



Assumption of Tax Liability

1. Name of corporation wishing to have tax liability assumed in the State of Montana:

Organized under the laws of the State of _____

Federal Employer Identification Number: _____

2. Name of corporation assuming tax liability for the above (must be filing a Montana return):

Organized under the laws of the State of _____

Federal Employer Identification Number: _____

I, undersigned officer of the corporation, (2. above), hereby unconditionally agree to file or cause to be filed with the Montana Department of Revenue, such returns and data that may be required of the corporation (1. above). In addition, I agree to pay or cause to be paid, in full, all accrued or accruing liabilities for tax, penalty and/or interest of the corporation (1. above) to the Montana Department of Revenue pursuant to the laws and rules of the State of Montana.

Signature of Officer

Date

Title

Telephone Number

Mail to:

Montana Department of Revenue
PO Box 8021
Helena, MT 59604-8021