



## 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 (406) 444-6900 or TDD (406) 444-2830 for hearing impaired. 

Attach a copy of this form to your return