Montana Department of Official U	se Only		MONTANA MW-3 Rev. 5-06
MW-3 – Mo	ontana Annual Withh	olding Tax Reco	nciliation – 2006 Office Use
Pay Frequency		1. Number of W-2s Enc	
Due Date		 Number of 1099s with 	
FEIN		withholding attached (paper required)	
Acct ID		 Check applicable me Paper 	dia:
Name		Electronic Fil	ing (ePass)
Address		 Magnetic Type of return: 	
City, State, Zip Code		 Original Amended 	
5. Total wages paid subject to withholding taxes		8A. 🗆	If a difference results in an overpayment, please refund.
 Total Montana tax withheld W-2s and 1099s 		8B. 🗖	If a difference results in an overpayment, please apply to a future
7. Withholding tax paid			liability.
3. Difference (line 6 minus line 7)			If a difference results in additional tax due, please remit your payment with the attached coupon.
Contact		Telephone	
Deposit Period End Date or Pay Date	Ciliation of Withholding A Date Paid to the Department of Revenue	B Tax Withheld	C Tax Paid
	ALL COLUMNS MU	JST BE COMPLE	TED
 Total Tax Withheld (Columi 10. Total Tax Paid (Column C) 	n B)	Please send MW-3, W	/-2s and applicable payment to:

An explanation of the difference must be provided:

MW-3 – Montana Annual Withholding Tax Reconciliation Instructions

- Line 1. Number of W-2s with or without state withholding submitted with this return.
- Line 2. Number of 1099s with state withholding submitted with this return. All 1099s without state withholding should be sent with federal form 1096.
- Line 3. Check Applicable Media: Check the appropriate box for method of delivery. Note: All 1099s with Montana withholding must be submitted on paper.
- Line 4. Type of Return: Check the appropriate box that describes the type of return. An amended return reflects adjustments to, and replaces, the original return.

Please round all numbers to the nearest dollar.

- Line 5. The total wages paid subject to withholding taxes.
- Line 6. Total Montana tax withheld per form W-2s and/or 1099s. Total should match the total of Column B on the reconciliation schedule on the bottom of the return.
- Line 7. Total amount of state withholding tax remitted to the department. Total should match the total of Column C on the reconciliation schedule on the bottom of the return.
- Line 8. Enter the difference between line 6 and line 7. If there is a balance due, please remit payment with return. If there is a difference resulting in an overpayment, please check the box for refund or apply overpayment to future liability. The box should only be checked if there is a credit or overpayment amount.
- Line 9. Total tax withheld (Column B).
- Line 10. Total tax paid (Column C).

Line 11. Difference (B minus C).

Annual Reconciliation of Withholding Tax (reconciliation schedule): All four columns must be filled out completely. Report the total of columns B and C at the bottom of schedule, along with any difference. Totals of Column B and C should match lines 6 and 7, respectively. Please provide an explanation regarding any difference reported. Additional pages may be attached.

Helpful hints:

- The Montana MW-3 must be submitted. The federal W3 is not acceptable for Montana purposes.
- Computerized reconciliations are acceptable but must use the same format as the MW-3.
- Remember that W-2s/1099s must be attached to the MW-3.
- Agricultural employers are required to submit MW-3 and W-2s only if Montana income taxes have been withheld from their employee's wages.

Electronic Payments for Withholding Tax

Business Tax Express is an online application that allows a business to make withholding tax payments electronically. Details can be found on our website at *www.mt.gov/revenue* (click on the Business Tax Express icon) or you can call us at (406) 444-6900.