Official Use Only

Montana Department of REVENUE

MW3 – Montana Annual Withholding Tax Reconciliation – 2005

Office Use Only

Pay Frequency:

Due Date:

Acct ID:

FEIN:

Name_____

Address_____

City, State, Zip Code_____

1. Number of W-2's
2. Number of 1099's with state withholding

3. **Check applicable media:** ☐ Paper ☐ FTP ☐ Magnetic
4. **Type of report:** ☐ Original ☐ Amended

5. Total wages paid subject to withholding taxes

6. Total Montana tax withheld per W-2's and/or 1099's

7. Withholding tax paid

8. Difference (line 6 minus line 7)

☐ If difference results in an overpayment, please refund.

☐ If difference results in overpayment please apply to previous or future liability.

If difference results in additional tax due, please remit payment.

Contact _____   Telephone _____

Name: **Acct ID:**   **FEIN:**

Annual Reconciliation of Withholding Tax – 2005 (make additional copies if necessary)

Deposit Period End Date or Pay Date	A Date Paid to Dept. of Revenue	B Tax Withheld		C Tax Paid	

ALL COLUMNS MUST BE COMPLETED

9. Total Tax Withheld (Column B) _____

10. Total Tax Paid (Column C) _____

11. Difference (B minus C) _____

Explanation of difference must be attached.

_____

_____

Please remit to:
Department of Revenue
PO Box 5835
Helena, MT 59604-5835

MW3 – Montana Annual Withholding Tax Reconciliation
Instructions

Line 1. Number of W-2's with or without state withholding.

Line 2. Number of 1099's with state withholding. All 1099's without state withholding should be sent with 1096 form. Number of W-2's/1099's Enclosed: Enter the number of W-2 and/or 1099 forms that you are reporting with this MW3. Do not use gray boxes.

Line 3. Check Applicable Media: Check the appropriate box for method of delivery.

Line 4. Type of Report: Check the appropriate box that describes the type of report. An amended reflects adjustments to, and replaces, the original report.

Please round all numbers to the nearest dollar.

Line 5. The total wages subject to withholding taxes.

Line 6. Total Montana tax withheld per Forms W-2s and/or 1099's. Total should match the total of Column B on the reconciliation schedule on the bottom of the return.

Line 7. Total amount of state withholding tax remitted to the department. Total should match the total of Column C on the reconciliation schedule on the bottom of the return.

Line 8. The difference between line 6 and line 7. If there is a balance due, please remit payment with return. If there is a difference resulting in an overpayment, please check the box for refund or apply overpayment to future liability.

Line 9. Total tax withheld (Column B).

Line 10. Total tax paid (Column C).

Line 11. Difference (B minus C)

Annual Reconciliation of Withholding Tax (reconciliation schedule): All four columns must be filled out completely. Report total of columns B and C at the bottom of schedule, along with any difference. Totals of Column B and C should match lines 6 and 7, respectively. Please provide an explanation regarding any difference reported. Additional page may be attached.

Withholding Payment Coupon (MW-1) Instructions

How to fill out your payment coupon: Please use the coupon below to ensure proper credit of your payment to your account. **Please use black or blue ink <u>only</u> on the coupon and check. Do not type numbers, use dollar signs or have numbers touch the lines of blocked area.**

First row of boxes: Period Ending Date: This is the ending date for the period you are reporting.

Second row of boxes: Enter total amount being paid. Make your check payable to Montana Department of Revenue and mail with coupon below and return. Please remove your check stub before mailing and do not staple your check to coupon.

This coupon is specific to a customer and account type. **To ensure proper payment application, do not photocopy this coupon, use for another customer, or use for another account type.** Do not enter negative amounts on coupon.

If you have questions, you may call the Customer Service Center at (406) 444-6900.

✂ **Detach coupon below and mail with your check to the Montana Department of Revenue**

Make Checks payable to the Department of Revenue

Withholding Payment Coupon (MW-1)

Period End Date ▢▢ ▢▢ ▢▢▢▢

Account ID:
FEIN:

| Insert check and coupon into the window envelope provided in this packet. Do not staple your check or correspondence to this coupon. | Department of Revenue PO Box 5835 Helena, MT 59604-5835 | **Amount Paid** ▢▢,▢▢▢,▢▢▢.▢▢ |