



W-2 Withholding Declaration

Please Print or Type

Name of taxpayer (Employee) _____

Social Security Number _____

Complete address _____

Name of employer _____

Business name _____

Complete address _____

Type of business _____

Federal Employer Identification Number (FEIN) _____

Tax year _____

Total wages paid \$ _____

Federal income tax withheld \$ _____

Montana income tax withheld \$ _____

I hereby declare under penalty of perjury that the above named employer,

Circle one: failed to furnish refused to furnish

me with copies of Federal Form W-2 showing the Montana income tax withheld from my wages. The amount stated above as Montana income tax withheld was calculated in the following manner (list and attach documents used to make your calculation):

Signature of taxpayer is required

Date

Questions? Please call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired. ☎

Attach this form to your tax return. If you electronically file, keep this form for your records (do not send to the Department of Revenue).