Official	Official Use Only Department of ENUE MW3 – Montana Annual Withholding Tax Reconciliation – 2004					
Montana Department o REVENUE						
Due Date: Acct ID:		Number of W-2's Enclosed Number of 1099's				
FEIN:		СІ Ту	neck applicable m pe of report: Orig	nedia: Paper FTI inal Amended	P└── Magnetic └─ _ Supplemental	
<ol> <li>Total wages paid sub withholding taxes</li> <li>Total Montana tax w per W-2's and 1099's</li> <li>Withholding tax previous</li> <li>Difference (line 2 mines)</li> </ol>	vithheld s ously paid			If credit, please refi If credit, apply to pr liability Please remit balan	evious or future	
Contact		Tele	phone			
Name: Annual Reco	onciliation of Wit	FEIN: hholding Tax -	– <b>2004</b> (make add	Acct ID: ditional copies if nece	essary)	
Deposit Period End Date or Pay Date for Accelerated		A ate Paid	B Tax Withheld		C Paid	

Total Tax Withheld (Column B)

Total Tax Paid (Column C)

Difference (B minus C)

Explanation of difference must be attached unless "annual" filer.

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Please remit to: Department of Revenue PO Box 5835 Helena, MT 59604-5835

## MW3 – Montana Annual Withholding Tax Reconciliation Instructions

**Number of W-2's/1099's Enclosed:** Enter the number of W-2 and/or 1099 forms that you are reporting with this MW3. Include all forms even if there is no state withholding.

Check Applicable Media: Check the appropriate box for method of delivery.

**Type of Report:** Check the appropriate box that describes the type of report. An amended reflects adjustments to, and replaces, the original report. Supplemental reflects the filing of additional W-2/1099's after original has been submitted.

## Please round all numbers to the nearest dollar.

Line 1. The total wages subject to withholding taxes.

- **Line 2.** Total amount of Montana income tax withheld as shown on the Forms W-2, 1099, and W-2G. Total should match the total of Column B on the reconciliation schedule on the bottom of the return.
- Line 3. Total amount of state withholding tax previously remitted to the department. Total should match the total of Column C on the reconciliation schedule on the bottom of the return.
- Line 4. The difference between line 2 and line 3.

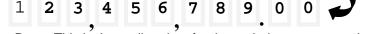
If there is a balance due, please remit payment with return. If there is a credit, please check the box to have it refunded, or applied to a previous or future tax liability. The credit will be first applied to a previous tax liability, if one exists. If neither box is checked, the credit will be refunded.

**Annual Reconciliation of Withholding Tax (reconciliation schedule):** Must be completed. Report total of columns B and C at the bottom of schedule, along with any difference. Totals of Column B and C should match Lines 2 and 3, respectively. Please provide an explanation regarding any difference reported unless you are an Annual Filer. Additional page may be attached.

## Page 2

How to fill out your payment coupon: Please use this coupon to ensure proper credit of your payment to your account.

Please use black or blue ink <u>only</u> on the coupon and check. Do not type numbers, use dollar signs or have numbers touch the lines of blocked area. Please print numbers in blocked area of coupons like example:



**First row of boxes:** Period Ending Date: This is the ending date for the period you are reporting. **Second row of boxes:** Enter total amount being paid with coupon. Make your check payable to Montana Department of Revenue and mail with coupon and return. Please remove your check stub before mailing and do not staple your check to coupon.

This coupon is specific to a customer and account type. To ensure proper payment application, do not photocopy this coupon, use for another customer, or use for another account type. Do not enter negative amounts on coupon.

If you have questions, you may call the Customer Service Center at (406) 444-6900.

Solution Coupon below and mail with your check to the Montana Department of Revenue Solution Coupon below and mail with your check to the Montana Department of Revenue and the solution of th

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Make Checks payable to the Department of Revenue

## Withholding Payment Coupon (MW-1)

Period End Date

	Date								
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Account ID: Error! Unknown document property name. FEIN: Error! Unknown document property name.

Insert check and coupon into the window envelope provided in this packet. Do not staple your check or correspondence to this coupon. Department of Revenue PO Box 5835 Helena, MT 59604-5835

Amount Paid

