

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 _____

Employer's Federal I.D. Number _____

Tax Year _____

Total Wages Paid \$ _____

Federal Income Tax Withheld \$ _____

Montana State 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 State Income Tax
withheld from my wages. The amount stated above as Montana income tax withheld
was arrived at in the following manner (list and attach documents used to make your
calculation):

Signature of Taxpayer

Date

Please complete and sign this declaration in duplicate and return within ten (10) days to the Department of Revenue, PO Box 5805, Helena, MT 59604-5805.

Questions? Please call 1-406-444-6900 or TDD 1-406-444-2830 for hearing impaired. 

Attach a copy of this form to your return