


<b>Mail completed form to:</b> UI Contributions Bureau PO Box 6339 Helena MT 59604-6339 <b>Or fax to:</b> (406) 444-0629	 <b>Montana Department of LABOR &amp; INDUSTRY</b>  <b>MONTANA UNEMPLOYMENT INSURANCE EMPLOYER REGISTRATION</b>	<b>AGENCY USE ONLY</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employer Number</td> <td style="width:50%;">NAICS</td> </tr> <tr> <td>Subject Date</td> <td>County Code</td> </tr> </table>	Employer Number	NAICS	Subject Date	County Code
Employer Number	NAICS					
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<b>Fill in all spaces that apply to your business. Instructions are listed on Page 4.</b>	<b>Questions?</b> Call (406) 444-3834 Toll-free 1-800-550-1513 Or visit web site: UleServices.mt.gov	Remarks				
1. Purpose of Registration: <input type="checkbox"/> New Employer <input type="checkbox"/> Change Legal Name <input type="checkbox"/> Change Assumed Business Name (DBA) <input type="checkbox"/> Reorganization of Company <input type="checkbox"/> Changed Business Organization						
2. Corporation or Legal Name		Federal Employer ID (FEIN)				
3. Business or Trade Name						
4. Phone Number	Fax Number	Email Address of Contact Person				
5. Mailing Address for Tax Forms (Number & Street or P.O. Box)	City	State	ZIP Code			
6. Montana Business Physical Location (Street Address)	City	State	ZIP Code			
7. Phone Number	Cell Phone Number	County				
8. Mailing Address for Benefit Charge Statements (if different from Tax Form address): Address		City	State	ZIP Code		
9. Mailing Address for Separation Investigation Questionnaires & Claim Information (if different from Tax Form address): Address		City	State	ZIP Code		
10. Type of Organization <input type="checkbox"/> Individual <input type="checkbox"/> Partnership (Indicate type: general, LP, LLP, LLP-S Corp etc.): _____  <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) (Indicate treatment for federal income tax reporting)  <b>Choose one of the items below:</b> <input type="checkbox"/> Sub-chapter S Corporation <input type="checkbox"/> Sole Proprietorship (Schedule C) <input type="checkbox"/> Partnership (Form 1065) <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Corporation (Form 1120) <input type="checkbox"/> S Corporation (1120 S) <input type="checkbox"/> Series LLC <input type="checkbox"/> Government <input type="checkbox"/> Indian Tribe or Wholly-Owned Entity of an Indian Tribe (Name): _____  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">In what state was your business originally incorporated or registered?</td> <td style="width:30%;">Date</td> </tr> </table>					In what state was your business originally incorporated or registered?	Date
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<b><u>Check all that apply.</u></b> <input type="checkbox"/> Domestic /Household <input type="checkbox"/> Agriculture <input type="checkbox"/> Non-Profit 501 (c)(3) <input type="checkbox"/> Fiduciary/Trust <input type="checkbox"/> PEO						
11. List the owner, partners, or corporate officers. Attach separate sheet if necessary.						
Name	Home Mailing address	Title	Social Security Number	Telephone & Cell Number	% Ownership	

12. Name of Person Who Prepares Records and Reports: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

13. Name of Accountant: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

14. **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

15. Does this establishment have employment at more than one physical location in Montana? Yes  No   
 Exclude construction and contract work site if less than six (6) months in duration.  
 If yes, provide the address, city and ZIP Codes of all other Montana locations.  
 Name of contact person and phone number: \_\_\_\_\_

16. Will you have any out-of-state employees?  Yes  No. If Yes, in what other states do they work? \_\_\_\_\_

17. Date wages first paid in Montana: \_\_\_\_\_ Will your total payroll for the current year equal or exceed \$1,000?  Yes  No  
 The date and year payroll first equaled or exceeded \$1,000: \_\_\_\_\_

18. Supply the following information concerning wages paid by the current owner **in Montana** during the current and/or preceding year(s) – if information is unavailable, leave blank:

YEARS:	To Date in 2014	2013	2012	2011	2010	2009
Wages You Paid Each Year:						

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

20. Complete this section only if you are a governmental entity, Indian tribe or wholly-owned entity of an Indian tribe, or a 501(c)(3) tax exempt organization.  
 Select one of the following options:

Reimbursement of benefit payments attributable to employment with your organization.

Experience Rated (payment of contributions) on your quarterly taxable payroll at the rate applicable for new employers.

\*\* Default is Experience Rated: 1) If section is not completed, and 2) you have not provided an IRS exemption letter.

**FORMER OWNER INFORMATION – If no prior owner or acquisition, skip to Electronic Filing and sign below.**

**IF YOU HAVE CHANGED YOUR BUSINESS ORGANIZATION (SUCH AS PROPRIETORSHIP TO CORPORATION), OR HAVE ACQUIRED A MONTANA BUSINESS OPERATION, YOU MUST COMPLETE THE SECTIONS BELOW.**

Former Owner's Name \_\_\_\_\_ Former Owner's UI Number or FEIN, if known \_\_\_\_\_

Former Corporate Name or DBA \_\_\_\_\_ Telephone Number \_\_\_\_\_

Current Street Address (not a P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**ACQUISITION INFORMATION**

1. How did you acquire this business?  Organization Change  Lease  Other \_\_\_\_\_  
 Purchased All  Purchased a Portion - What did you purchase? \_\_\_\_\_

2. Did you acquire all, part or none of the former owner's assets? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
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3. What assets did you purchase? \_\_\_\_\_  
 \_\_\_\_\_

4. Did you acquire all, part or none of the former owner's workforce? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
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5. How many employees did you acquire? \_\_\_\_\_ Please provide a list of names and social security numbers of employees acquired.

6. Did you acquire all, part or none of the former owner's Montana trade (customers/accounts)? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
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7. Did you acquire all, part or none of the former owner's Montana business (products/services)? <input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> None	Percent Acquired	Date Acquired
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8. Was the Montana business operating at the time of the acquisition?  Yes  No  
 If no, enter the date it was closed by the former owner. Date Closed (MM / DD / YYYY) \_\_\_\_\_

9. Are you continuing the Montana business you acquired?  Yes  No

10. Does your Montana business have substantially the same owners, officers or management as the former business?  Yes  No

11. Will the previous business/account continue in business in Montana?  Yes  No  Don't Know

12. If eligible, do you wish to apply for the experience rating established by the acquired/previous business?  Yes  No  
 If you acquire your predecessor's tax rate and experience rating record, your account may be chargeable for any benefits paid to your predecessor's employees. The predecessor employer must also agree to the experience rating transfer. If you do not acquire the experience of the predecessor and this is not a mandatory transfer, you will receive the rate assigned to new employers. It will not include the predecessor's history.

**Electronic Filing, Payment and Notifications:**

Would you like to file quarterly reports and payments online?  Yes  No

Would you like to receive E-notices and correspondence from the UI Tax program on-line?  Yes  No

**PRINT SIGNATURE (Owner, a Partner or one Corporate Officer)**

<b>Signature</b>	<b>Title</b>	<b>Date</b>

## Employer Registration Instructions

You must register with the Unemployment Insurance Division when you begin employing and paying wages. Complete this form and return it to the UI Division at PO Box 6339, Helena, MT 59604 or fax 406-444-0629. We will determine if you are subject under UI law and whether you need to report wages each quarter. This form is intended to be self-explanatory; however, the following provides additional information on some items. If an item does not apply to you, enter N/A (not applicable).

### **Pages 1-2, Item Numbers:**

**1** Check the box regarding the reason you are registering your business.

**2 through 9** - Complete for your business. Item 5 is your primary physical location in Montana. If there is more than one location, note the others in Item 15. Note: Item 9 refers to the address where separation notices, fact finding correspondence and requests for information regarding claims will be mailed.

**10** – Check the box next to the description of your business entity. If you are an LLC, identify how you file your federal income tax. If filing as a corporation or subchapter S corporation, officers' wages must be reported on quarterly UI tax reports. Sole proprietor and partners are not covered and wages are not reported.

**11** - List all owners, partners, corporate officers, or members and managers of LLC's. If necessary, attach an additional sheet. Remember to include home addresses, phone numbers and social security numbers of all persons listed as well as their percent of ownership in the business.

**12 & 13** – Enter the preparer's contact information for your business records and reports in Item 12. Please complete Item 13 if you have a business accountant.

**14** - Check the box next to the industry that best describes your business. Describe your primary business activity in Montana, your specific product or service, and the percent of your gross income this activity is responsible for. Also, tell us how many employees you employ **IN** Montana for each activity. Please be specific. New employer rates are assigned using the industry's average contribution rate. **Generalities can result in assignment of a higher rate.**

**15** – Check "Yes" if you operate this business in more than one physical location (e.g., plants, stores, offices, warehouses, etc.) in Montana and provide address and contact information for each location.

**16 through 17** – Complete as instructed.

**18** – List wages paid, by the current owner **in Montana**, during the current and/or preceding year(s) of business operation.

**19** – Complete as instructed.

**20** – Complete this section **only** if you are a governmental entity, Indian Tribe or wholly-owned entity of an Indian Tribe, or a 501(c)(3) tax exempt organization. **Note:** If this question is not completed and/or you have not provided an IRS exemption letter you will be defaulted to Payment of Contributions.

### **Page 3 – Former Owner Information & Acquisition Information:**

**1 through 12** - Complete this section **only** if you:

- Changed the business organization; i.e. from proprietorship to partnership or corporation, or from a corporation to a partnership or proprietorship; or
- Acquired or purchased a business or portion of a business from someone else.

**Please check if you would like to file your quarterly reports, make payment or receive other notices and forms online.** If you check yes, our office will be in contact with you for additional information.

**Signatures:** All owners' or all partners' signatures are required. Only one corporate officer signature is required. Additional sheets for signatures may be attached.