

Montana Unclaimed Property Holder Payment Instructions

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e-Pay	

Available at <u>MTRevenue.gov</u> 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 <u>full</u> 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.

<u>Detach</u> 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 of \$500,000 or more must be made electronically.

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	Form UCH Rev 04 15	Montana Unclaimed Holder Payment V			Please use this to ensure proportion the amount electronically.	er credi	t of your pa	ayment. P	ayments
	Name		_ 1.	FEIN					
	Mailing Address		_						
*	City, State, Zip _		_ 2.	Period I	Ending Date		MM	D D Y	YYY
	Contact								
	Phone Number_		3. 	Montan Accoun					UCH
=	Non-Life Insurance Company Holder Payment due November 1.		7.000uii						
		4.	Amount	Paid					
	Life Insu	surance Company Holder							
	☐ Paymen	t due May 1.							

Pay online at MTRevenue.gov