



Micaceous Mineral Mines License Tax

For quarter ending _____

Title 15, Chapter 37, Part 2, MCA

Name:		
Address:		
Address:		
City:	State:	Zip Code:

1. FEIN:	2. Account ID:
3. Period:	4. If this is an amended return, check here. <input type="checkbox"/>
5. If you are no longer in business and want your account cancelled, check this box <input type="checkbox"/> , enter the final date. _____	
6. If your mailing address has changed, check this box <input type="checkbox"/> and print new address below: _____ _____	

7.	Calendar Year Quarter	Check Applicable Quarter	Number of Tons Produced
	January -March	<input type="checkbox"/>	
	April - June	<input type="checkbox"/>	
	July - September	<input type="checkbox"/>	
	October - December	<input type="checkbox"/>	

Computation of License Tax Due

8. Five cents per ton produced8. \$

Returns are due 30 days after the end of each calendar quarter. Penalties and Interest will be applied if late.
I hereby swear or affirm under penalty of perjury that the statements contained herein are true to the best of my knowledge.

Signature _____

Title _____ Phone _____ Date _____

Mail this return to:
Department of Revenue, PO Box 5805, Helena MT 59604-5805

Micaceous Mineral Mines License Tax
Instructions

Account Information

- Line 3: This report is due on or before the 30th day after the end of each calendar quarter. Under Montana law, penalty and interest apply on all delinquent returns (15-1-216, MCA).
- Line 4: If you are filing an amended return, this box must be checked.
- Line 5: If you are no longer in business, check the box and enter your final day of business here.
- Line 6: If your mailing address has changed, check the box and enter your new address in the space provided.
- Line 7: Check the appropriate box and enter the total number of tons produced.

Computation of Micaceous Mineral Mines License Tax

- Line 8: Multiply the number of tons produced by \$0.05 and enter the result. Please reference your federal identification number from line 1 or your account ID from line 2 of the return on the memo line of your check.

Please note: Payments in excess of \$500,000 must be submitted electronically. To wire your payment, send the payment to Montana State Treasurer, bank routing #092900383, account #156041200221 by the due date of this return. When submitting payment by wire, please provide third party information: Department of Revenue, taxpayer's name and/or federal identification number, and the tax to which the payment pertains.

Sign the return and provide your title and phone number where you can be reached during business hours.

If you have any questions or need help from our office, please call (406) 444-6900.

**Make check payable to the Department of Revenue. Mail this return and payment to:
Department of Revenue, PO Box 5805, Helena MT 59604-5805**



Micaceous Mineral Mines License Tax (MMM)

Payment Instructions

Attention: Montana Department of Revenue Cashier

Complete the payment voucher below to ensure proper credit of your payment. If you are paying taxes for multiple periods, submit a separate check or money order and a separate voucher for each period. On the memo line of your check, please note your FEIN or account ID and the reporting period for which the payment applies.

Boxes 1 and 2 – Print an “X” in one box only for the type of payment you are remitting:

Check box 1, if your payment is for an original return for any period.

Check box 2, if your payment is for an amended return.

Box 3 – Enter the reporting period for which this payment applies.

Box 4 – Enter your federal employer identification number (FEIN).

Box 5 – Enter the amount you are remitting. (This amount should be the same amount as reported on line 8 of your return).

Name _____

Address _____

City, State, Zip Code _____

Phone _____

Mail this form with your payment and return (if applicable) to:

Department of Revenue

PO Box 5805

Helena, MT 59604-5805

Questions? Call (406) 444-6900.

Make check or money order payable to the Department of Revenue.

Micaceous Mineral Mines License Tax Payment Form

<input type="checkbox"/> 1. Original return	3. Period ending	month day year _____ / _____ / _____
<input type="checkbox"/> 2. Amended return	4. Federal employer identification number (FEIN)	_____
	5. Amount paid	_____