Montana Annual W-2 1099 Withholding Tax Reconciliation

Form MW-3
V1 6/2021

File and pay online on our TransAction Portal at https://tap.dor.mt.gov.

Montana Annual W-2 1099 Withholding Tax Reconciliation Instructions

General Information

Important: Enter the tax year for which you are filing in the box at the top of the form.

Important: Do not truncate identification numbers on W-2s and 1099s. Provide all the numbers of the ID.

This: 555-55-5555; ***Not this***: XXX-XX-5555

- We can only accept the **Montana MW-3**, not the federal W-3.
- All W-2s **with or without** withholding and all 1099s **with** Montana withholding must be submitted with the MW-3.
- Do not submit 1099s **without** withholding with this form.
- Employers who are in a *Not Required* pay frequency still need to submit an MW-3 and W-2s, even if Montana income taxes have not been withheld from their employees' wages.
- The due date for the MW-3, W-2s, and 1099s is January 31 (both electronic and paper filing).
- You cannot use this form solely to change your address. To change your address, log into our TransAction Portal (TAP) or write to us.
- If this return reflects adjustments and replaces the original return, mark the *amended* box. You must also provide corresponding W-2Cs.
- If you would like to close your account, mark the *account closed* box and enter the date the account is closed. You cannot use this form solely to close your account. You must write to us to request that we close your account.

Line by Line Instructions

Line 1 Enter the total number of W-2s with or without Montana wage withholding submitted to support the MW-3 reconciliation. Mark the appropriate box for the filing method you are using for the W-2s.

Line 2 Enter the total number of 1099s with Montana withholding submitted to support the MW-3. Mark the appropriate box for the filing method you are using for the 1099s.

Line 3 Enter the total Montana income paid.

Line 4 Enter the total Montana withholding tax withheld per W-2s and 1099s.

Line 5 Enter the total amount of Montana withholding tax paid to the Department of Revenue.

Line 6 Enter the difference between line 4 and line 5 (4 minus 5). If the difference is negative, use a minus sign.

Important: All payment records must be recorded on the Department of Revenue form. We do not accept other paper formats.

Column A Deposit period end date is based on your filing frequency.

Accelerated filers: Deposit period is the same as reported on your vouchers.

Monthly filers: Deposit period end date is the last day of each month.

Annual filers: Deposit period end date for all deposits is December 31.

Not Required filers: Have no withholding requirement. However, you must file the MW-3 and W-2s.

Column B Enter the date payment was made to the Department of Revenue.

Column C Enter the total Montana tax withheld for each deposit period end date. The total of this column should match the amount on line 4.

Column D Enter the total Montana tax paid for each deposit period end date. The total of this column should match the amount on line 5.

Column E Enter any difference between columns C and D (column C minus column D). The total of this column should match the amount on line 6. If the difference is negative, use a minus sign.

Note: We will refund credit amounts unless you write us to request otherwise.

Sign up to access your Montana tax information, file your MW-3, pay your tax, and much more at our TransAction Portal (TAP) at https://tap.dor.mt.gov. For more information about online services, as well as electronic filing of W-2s and 1099s, visit MTRevenue.gov.

If you choose not to file electronically, send the MW-3, W-2s, 1099s and applicable payment to:

Montana Department of Revenue
PO Box 5835
Helena, MT 59604-5835

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

MONTANA Department of REVENUE

Montana Annual W-2 1099 Withholding Tax Reconciliation

Form MW-3
V1 6/2021

Clear Form

Tax Year 2 0 Y Y ◄ **Year Required**

Name

Address

City

State Zip

Address Change

FEIN —

Account ID W T H

Pay Frequency

Due Date **January 31**

☐ If this is an amended return, mark this box.

☐ If your business or payroll has ceased and you would like your account closed,mark this box and indicate cease date. M M D D Y Y Y Y

1. Number of W-2s submitted to Montana ☐ Paper ☐ Electronic
2. Number of Forms 1099 with Montana withholding reported and submitted to Montana ☐ Paper ☐ Electronic
3. Total Montana income paid per W-2s and Forms 1099 .
4. Total Montana withholding tax withheld per W-2s and Forms 1099 .
5. Total Montana withholding tax paid .
6. Difference (line 4 minus line 5) .

May we discuss this return with your preparer? ☐ Yes ☐ No

If *yes*, provide preparer name and telephone number below:

Please complete columns below as described in instructions.

A Deposit Period End Date	B Date Paid to MT DOR	C Montana Tax Withheld	D Montana Tax Paid	E Difference
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			
M M D D Y Y Y Y	M M D D Y Y Y Y			

16EH0101

FEIN ___ – _____ **Account ID** _____ W T H

Please complete columns below as described in instructions.

A Deposit Period End Date	B Date Paid to MT DOR	C Montana Tax Withheld	D Montana Tax Paid	E Difference
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			

Page _____ of_____

16EH0201

FEIN ___ – _____ **Account ID** _____ W T H

Please complete columns below as described in instructions.

A Deposit Period End Date	B Date Paid to MT DOR	C Montana Tax Withheld	D Montana Tax Paid	E Difference
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			

Page _____ of_____

16EH0201

FEIN ___ – _____ **Account ID** _____ W T H

Please complete columns below as described in instructions.

A Deposit Period End Date	B Date Paid to MT DOR	C Montana Tax Withheld	D Montana Tax Paid	E Difference
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			
MMDDYYYY	MMDDYYYY			

Page _____ of_____

16EH0201