

## **Montana Pass-through Entity Tax** (79)

Payment Instructions
Attention: Montana Department of Revenue Cashier

Complete the in	formation below to ensure proper	credit of your payment.	
Name			
Mailing Address	i		
City, State, Zip Code			
Phone			
Box 5 – Box 6 – Box 7 –	Check box 1, if your payment Check box 2, if your payment Check box 3, if your payment Check box 4, if your payment Enter the tax year for which the	nt is for estimated tax.  It is for an extension.  It is for an amended return.  It is payment applies (period ending date).  Identification number (FEIN).	
separate check		rtment of Revenue. If you are paying taxes oucher for each year. On the memo line of payment applies.	
Mail this form v Department of F PO Box 8021 Helena, MT 596		f applicable) to:	
If you have ques	stions, please call us toll free at (8	866) 859-2254 (in Helena, 444-6900).	
	Montan	a Pass-through Entity Tax Payment Form	
Substitute Fo	rm PT		
1. Current ye	ear	5. Period ending	month day year
2. Estimated	d tax	Federal employer identification	
3. Extension	1	number (FEIN)	
4. Amended	l return	7. Amount paid	