

Official Use Only	
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MONTANA MW-3 Rev. 5-06

> Office Use Only

## MW-3 - Montana Annual Withholding Tax Reconciliation - 2006

Pay Frequency Due Date FEIN Acct ID		1.	Number of W-2s Enc	losed			
		2.	Number of 1099s with				
		3.	withholding attached Check applicable me				
Name		-	<ul><li>□ Paper</li><li>□ Electronic Fil</li></ul>	ing (ePass	)		
Address			Magnetic	9 (0. 0.00	,		
City, State, Zip Code		4.	Type of return:  Original Amended				
5. Total wages paid subject to withholding taxes			8A. 🗖		ence results in ar nent, please refur		
6. Total Montana tax withheld per W-2s and 1099s			8B. □	overpayment, please apply to a future			
7. Withholding tax paid				liability.			
8. Difference (line 6 minus line	e 7)			due, plea	ence results in ac se remit your pay		
Contact			Telephone		ned coupon.		
Name	FEIN			Acct ID			
Annual Recond	ciliation of Withholdi	ing Ta		ditional cop			
Deposit Period End Date or Pay Date	A Date Paid to the Department of Revenu	ue	B Tax Withheld		C Tax Paid	С Гах Paid	
	ALL COLUMNS	MUS	ST BE COMPLE	TED			
		+					
				+			
O Total Tay Withhold (Calum	<u> </u>		Dioaso sond MM/2 M	/ 2s and ar	anlicable navmer	nt to:	
9. Total Tax Withheld (Column B)			Please send MW-3, W Department of Revenue		opiicable paymer	it tO.	
10. Total Tax Paid (Column C)  11. Difference (B minus C)			PO Box 5835 Helena, MT 59604-5835				
An explanation of the differ	ence must be provided:		1 ISIGNA, IVI 1 33004-30	,,,,			
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### MW-3 - Montana Annual Withholding Tax Reconciliation

#### Instructions

- Line 1. Number of W-2s with or without state withholding submitted with this return.
- Line 2. Number of 1099s with state withholding submitted with this return. All 1099s without state withholding should be sent with federal form 1096.
- Line 3. Check Applicable Media: Check the appropriate box for method of delivery. Note: All 1099s with Montana withholding must be submitted on paper.
- Line 4. Type of Return: Check the appropriate box that describes the type of return. An amended return reflects adjustments to, and replaces, the original return.

#### Please round all numbers to the nearest dollar.

- Line 5. The total wages paid subject to withholding taxes.
- Line 6. Total Montana tax withheld per form W-2s and/or 1099s. Total should match the total of Column B on the reconciliation schedule on the bottom of the return.
- Line 7. Total amount of state withholding tax remitted to the department. Total should match the total of Column C on the reconciliation schedule on the bottom of the return.
- Line 8. Enter the difference between line 6 and line 7. If there is a balance due, please remit payment with return. If there is a difference resulting in an overpayment, please check the box for refund or apply overpayment to future liability. The box should only be checked if there is a credit or overpayment amount.
- Line 9. Total tax withheld (Column B).
- Line 10. Total tax paid (Column C).
- Line 11. Difference (B minus C).

Annual Reconciliation of Withholding Tax (reconciliation schedule): All four columns must be filled out completely. Report the total of columns B and C at the bottom of schedule, along with any difference. Totals of Column B and C should match lines 6 and 7, respectively. Please provide an explanation regarding any difference reported. Additional pages may be attached.

#### **Helpful hints:**

- The Montana MW-3 must be submitted. The federal W3 is not acceptable for Montana purposes.
- Computerized reconciliations are acceptable but must use the same format as the MW-3.
- Remember that W-2s/1099s must be attached to the MW-3.
- Agricultural employers are required to submit MW-3 and W-2s only if Montana income taxes have been withheld from their employee's wages.

#### **Electronic Payments for Withholding Tax**

Business Tax Express is an online application that allows a business to make withholding tax payments electronically. Details can be found on our website at <a href="https://www.mt.gov/revenue">www.mt.gov/revenue</a> (click on the Business Tax Express icon) or you can call us at (406) 444-6900.

# Attention Montana Department of Revenue Cashier

## **Withholding Payment Form**

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

Boxes 1 through 3 - Print Box 1, if your payment from Box 2, if your payment from Box 3, if your payment from Box 4, is the period your Box 5, federal employer Box 6, amount paid	equency is monthly equency is annual r payment is for	ency.			
Business Name			-		
Address			-		
Contact Name			-		
Phone			_		
Mail this entire form with your Department of Revenue PO Box 5805 Helena, MT 59604-5805 Questions? Call (406) 444-6900					
Make checks payable to the Dep	partment or Revenue				
Form MW-1	Withholding Payment Form				
		month	day	year	1
Payment Frequency	4. Period End Date				J
1. Accelerated	5. Federal Employer Identification	_		-	1
2. Monthly	Number (FEIN)				
☐ 3. Annual	6. Amount Paid	,	,	•	