

Mail completed form to: UI Contributions Bureau PO Box 6339 Helena MT 59604-6339 Or fax to: (406) 444-0629	<h2 style="margin: 0;">MONTANA UNEMPLOYMENT INSURANCE EMPLOYER REGISTRATION</h2>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">AGENCY USE ONLY</th> </tr> <tr> <td style="width:50%; padding: 2px;">Employer Number</td> <td style="width:50%; padding: 2px;">Industry Code</td> </tr> <tr> <td style="padding: 2px;">Subject Date</td> <td style="padding: 2px;">County Code</td> </tr> </table>	AGENCY USE ONLY		Employer Number	Industry Code	Subject Date	County Code
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Fill in all spaces as they apply to your business. Instructions are listed on the back of this sheet. Questions? Call (406) 444-3834
Toll-free 1-800-550-1513

1. Business or Trade Name:	Remarks
2. Owner or Corporation Name:	4. Type of Organization <input type="checkbox"/> a. Individual Ownership <input type="checkbox"/> e. Corporation <input type="checkbox"/> b. Partnership <input type="checkbox"/> f. Sub-Chapter S <input type="checkbox"/> c. Limited Liability Partnership <input type="checkbox"/> g. Governmental <input type="checkbox"/> d. Limited Liability Company* <input type="checkbox"/> h. Non-profit <input type="checkbox"/> i. Other _____ *LLCs MUST check box indication IRS filing Status <input type="checkbox"/> Sole prop. <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp
3. Mailing Address:	
City _____ State _____ Zip Code _____	5. Federal Identification Number (FEIN):
Montana Business Location (Street Address)	6. Date Incorporated
City _____ County _____ State _____ Zip Code _____	7. Is this <input type="checkbox"/> seasonal or <input type="checkbox"/> pension/trust? (Mark a box if it applies to your business)

8. IDENTIFICATION OF OWNER(S), CORPORATE OFFICERS, PARTNERS, ETC. (IF MORE THAN 3, PLEASE ATTACH A LIST)

Social Security Number	Name (Given Name Must be Shown in Full)	Title	Address (Home)

9. Name of Person Who Prepares Records and Reports	Address	Telephone No.
10. Name of Accountant	Address	Telephone No.

11. DESCRIPTION OF BUSINESS TYPE AND ACTIVITY IN MONTANA: This section **MUST BE COMPLETED** in detail to accurately determine your business activity for proper assignment of contribution rates. **Be specific and CHECK ALL THAT APPLY.** Generalities could result in assignment of a higher contribution rate.

Agriculture, Forestry, Fishing Mining Construction Wholesale Trade Retail Trade Services
 Transportation, Communication & Public Utilities Finance, Insurance, Real Estate Manufacturing

Primary Activity	Specific Product or Service	% of Gross Income	# MT Employees

12. Does this establishment have employment at more than one physical location in Montana? (Exclude construction and contract work if less than six months in duration.) Yes No

13. Does any worksite of this establishment primarily perform management or support services for other divisions of the company? Yes No

14. Date wages first paid _____ 15. Will your total payroll for the current Yes No Year and date payroll first equaled or exceeded calendar year equal or exceed \$1,000? \$1,000 _____

16. Supply the following information concerning wages paid by the current owner in Montana during the current and/or preceding year(s):

YEARS:	To Date in 2013	2012	2011	2010	2009	2008
Wages You Paid Each Year:						

17. Are you required to pay Federal Unemployment Tax (FUTA)? Yes No

IF YOU HAVE CHANGED YOUR BUSINESS ENTITY (SUCH AS PROPRIETORSHIP TO CORPORATION), OR HAVE ACQUIRED A MONTANA BUSINESS OPERATION COMPLETE QUESTIONS 18-23

18. Date Changed/Acquired: ____/____/____ 19. How Acquired: Entity Change Lease Other, Specify: _____
 Purchased All Purchased a Portion – What did you purchase? _____

20. Name of Former Owner(s) _____ 21. Name & Address of Former Business: _____

22. Former UI Account Number _____ 23. Former FEIN _____

Signature (Owner, all Partners or one Corporate Officer)	Title	Date
Signature	Title	Date