



Montana Unclaimed Property Holder Payment Instructions

e-Pay

Available at revenue.mt.gov at under Online Services

ACH Credit

You can use your online banking service to send payments

- Submit a one-time registration to the Department of Revenue
- Once approved, you can begin sending payments

Pay by check

Voucher Instructions

Enter the business name, mailing address, full name of contact and phone number.

Box 1 – FEIN

Please enter your full Federal Employer Identification Number.

Box 2 – Period Ending Date

- Life insurance companies report year ends December 31 with year matching the report.
- All other holders report ends June 30 with year matching the report.

Note: Please check one box in lower lefthand corner to indicate holder type and payment due date.

Box 3 – Montana Account ID

If you have a 13 digit account ID that has been assigned to you by the Montana Department of Revenue, please enter it.

If you do not have a 13 digit account ID, leave the field blank.

Box 4 – Amount Paid

Enter the amount you are remitting, including the cents.
Do not include dollar signs, commas or decimals.

Check Instructions

Make your check payable to Montana Department of Revenue.

On the memo line of your check, note your FEIN or Account ID and the period ending date to which the payment applies.

Do not staple or tape the voucher and check together.

If you are paying for multiple tax periods, please provide a voucher for each tax period and indicate the amount you wish to be applied to that period.

Detach the voucher below and mail with your payment to:

Montana Department of Revenue
PO Box 5805
Helena, MT 59604-5805

If you have questions, please call us at (406) 444-6900.
We are available Monday through Thursday, 8 a.m. to 5 p.m.
and Friday, 9 a.m. to 5 p.m.

Payments equal to or greater than \$50,000 must be made electronically.

- Cut line -

Form UCH

Rev 04 15

Montana Unclaimed Property Holder Payment Voucher

Please use this voucher and include your full FEIN to ensure proper credit of your payment. **Payments equal to or greater than \$50,000 must be made electronically.**

Name _____

Mailing Address _____

City, State, Zip _____

Contact _____

Phone Number _____

☐ Non-Life Insurance Company Holder
Payment due November 1.

☐ Life Insurance Company Holder
Payment due May 1.

1. FEIN

2. Period Ending Date

3. Montana
Account ID

4. Amount Paid

M	M	D	D	Y	Y	Y	Y		
								U	C

Pay online at MTRRevenue.gov