



Registration/Application for Permit

If you prefer to register electronically, go to revenue.mt.gov.

Mark the appropriate box(es) for the tax type(s) you are registering.

Lodging Facility Tax Rental Vehicle Tax Withholding Tax

1. Federal Employer Identification Number -

OR

Social Security Number - -

2. Date you are starting business in Montana / /

3. Legal Owner's Name _____

4. Doing Business As _____

5. Legal Business Address (must be a street address) _____

City _____ State _____ Zip Code _____

6. Mailing Address _____

City _____ State _____ Zip Code _____

7. Contact Person _____

Phone () - Fax () -

E-mail _____

8. Type of Business (mark all that apply)

Individual Partnership LLP Domestic Help LLC (mark one below)
 S Corporation Corporation Government Church Member Managed
 Agricultural Manager Managed

9. Reason for Application (Mark the applicable box and complete section below if indicated. See instructions on back.)

Started new business Purchased existing business Re-registration Other—please attach explanation

Complete the following sections as required. Attach additional pages if necessary.

10. Individual Business	<p>Owner Name _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Social Security Number</p> <p>(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Phone</p>
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Registration Instructions

- Item 1 List federal employer identification number or social security number used to report to the Internal Revenue Service.
- Item 2 Enter the date you started business in Montana. For withholding purposes, this is the date employees started work.
- Items 3-6 Please enter the legal name and address information associated with the federal employer identification number or social security number listed (as reported to the Internal Revenue Service). Include any Doing Business As names.
- Item 7 List the person that we should contact for questions concerning your tax accounts.
- Item 8 Select the type of business entity you are registering.
- Item 9 Enter the reason for your registration.
- Item 10 Complete this section only if you are the sole proprietor of the business.
- Item 11 List all partners or corporate officers. Attach additional pages if necessary.
- Item 12 Complete only if you purchased an existing business.
- Item 13 Complete this section for lodging facility tax or rental vehicle tax registration only. Provide the information for each location where your business is operating. Attach additional pages if necessary.

Mail completed form to:

Business Registration, Montana Department of Revenue, PO Box 5805, Helena, MT 59604

or

Fax completed form to:

(406) 444-7723

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

Attention New Montana Accommodations

The Montana Office of Tourism, a division of the Department of Commerce, provides a complete listing of Montana accommodations on its website (visitmt.com) and mobile site (m.visitmt.com). This listing is provided at no cost to you as a service to your business and to the consumer.

Would you like the Department of Revenue to release your lodging facility tax information and account ID number to the Montana Office of Tourism so that your business will be listed? Yes No

Signature

Date