

Attention
Montana Department of Revenue Cashier

Corporation License Tax Payment Form

Complete the information below to ensure proper credit of your payment. If you are paying taxes for multiple years, submit a separate check or money order and a separate form for **each** tax year.

Boxes 1 through 4 - Print an "X" in **one** box only for the type of payment being remitted:

Box 1, if you are submitting payment with the filing of your current year return.

Box 2, if your payment is for estimated tax.

Box 3, if your payment is for a tentative payment.

Box 4, if your payment is for an amended return.

Box 5, is the year your payment is for.

Box 6, is for your Federal Identification # (FEIN).

Box 7, is the amount paid.

Company _____

Address _____

Phone _____

Mail this entire form with your check to:

Department of Revenue

PO Box 8021

Helena, MT 59604-8021

Make checks payable to the Department of Revenue

Questions? Call (406) 444-6900

<http://mt.gov/revenue/>

Form CT

**Montana Corporation License Tax
Payment Form**

1. Current Year
Corporation License Tax

2. Estimated Tax

3. Tentative

4. Amended

5. Year Ending Date month day year
_____ / _____ / _____

6. Federal Employer
Identification
Number (FEIN) _____

7. Amount Paid _____ cents
_____, _____, _____.