

W-2 Withholding Declaration

Please print or type.

Taxpayer Name (employee)	
Social Security Number	
Mailing Address	
Employer Name	
Business Name	
Mailing Address	
Type of Business	
Federal Employer Identification Number (FEIN)	
Tax Year	
Total Wages Paid	\$
Federal Income Tax Withheld (attach supporting docume	entation)\$
Montana Income Tax Withheld (attach supporting docum	entation)\$
I hereby declare under penalty of perjury that the above	named employer,
(check one) ☐ did not furnish ☐ refus	ed to furnish
Federal Form W-2 showing the Montana income tax with above as Montana income tax withheld was calculated a attached to this form.	• •
Signature of taxpayer (required)	 Date

If you have questions, please call us toll free at (866) 859-2254 (in Helena, 444-6900).