



Quarterly Common Carrier Tax Report
For Distilled Spirits Served In/Over Montana

Name of Common Carrier _____

Address of Common Carrier _____

Address _____

City, State Zip _____

1. FEIN: _____	2. Account ID: _____
3. Quarter Ending: _____ Due: _____	4. If this is an amended return, check here. <input type="checkbox"/>
5. If you are no longer in business and want your account cancelled, check this box <input type="checkbox"/> and enter your final date of operations here. _____	6. If your address has changed, check this box <input type="checkbox"/> and print your new address below: _____ _____

Type	Quantity Served	Tax Rate	Total
7. * 50 ML = 1 Miniature = 1.7 Ounces.....7.		\$ 0.61	\$
8. 750 ML = 14.94 Miniatures = 25.4 Ounces8.		9.11	
9. 1 Liter = 19.88 Miniatures = 33.8 Ounces9.		12.13	
10. Total Tax Due (line 7 + line 8 + line 9) 10.			\$

* Actual number of miniatures or number from apportionment formula

If apportionment formula is used to compute Montana servings, please furnish the following information:

A. Total miniatures served system wide.....A.	
B. Total number of departures system wide or revenue milesB.	
C. Average miniatures served per departure or revenue miles (line A divided by line B) C.	
D. Number of Montana departures or Montana revenue miles..... D.	
E. Number of miniatures served in / over Montana based on the apportionment formula (line D x line C). Enter here and on line 7.....E.	

I hereby swear or affirm under penalty of perjury that the statements contained herein are true to the best of my knowledge.

Signature _____

Title _____ Phone _____ Date _____

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



**Quarterly Common Carrier Tax Report
for Distilled Spirits Served In/Over Montana
(LCT)
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 10 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.

**Quarterly Common Carrier Tax Report
for Distilled Spirits Served In/Over Montana
Payment Form**

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