Montana Department of
REVENUE

Wine Distributors/Wineries Tax Return
Returns and Instructions

Line 2: Please enter your Department of Revenue account ID in the format indicated.

Line 3: Please enter your license number assigned by the Department of Revenue in the format indicated.

Line 4: This report is due the 15th day of the following month. All records, inventories, invoices, sales records, and delivery records must be kept for inspection by the Department of Revenue.

Line 5: If you are filing an amended return, this box must be checked.

Line 6: If you are no longer in business, enter your final day of business here.

Line 7: If your mailing address has changed, check the box and provide your new address in the space provided.

Line 8: Enter the Taxable liters sold to retailers.

Line 9: Enter tax on the taxable liters sold to retailers. This is calculated by multiplying line 8 X the tax rate of 0.27.

Line 10: Enter the Taxable liters sold to agencies.

Line 11: Enter tax on the taxable liters sold to agencies.

This is calculated by multiplying line 10 X the tax rate of 0.28.

Line 12: Enter the total tax due, which is the sum of lines 9 and 11.

Line 13: If payment is delinquent you are subject to penalty of 1.5% per month, not to exceed 18% of the tax due, for tax periods beginning on or before December 31, 2006. For tax periods beginning after December 31, 2006, the late payment penalty continues to accrue at 1.2% a month, but cannot exceed 12% of the tax due. In addition, a late filing penalty of $50 or the amount of tax due, whichever is less, also applies if a return is filed late. Enter amount of penalty on line 13.

Line 14: If payment is delinquent you are subject to interest of 12% per year, calculated daily, from the original due date of this report until paid. Enter amount of interest due on line 14.

Line 15: Enter total due (sum of lines 12, 13 and 14).

Line 16: Enter amount paid with this return. This should equal line 15.

Make check payable to the Department of Revenue.

Mail this return and payment to:
Department of Revenue, PO Box 1712, Helena, MT 59624-1712

Questions? Call (406)444-6900

--- Cut on this line---

Montana Department of Revenue **Wine Distributors/Wineries Tax Return (WIT)**		
1. FEIN	2. Account ID _ _ _ _ _ _ - _ _ _ -WIT	
3. License No. _ _ - _ _ _ _ - _ _ _ _ _ - _ _ _		
4. Month Ending: Due:	5. If this is an amended return, check here ❏	Above space is for department use only
6. If you are no longer in business and want your account cancelled, enter the final date here _____		
7. If your mailing address has changed, check this box ❏ and print new address below: _____ _____		8. Taxable Liters sold to Retailers	
		9. Tax on Liters Sold to Retailers (line 8 X $0.27)	$
		10. Taxable Liters sold to Agencies	
		11. Tax on Liters Sold to Agencies (line 10 X $0.28)	$
		12. Total Tax Due, add lines 9 + 11	$
Signature		13. Penalty	$
Title		14. Interest	$
Phone	Date	15. Total amount due. Sum of lines 12, 13 and 14	$
Name_____			
Address _____			
Address _____		16. Enter amount paid with this return	cents ☐,☐☐☐,☐☐☐.☐☐
City, State, Zip _____			

Montana Department of
REVENUE

Wine Distributors/Wineries Tax Return
(WIT)
Payment Instructions
Attention: Montana Department of Revenue Cashier

Complete the payment voucher below to ensure proper credit of your payment. If you are paying taxes for multiple periods, submit a separate check or money order and a separate voucher for each period. On the memo line of your check, please note your FEIN or account ID and the reporting period for which the payment applies.

Boxes 1 and 2 – Print an "X" in one box only for the type of payment you are remitting:
                       Check box 1, if your payment is for an original return for any period.
                       Check box 2, if your payment is for an amended return.
Box 3 –   Enter the reporting period for which this payment applies.
Box 4 –   Enter your federal employer identification number (FEIN).
Box 5 –   Enter the amount you are remitting. (This amount should be the same amount as reported on line 16 of your return).

Name _____

Address _____

_____

City, State, Zip Code _____

Phone _____

Mail this form with your payment and return (if applicable) to:

Department of Revenue
PO Box 1712
Helena, MT 59624-1712

Questions? Call (406) 444-6900.

Make check or money order payable to the Department of Revenue.

Wine Distributors/Wineries Tax Return
Payment Form

	month	day	year
☐ 1. Original return	3. Period ending	/	/
☐ 2. Amended return	4. Federal employer identification number (FEIN)		
	5. Amount paid		