



Geocode _____

Assessment Code _____

Real Property Tax Exemption Application

[15-6-201, MCA](#)

Real property tax exemption applications must be submitted by March 1 in order to be considered for the current tax year. Any person, firm, corporation, partnership, association or other group wanting to qualify property as tax exempt must submit an application to Department of Revenue, PO Box 8018, Helena MT 59604-8018.

Required Information

Applicant Name _____ FEIN _____

Mailing Address _____ Phone _____

City _____ State _____ Zip _____

Property Address _____ City _____

County in Which Property is Located _____

Legal Description of Property (for which tax exempt status is requested) _____

Property Exemption Types (Check one or more.)

The following documentation is required with your application for any exemption type you check below. Some exemptions require additional documentation as noted in the table below.

- Articles of incorporation (if incorporated) or constitution and bylaws (if not incorporated).
- Deed, contract for deed or notice of purchaser's interest that evidences ownership.
- If property is a mobile home, title of mobile home or letter of explanation that evidences ownership (if there is no title).
- Photograph of the property.
- Federal Internal Revenue Service Tax Exempt Status letter, such as a copy of 501(c)(3) letter. If you do not have the letter, include a separate sheet explaining the reason why.
- Letter explaining how the organization is specifically using the real property. For example, offices for organization, housing for low income, church, parsonage, etc.

<input type="checkbox"/> Religious – For clergy residence, submit proof occupant is a member of the clergy (e.g., certificate of ordination, license, etc.).	<input type="checkbox"/> Cemetery – Submit proof of permanent care and improvement fund.
<input type="checkbox"/> Public charity	<input type="checkbox"/> Community service building/Fraternal organization – Refer to 15-6-209, MCA for additional information.
<input type="checkbox"/> Agencies (entities) working with the developmentally disabled	<input type="checkbox"/> Museum/Zoo/Art Gallery
<input type="checkbox"/> Low-income housing – Refer to 15-6-221, MCA for additional documentation needed.	<input type="checkbox"/> Retired, aged or chronically ill facilities
<input type="checkbox"/> Educational – Submit copy of attendance policy and proof of a definable curriculum with systematic instruction.	<input type="checkbox"/> Tribal property – Provide the type of essential governmental service or tribal resolution on the lines provided below. Choose from the following: <i>tribal government administration, fire, police, public health, education, recreation, sewer, water, cemetery, religious, pollution control, public transit and public parks and recreational facilities.</i> _____ _____
<input type="checkbox"/> Healthcare facility – Submit license from the Department of Public Health and Human Services.	
<input type="checkbox"/> Government – Provide department/agency. _____	
<input type="checkbox"/> Nonprofit mental health center	
<input type="checkbox"/> Veteran's clubhouse – Refer to 15-6-203, MCA for additional documentation needed.	<input type="checkbox"/> Other – Refer to Title 15, Chapter 6, Part 2, MCA , for list of exemption types. _____

Affirmation and Signature

Under penalty of law, I/we affirm that I/we are owners/lessees of the property on which we are applying for the property tax exemption and use the property for our nonprofit/charitable mission. I/we affirm that the information provided in/with this application form is true and correct.

X Applicant Signature _____ Date _____

Printed Name _____ Title _____

Email Address _____

Make sure your application is signed and all required supporting documentation is enclosed.

Note: Incomplete applications will not be processed and your application will be returned to you.

Keep a copy of this application and all supporting documentation for your records. After the department finishes reviewing your application, we will send you a letter stating approval or denial of the tax exemption.

Mail to:

Department of Revenue
PO Box 8018
Helena MT 59604-8018

Questions? Go to revenue.mt.gov/exemptions or call us in the Helena area at (406) 444-5698 and (406) 444-1576 to speak to an exemption management analyst, or toll free at (866) 859-2254.