



# Tax Certificate Request

Instructions on back

**MONTANA**  
CR-T  
Rev. 12-06

## Type of certificate requested

Title 15	Dissolution/Withdrawal	Reviver	Tax Clearance	Good Standing
To reinstate with the Secretary of State after being involuntarily dissolved.	To withdraw/dissolve with the Secretary of State	To reinstate with Secretary of State after being suspended by DOR	To verify that your final return was filed and all taxes have been paid	To show that your filing and payment requirements are current

Entity name: \_\_\_\_\_

Indicate your business type:

C. Corporation\_\_\_ S. Corporation\_\_\_ LLC taxed as a partnership\_\_\_ LLC taxed as a corporation\_\_\_

Enter your Federal Employer Identification Number: \_\_\_\_\_

Enter the date that the entity was formed: \_\_\_\_\_

Enter the state in which the entity was formed: \_\_\_\_\_

If you file as a corporation, please complete the following:

Are you filing a combined return? yes\_\_\_ no\_\_\_

If yes, enter the parent's:

Name \_\_\_\_\_

FEIN \_\_\_\_\_

If your company is included in the Montana filing of another company, you must file an Assumption of Tax Liability. If you would like an Assumption of Tax Liability faxed to you, enter your fax number here: \_\_\_\_\_

Are you a nonprofit organization? yes\_\_\_ no\_\_\_ A corporation must qualify for tax exempt status prior to receiving a certificate. (See instructions)

Indicate whether your entity is: Withdrawing\_\_\_ Dissolving\_\_\_ Merging\_\_\_ Reinstating\_\_\_

If merging, please provide the following for the surviving entity:

Name \_\_\_\_\_

FEIN \_\_\_\_\_

Where would you like us to send your certificate?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Check this box if you would like the certificate to be sent directly to the Secretary of State. Please note: In order for the certificate to be sent directly to the Secretary of State, all necessary paperwork must first be filed with that office.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_

Send or fax this request to: Montana Department of Revenue  
Montana Department of Revenue  
Attn: Certificates  
PO Box 8021  
Helena, MT 59604-8021

Phone: (406) 444-6900

Fax: (406) 444-6642

For Office Use Only:

# Tax Certificate Request Instructions

If the filing of tax returns is necessary before a certificate can be issued, please submit copies of these returns along with this form. This will expedite the process.

## Nonprofit Organizations

If your organization has registered as a nonprofit organization with the Secretary of State but has not yet qualified for tax-exempt status with the Department of Revenue, the following information needs to be filed for your organization to establish tax-exempt status and to subsequently receive any certificate:

1. an affidavit stating the purpose of the organization
2. articles of incorporation
3. by-laws
4. financial statements
5. a copy of the IRS letter granting federal tax-exempt status if available.

## Certificates - Secretary of State

**Title 15 Certificate (T-15)** – To reinstate the corporation with the Secretary of State, all tax returns have to be submitted and all taxes paid prior to issuing a certificate. In the event that there was no activity, the corporation can file an Affidavit of Corporate Inactivity (Form INA-CT). This form is available on our website, [www.mt.gov/revenue](http://www.mt.gov/revenue).

**Dissolution/Withdrawal Certificate (DWC)** – For purposes of voluntary withdrawal or dissolution with the Secretary of State, Section 15-31-552, MCA provides for a DWC. This certificate verifies that the corporation has filed all applicable returns and has paid all taxes owing the State of Montana up to the date of request for dissolution or withdrawal. The corporation remains responsible for the filing of a final return upon its withdrawal or dissolution (see TCC below).

**Certificate of Reviver** – If the Department of Revenue, rather than the Secretary of State, suspended your organization, you will need to request a Certificate of Reviver as well as a Title-15 Certificate.

There are no fees charged for any certificate. Upon issuance, your organization will receive an original certificate along with a copy. Both of these certificates must be submitted to the Secretary of State, Business Services Bureau at the following address:

Secretary of State  
Business Services Bureau  
P.O. Box 202801  
Helena, MT 59620-2801

Phone (406) 444-3665

## Optional Certificates

**Tax Clearance Certificate (TCC)** – At the time of final withdrawal or dissolution, the Department of Revenue upon request, will furnish to a corporation a TCC verifying that the corporation has filed all applicable returns and that all taxes have been paid through and including the corporation's final year of existence in Montana. This certificate is not required to be filed with the Secretary of State.

**Good Standing Certificate** – Upon request by the taxpayer, a Good Standing Certificate is available from the Department of Revenue which will serve as confirmation that the corporation has filed all tax returns and paid all taxes. This certificate is not filed with the Secretary of State. Instead, it is requested by the taxpayer for verification to outside parties, such as financial institutions, that the taxpayer has no outstanding tax obligation.