



Assumption of Tax Liability

1. Name of corporation wishing to have tax liability assumed in the State of Montana

Organized under the laws of the State of _____

Federal Employer Identification Number _____

2. Name of corporation assuming tax liability for the above (must be filing a Montana tax return)

Organized under the laws of the State of _____

Federal Employer Identification Number _____

I, undersigned officer of the corporation listed above in item 2, hereby unconditionally agree to file or cause to be filed with the Montana Department of Revenue, tax returns and data that may be required of the corporation listed in item 1. In addition, I agree to pay or cause to be paid, in full, all accrued or accruing liabilities for tax, penalty and/or interest of the corporation listed in item 1, to the Montana Department of Revenue pursuant to the laws and rules of the State of Montana.

Signature of Officer

Date

Title

Telephone Number

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