Rev. 03-09



Montana Electronic Tax Reporting Program for Withholding Tax ACH Credit Payments

Registration and Authorization Form

Transmitter name	
Employer name	
Employer mailing address	
Account ID	FEIN
Transmitter Contact Information (person sending	ng ACH transactions to us)
Contact person	Title
Signature	Phone number
E-mail address	Fax number
	r credited to withholding tax, the account number fiel ists of the Montana Tax Number, the Profile Number or hyphens in this 13 character ID.
The State of Montana's bank account number are not included in the account number, the	er must begin with the letters DOR. If the letters DOR payment will not be applied to your account.
To make ACH payments for withholding tax, Department of Revenue:	complete the information above and submit to the
Mail completed form to: Montana Department of Revenue	Fax completed form to: (406) 444-9372
eServices PO Box 5805 Helena MT 59604-5805	OR

Questions? Call toll free (866) 859-2254 (in Helena, 444-6900) or send an E-mail to: dore-services@mt.gov