

Attention
Montana Department of Revenue Cashier

Corporation License Tax Payment Form

Complete the payment coupon below to ensure proper credit of your payment. If you are paying taxes for multiple years, submit a separate check or money order and a separate coupon for **each** tax year.

Boxes 1 through 4 - Print an "X" in **one** box only for the type of payment being remitted:

Box 1, if your payment is for the current year.

Box 2, if your payment is for estimated tax.

Box 3, if your payment is for a tentative payment.

Box 4, if your payment is for an amended return.

Box 5, is the year your payment is for.

Box 6, is for your Federal Identification # (FEIN).

Box 7, is the amount paid.

Name _____

Address _____

Phone _____

Mail this entire form with your check and return to:

Department of Revenue

PO Box 8021

Helena, MT 59604-8021

Make checks payable to the Department of Revenue

Questions? Call (406) 444-6900

Form CT

**Montana Corporation License Tax
Payment Form**

1. Current Year
Corporation License Tax

2. Estimated Tax

3. Tentative

4. Amended

5. Year Ending Date month day year
_____ / _____ / _____

6. Federal Employer
Identification
Number (FEIN) _____ - _____

7. Amount Paid _____ cents
_____, _____, _____.