



Affidavit of Corporate Inactivity

Corporation Name _____

Address _____

City, State, Zip + 4 _____

FEIN _____

Contact person _____

Phone _____

I, _____, an officer of the said corporation, being of lawful age, being sworn on oath, depose and say that I am acquainted with the affairs of the said corporation existing under and by virtue of the laws of the State of Montana; (or a corporation registered to do business in Montana) and that the said corporation had no income or business activities of any nature in Montana during the following periods from: _____ to _____;

and that if said corporation does engage in business or have any income they will notify the department by filing a Montana corporation license tax return by the due date prescribed in 15-31-111, MCA.

Signature of Corporate Officer

Title

(SEAL)

On this _____ day of _____, 20 ____
Personally appeared _____
before me a Notary Public for the State of _____;

(Signature of Notary Public)

_____, Residing at _____
(Name of Notary) (City and State)

My Commission Expires _____
(Month, Day and Four Digit Year)

Mail to:
Montana Department of Revenue
PO Box 8021
Helena, MT 59604-8021