Attention
Montana Department of Revenue Cashier

Corporation License Tax Payment Form

Complete the payment coupon below to ensure proper credit of your payment. If you are paying taxes for multiple years, submit a separate check or money order and a separate coupon for **each** tax year.

Boxes 1 through 4 - Print an "X" in **one** box only for the type of payment being remitted:

Box 1, if your payment is for the current year.
Box 2, if your payment is for estimated tax.
Box 3, if your payment is for a tentative payment.
Box 4, if your payment is for an amended return.

Box 5, is the year your payment is for.
Box 6, is for your Federal Identification # (FEIN).
Box 7, is the amount paid.

Name _____

Address _____

_____

Phone _____

Mail this entire form with your check and return to:
Department of Revenue
PO Box 8021
Helena, MT 59604-8021
Make checks payable to the Department or Revenue

Questions? Call (406) 444-6900

Form CT

Montana Corporation License Tax Payment Form

☐ **1. Current Year Corporation License Tax**

☐ **2. Estimated Tax**

☐ **3. Tentative**

☐ **4. Amended**

5. Year Ending Date month / day / year

6. Federal Employer Identification Number (FEIN)

7. Amount Paid , , . **cents**