



Affidavit of Corporate Inactivity

Corporation Name _____

Address _____

City, State, Zip + 4 _____

FEIN _____

Contact person _____

Phone _____

I, _____, an officer of the said corporation, being of lawful age, being sworn on oath, depose and say that I am acquainted with the affairs of the said corporation existing under and by virtue of the laws of the State of Montana; (or a corporation registered to do business in Montana) and that the said corporation had no income or business activities of any nature in Montana during the following periods from: _____ to: _____.

I understand that said corporation is required to file each year an Affidavit of Corporate Inactivity or if said corporation does engage in business or have any income they will notify the department by filing a Montana Corporation License Tax Return by the due date prescribed in 15-31-111, MCA.

Signature of Corporate Officer

Title

(SEAL)

On this _____ day of _____, 20 ____

Personally appeared _____

before me a Notary Public for the State of _____;

(Signature of Notary Public)

_____, Residing at _____

(Name of Notary) (City and State)

My Commission Expires _____

(Month, Day and Four Digit Year)

Mail to:

Montana Department of Revenue

PO Box 8021

Helena, MT 59604-8021