Montana Annual W-2 1099 Withholding Tax Reconciliation

File, pay, and view your past returns and transactions online
TAXPAYER ACCESS POINT | https://tap.dor.mt.gov

General Information

New! Do not truncate identification numbers on W-2s and 1099s. Provide all the numbers of the ID.

This: 555-55-5555; ***Not this*:** XXX-XX-5555

- We can only accept the Montana MW-3, not the federal W-3.
- All W-2s **with or without** withholding and all 1099s **with** Montana withholding must be submitted with the MW-3.
- Do not submit 1099s **without** withholding with this form.
- Employers who are in a *Not Required* pay frequency still need to submit an MW-3 and W-2s, even if Montana income taxes have not been withheld from their employees' wages.
- The due date for the MW-3, W-2s and 1099s is February 28, 2016 (both electronic and paper filing).
- You cannot use this form solely to change your address. You may change your address by logging into Taxpayer Access Point (TAP) or by separate written correspondence.
- If this return reflects adjustments to and replaces the original return, mark the *amended* box. You must also provide corresponding W-2Cs.
- If you would like to close your account, mark the *account closed* box and enter closed date. You cannot use this form solely to close your account. These requests must be made by separate written correspondence.

Line by Line Instructions

Line 1 Enter the total number of W-2s with or without Montana wage withholding submitted to support the MW-3 reconciliation. Mark the appropriate box for the filing method you are using for the W-2s.

Line 2 Enter the total number of 1099s with Montana withholding submitted to support the MW-3. Mark the appropriate box for the filing method you are using for the 1099s.

Line 3 Enter the total Montana income paid.

Line 4 Enter the total Montana withholding tax withheld per W-2s and 1099s.

Line 5 Enter the total amount of Montana withholding tax remitted to the Department of Revenue.

Line 6 Enter the difference between line 4 and line 5 (4 minus 5). If the difference is negative, use a minus sign.

New! All pages of the reconciliation table (Columns A through E) must be in the standard format. If additional pages are necessary, they must be replicated *exactly* as produced on this form. Other formats may prevent the processing of your MW-3.

Column A Deposit period end date is based on your filing frequency.

Accelerated filers: Deposit period is the same as reported on your vouchers.

Monthly filers: Deposit period end date is the last day of each month.

Annual filers: Deposit period end date for all deposits is December 31, 2015.

Not Required filers: Have no withholding requirement. However, you must file the MW-3 and W-2s.

Column B Enter the date payment was made to the Department of Revenue.

Column C Enter the total Montana tax withheld for each deposit period end date. The total of this column should match the amount on line 4.

Column D Enter the total Montana tax paid for each deposit period end date. The total of this column should match the amount on line 5.

Column E Enter any difference between columns C and D (column C minus column D). The total of this column should match the amount on line 6. If the difference is negative, use a minus sign.

Unless otherwise requested in writing, credit amounts will be refunded. If paying by check, include your account ID or FEIN and deposit period.

Sign up to access your Montana tax information, file your MW-3, pay your tax, and much more at Taxpayer Access Point (TAP) *https://tap.dor.mt.gov*. For more information about online services, as well as electronic filing of W-2s and 1099s, visit *revenue.mt.gov*.

If you choose not to file electronically, send the MW-3, W-2s, 1099s and applicable payment to:

Montana Department of Revenue
PO Box 5835
Helena, MT 59604-5835

Questions? Please call us toll free at (866) 859-2254 (in Helena, 444-6900).

Clear Form

MONTANA
MW-3
Rev 05 15

2015
Montana Annual W-2 1099 Withholding Tax Reconciliation

Name _____

Address _____

City _____

State _____ Zip _____ ☐ Address Change

FEIN ☐☐ – ☐☐☐☐☐☐☐

Account ID ☐☐☐☐☐☐☐☐☐☐ W T H

Pay Frequency

Due Date 0 2 2 8 2 0 1 6

☐ If this is an amended return, mark this box.

☐ If your business or payroll has ceased and you would like to close your account, mark this box and indicate date __ / __/ _____.

1. Number of W-2s submitted to Montana ☐☐☐☐☐☐ ☐ Paper ☐ Electronic
2. Number of Forms 1099 with Montana withholding reported and submitted to Montana ☐☐☐☐☐☐ ☐ Paper ☐ Electronic
3. Total Montana income paid per W-2s and Forms 1099 _____ . ___
4. Total Montana withholding tax withheld per W-2s and Forms 1099 _____ . ___
5. Total Montana withholding tax paid _____ . ___
6. Difference (line 4 minus line 5) _____ . ___

May we discuss this return with your tax preparer? ☐ Yes ☐ No If *yes*, provide preparer name and telephone number below:

_____

Please complete columns below as described in instructions.

A Deposit Period End Date(s)	**B** Date(s) Paid to MT DOR	**C** Montana Tax Withheld	**D** Montana Tax Paid	**E** Difference
No slashes or dashes in dates please.				
MMDDYYYY	MMDDYYYY			
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FEIN ___ – _____ Account ID _____ W T H

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