

## Cannabis Payment Instructions

e-Pay

## TransAction Portal (TAP)

https://tap.dor.mt.gov

- File and pay online
- e-check or credit/debit card (service charge will apply)

Pay by Check

## Help us apply your payment accurately!

- Fill out the voucher below.
  - o Provide your full FEIN or SSN.
  - Identify the Period Ending Date that corresponds with the return you are filing.
- If you are paying for multiple tax periods, use separate vouchers for each tax period and specify the amount you want applied to each period.
- Make your check payable to Montana Department of Revenue.
- Remove your check stub.
- Write your FEIN or SSN with Period Ending Date in the memo line of your check.
- Detach the voucher below and mail it with your check to: Department of Revenue,
   PO Box 6169, Helena,
   MT 59604-6169.

## Pay with Cash

- Fill out the voucher below
  - If you are paying for multiple tax periods, use one voucher for each period and specify the amount paid.
  - Specify each account by using the 3-character identifier that the payment is being remitted for:
    - ♦ Cannabis Tax CAN
    - Cannabis License CAL
    - ◆ Cannabis Individual CAI (Medical Marijuana Card or Worker Permit)
- Sort cash by denomination with all bills facing the same direction. The department will not accept mutilated or contaminated currency. Exact money is required.
   Coins will only be accepted in amounts less than \$1.00 to allow for full payment.

- Put cash and voucher in plastic, tamper-resistant bank deposit bag.
  - Use more than one bag if your payment does not fit in just one. Important! Each bag must include a voucher indicating the amount of cash enclosed in that bag.
- Write your name and FEIN or SSN on each deposit bag. This information must match the information on the payment voucher.
- Bring your payment to the drop box at the Department of Revenue, 340 North Last Chance Gulch, Helena, MT 59601. The lobby is open Monday to Friday, 9 a.m. to 4 p.m., except on holidays.

Pay online at MTRevenue.gov

Cannabis Tax Payment Voucher Revised 07 18	Please use this voucher and include your <u>full</u> FEIN or SS to ensure proper credit of your payment.

	Revised 07 18	to ensure proper credit of your payment.		
	Name	1.	FEIN or SSN	
,	Mailing Address	2.	Period Ending Date	MDDYYYY
	000	3.	Montana Account ID	
	If you would like a receipt, provide your email address below	4.	Amount Paid (If applicable, cash enclosed in bag)	