

Business Registration

Legal Business Name							▼ F	Re	qui	rec	▼			
				Fe	edera	ıl En	nplo	yer	' Ider	ntific	catio	on Nu	ımb	er
Mailing Address														
									<u>OR</u>	:				
City	State	ZIP	Code			So	cial	Se	curit	ty N	umb	er		
1. Reason for Registration (Check the applicable bo	x)			ļ .										
☐ Started new business		☐ Pur	chased	existing l	ousin	ess.	Prov	vide	e the	follo	wing	g info	rma	tion
☐ Re-registration (reopening business)		Pre	vious b	usiness	nam	е								
☐ Holding an asset (e.g., RV)			e acqu		1 M		V	V	VV	7				
☐ Tax-exempt entity (see instructions)		Bat	o aoqu	iiou [iv						_				
Other - please attach explanation		Pre	vious c	wners _										
2. Entity Type (Check only one box.)				0	/1	۰.								
☐ Trust	L	_	-	Compar	• •	,								
☐ Partnership	O D		_	nember d	-			ntit	y/so	ie pi	ropr	ietor	snıp	
☐ C corporation☐ S corporation	<u>OR</u>		-	-member to be C o	•		-	ith	IDC					
☐ Sole proprietorship				to be S c	•									
☐ Disregarded entity			iccica	10 00 0 0	orpo	iauc	/II VV		1110					
3. Date of First Business Activity in Montana	1 D D Y	YYY]											
4. Secretary of State ID			_											
5. Federal Business Code (NAICS Code)														
6. Describe Business Activity in Montana														
If your tax type is Partnership, S corporation, or Disrega page if the business has more than three owners. If the resident or nonresident by using the codes R or NR. Fo	owner is r each ow	an indivi vner, indi	idual, e cate th	estate, or ne entity t	trust ype l	i, ind	licat sing	e w the	heth foll	ner t Iowir	he c	wne	r is	
I - Individual, E - Estate, T - Trust, C - C corporation	n, P - Parti					- LL								
Owner's Name		ı	R/NR	Entity T	ype		C	ıwC	ner's	s FE	EIN/S	SSN		
1.														
2.														
3.														
8. Contact Information		'											-	
Name		Title												
Phone		— Fax I	Numbe	er T	Π.				_	Т				
Email Address		1 1				\perp	\Box		\Box	士	\Box			\neg
9. Business Income Taxes														
☐ Calendar Year End ☐ Fiscal Year End	Nonth													
If the entity name and FEIN printed on the Montana inc			lifferen	t than the	nam	e an	d FE	ΞIN						
entered on page 1, provide the name and FEIN of entit														
Name	FEIN													
10. W-2 and 1099 Withholding (Complete this sectio	n if this t	tax appl	ies to	you)		_								
Date Montana source payroll started and/or 1099 w	ithholding	(e.g., 10	099-R v	vithholdin	g)	M	ME	D	Y	Y	Y			
Mark if you have agricultural employees.	icultural													

11. Mineral Royalty Withholding (Complet Date Montana source royalty payments s)
Type of mineral production	Gas	☐ Coal ☐ Other mineral (List tyne)
12. Miscellaneous Tax (<i>Complete this sec</i>			
Mark the miscellaneous taxes for which you	ı are registe	ering.	
☐ Emergency 911 ☐ Retail Telecom	Excise Tax	x(RTE)	tions Service Fee (TDD)
☐ Nursing Facility Bed Tax (NFB)		Hospital Utilizati	` '
☐ Public Service Regulation Fee (PSR) P			ncil Fee (CCT) PSC#
☐ Lodging Facility Sales and Use Tax (s Start Date ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	short-term lo	odging)	ax
If you have multiple locations, copy the ta	able below	and complete for each location	
Doing Business As (DBA) Name	abic below	and complete for each location	Is this facility within city limits?
			☐ Yes ☐ No
DBA Business Address (physical location))		Is this a seasonal business?
	,		☐ Yes ☐ No
City	State	ZIP Code	If seasonal, what months will it
			be in operation?
Contact Person	Phone No	umber	
Attention New Montana Accommoda	tions: The	Montana Office of Tourism and	d Business Development, a division of the
			ations to the consumer through the state
Department of Commerce, provides pro	is provided	d at no cost to you as a sonitor	As a complete the complete and the complete and
Department of Commerce, provides protourism website at <u>visitmt.com</u> . This list	is provided	u at no cost to you as a service	to your business and to consumers.
·	•	•	•
tourism website at <u>visitmt.com</u> . This list	nue to rele	ease your lodging facility tax inf	ormation and account ID number to the
tourism website at <u>visitmt.com</u> . This list Would you like the Department of Reve Montana Office of Tourism and Busines	nue to rele	ease your lodging facility tax inf	ormation and account ID number to the
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Send to: Montana Department of Revenue, Attn: Registration Unit, PO Box 5805, Helena, MT 59604-5805 or **fax to:** (406) 444-7723, Attn: Registration Unit.

Business Registration Form Instructions

General Information

Enter your name, mailing address, and Federal Employer Identification Number (FEIN) and/or Social Security Number (SSN).

Please note: An SSN is **required** for sole proprietors and an FEIN is **required** to register a wage withholding account regardless of your entity type.

Reason for Registration

Indicate the reason you are registering a tax account with us. *Holding an asset*: Mark this box if you are a single-member LLC holding an asset, such as an RV.

Tax-Exempt Entity: In addition to completing this form, taxexempt entities must apply for tax-exempt status for Montana income tax purposes using Form EXPT. This form is available on our website at MTRevenue.gov. Tax-exempt entities with employees, mineral royalties, lodging facilities, or rental vehicles must complete pages 1 and 2.

To apply for the Montana property tax exemption, tax-exempt entities must complete the Property Tax Exemption application found on our website at MTRevenue.gov.

Entity Type

Mark the box that identifies how you have elected to be treated.

Date of First Business Activity

Enter the date the entity started business activity in Montana. If you have not started your activity, indicate the date you plan to start.

Secretary of State ID

Enter the entity's Montana Secretary of State Identification Number. This number is referred to as the Certified File Number or Filing Number on all correspondence issued by the Secretary of State's office and begins with a letter followed by six to eight digits. It was originally provided with the certificate of authority to do business in Montana or when the entity was incorporated in Montana. Enter the letter, followed by the next six to eight digits of the number. For example, if your Certified File Number is D-123456, enter D123456 in the spaces provided. Leave any extra boxes blank. An entity's Secretary of State Identification Number can also be found on the Secretary of State's website at sosmt.gov by searching for the business' name under the Business Search section.

Federal Business Code

Enter the Principal Business Activity Code, which is based on the North American Industry Classification System (NAICS). For more information, visit naics.com.

Business Activity

Provide a description of the business activity in Montana.

Owner Information

List the owners of the business, including their FEIN or SSN and their entity type. If the owner is an individual or estate or trust, indicate whether they are a resident or nonresident.

Contact Information

Provide the name and phone number of a person we can contact if we have questions regarding this form.

Business Income Taxes

A business that has property, payroll, and/or sales in Montana must file the appropriate annual Montana business income tax return. More information about this requirement can be found on our website at MTRevenue.gov.

To complete the registration for your business income tax account, mark the box if you are a calendar year filer or a fiscal year filer. If you are a fiscal filer, provide the month your fiscal year ends. If your income tax return will be filed under a different name and FEIN than the one entered on page 1 of this form, provide the name and FEIN of the entity that will file the return, e.g., a corporation filing as part of a combined return.

W-2 and 1099 Withholding

Complete this section if you have employees. Provide the date the entity started Montana source payroll and/or Montana compensation subject to withholding. See <u>15-30-2501, MCA</u>.

Mineral Royalty Withholding

Complete this section if this tax applies to you. Provide the date the entity began remitting Montana source mineral royalty payments.

Miscellaneous Tax

Complete this section if any of these taxes apply to you. Provide the date the entity started in Montana.

If your business activity includes short-term lodging facilities or rental vehicles, provide additional information for each location you are registering.

Business Equipment Tax

For more information on business equipment reporting, visit our website at MTRevenue.gov.

Declaration

This form must be signed by:

- An officer, if the entity is a corporation or a nonprofit organization
- A general partner, if the entity is a partnership
- A member, if the entity is a LLC
- An owner, if the entity is a disregarded entity or sole proprietorship
- A fiduciary, if the entity is a trust

Filing this Form

• Fax to (406) 444-7723

Attention: Registration Unit

 Mail to Montana Department of Revenue Attn: Registration Unit

PO Box 5805

Helena, MT 59604-5805

 File Online on TransAction Portal at https://tap.dor.mt.gov.

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired, or visit our website at MTRevenue.gov.