatinga a	nd navmont by the div	o data	
	n and make a copy of this form for your records. Mail your repor re paid or tax is due. Questions? Call (406) 444-3834.	t, additio	nai wage listings ai	nd payment by the du	e date	
Mail to:	I certify the information on this report is true and corn	ect				
Unemployment Insurance Contributions Bureau	Authorized Signature Telephone Nu		Date: Name of Contact Pe	erson Tal	ephone No	
PO Box 6339	Totopholie Nu	name of contact reson receptions no				