





**Hospital Facility Utilization Fee  
(HUF)  
Payment Instructions**

Attention: Montana Department of Revenue Cashier

Complete the payment voucher below to ensure proper credit of your payment. If you are paying fees 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 11 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 5835  
Helena, MT 59604-5835

If you have questions, please call us toll free at (866) 859-2254 (in Helena, 444-6900).  
Make check or money order payable to the Department of Revenue.

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<input type="checkbox"/> 1. Original return	3. Period ending	month    day    year _____ / _____ / _____
<input type="checkbox"/> 2. Amended return	4. Federal employer identification number (FEIN)	_____
	5. Amount paid	_____