



W-2 Withholding Declaration

Please print or type.

Employee Name _____

Social Security Number - -

Mailing Address _____

Employer Name _____

Business Name _____

Mailing Address _____

Type of Business _____

Federal Employer Identification Number (FEIN), if known -

Tax Year

Total Wages Paid..... \$ _____

Federal Income Tax Withheld (attach supporting documentation) \$ _____

Montana Income Tax Withheld (attach supporting documentation) \$ _____

I declare under penalty of false swearing that I was an employee of the employer identified above and the employer,

(mark one box) did not furnish refused to furnish

to me federal Form W-2 showing the Montana income tax that was withheld from my wages. The amount stated above as Montana income tax withheld was calculated as described in the documents I have attached to this form.

Signature of Taxpayer (required)

Date

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

If you file your Montana tax return electronically, you do not need to mail this form to us unless we ask you for a copy. When you file electronically, you represent that you have retained the required documents in your tax records and will provide them upon the department's request.

