

Assumption of Montana Tax Liabilities

Corporation 1	Name of corporation wishing to ha	ave its tax liability assumed:
Organized under	the laws of the state of	
Federal Employe	r Identification Number	
If you are filing as	s part of a combined Montana tax retu	urn, enter the name and FEIN shown on the return
Corporation 2	Name of corporation wishing to as	ssume the Montana tax liabilities of Corporation 1:
Organized under	the laws of the state of	
Federal Employe	r Identification Number	
If you are filing as	s part of a combined Montana tax retu	urn, enter the name and FEIN shown on the return
In order to obtain	from the Montana Department of Re	venue (choose one):
a tax clea	arance certificate for Corporation 1, or	r
a dissolu	tion/withdrawal certificate for Corpora	ation 1,
Corporation 2 her	reby agrees to the following:	
•	, ,	2 authorized to execute this assumption on its behalf;
	•	return, report or data that may be required by Corporation 1
•	ise to be paid, in full, all accrued and	accruing liabilities for tax, penalty and interest of
 That unless the assumption n 	he liabilities assumed can be enforce	ed as a tax of Corporation 2, any action to enforce this District Court, Lewis and Clark County, State of Montana, by fees.
	Signature of Officer	Date
	Title	Telephone Number
This instrument was s	igned before me on	
		Name
as	of Title	(Name of Corporation 2)
		Signature of Notarial Officer
(SEAL, if any)		orginataro en riotantar e most
	, , - , ,	Name
		Title
		Residing at
		My commission expires

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