



Report of Property Presumed Unclaimed (UCH-1)

Payment Instructions

Attention: Montana Department of Revenue Cashier

Complete the payment voucher below to ensure proper credit of your payment. If you are remitting unclaimed property for multiple report years, submit a separate check or money order and a separate voucher for **each** report year. On the memo line of your check, please note your FEIN or account ID and the report year for which the payment applies.

- Box 1 – Provide the number of the report for which you are submitting a payment.
- Box 3 – Enter the report year for which this payment applies. (Please indicate the type of report below.)
 - Non Life insurance Company Holder Report (Report Year July 1 through June 30)
 - Life insurance Company Holder Report (Report Year January 1 through December 30)
- Box 4 – Enter your federal employer identification number (FEIN).
- Box 5 – Enter the amount you are remitting. (This amount should be the same as reported in Section I of your report.)

Name _____

Address _____

City, State, Zip Code _____

Phone _____

Electronic Filers, please read and complete the following section. Do not send a paper report with this voucher if you are e-filing.

I, the undersigned, declare under penalty of perjury, that to the best of my knowledge and belief, the electronic report submitted is a true and complete report of unclaimed property now in possession or under control of the holder, which is presumed unclaimed in accordance with Montana Law, 70-9-801 through 70-9-829, MCA. Written notice has been sent to the apparent owner as prescribed under Montana Law, 70-9-808(5) MCA.

Name of Officer or Holder Authorized to Sign Report (please print) _____

Signature _____ Date _____

Title _____

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

Department of Revenue
PO Box 5805
Helena, MT 59604-5805

Questions? Call (406) 444-6900.

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

Report of Property Presumed Unclaimed Payment Form

<input checked="" type="checkbox"/> 1. Report Number _____	3. Report year ending	month / day / year
	4. Federal employer identification number (FEIN)	_____
	5. Amount paid	_____