



**Tax Certificate Request**  
Instructions on back

Type of Certificate Requested				
<b>___ Title 15</b> To reinstate with the Secretary of State after being involuntarily dissolved	<b>___ Dissolution/ Withdrawal</b> To withdraw/dissolve with the Secretary of State	<b>___ Reviver</b> To reinstate with the Secretary of State after being suspended by the Department of Revenue	<b>___ Tax Clearance</b> To verify that your final return was filed and all taxes have been paid	<b>___ Good Standing</b> To show that your tax filing and payment requirements are current

1. Entity name \_\_\_\_\_
2. Entity address \_\_\_\_\_
3. Entity phone number \_\_\_\_\_
4. Indicate your business type:    \_\_\_ C corporation    \_\_\_ S corporation    \_\_\_ LLC taxed as a partnership  
    \_\_\_ Disregarded Entity        \_\_\_ LLC taxed as a corporation    \_\_\_ LLC taxed as a sole proprietor
5. Federal Employer Identification Number or Social Security Number \_\_\_\_\_
6. Date that the entity was formed \_\_\_\_\_
7. State in which the entity was formed \_\_\_\_\_
8. If you file as a corporation, please answer/complete the following:
  - a. Are you filing a combined tax return?    \_\_\_ Yes    \_\_\_ No
  - b. If yes, enter the name and FEIN of the parent:  
 Name of the parent \_\_\_\_\_  
 FEIN of the parent \_\_\_\_\_
  - c. If your entity is included in the Montana tax filing of another entity, you need to file an Assumption of Tax Liability (Form ATL). This form is available at [revenue.mt.gov](http://revenue.mt.gov) under "Forms and Resources."
  - d. Fax number \_\_\_\_\_, if you would like Form ATL faxed to you.
9. Are you a nonprofit organization?    \_\_\_ Yes    \_\_\_ No  
 An organization is required to qualify for tax-exempt status prior to receiving a certificate (see instructions).
10. Indicate whether your entity is:
  - a. \_\_\_ Withdrawing    \_\_\_ Dissolving    \_\_\_ Merging    \_\_\_ Reinstating
  - b. If merging, please provide the name and FEIN for the surviving entity:  
 Name of the surviving entity \_\_\_\_\_  
 FEIN of the surviving entity \_\_\_\_\_
11. Where would you like us to send your certificate?  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_
12. Contact phone number \_\_\_\_\_

Signature of officer _____	Date _____
Print name and title _____	

Mail this request to: Montana Department of Revenue, Attn: Certificates, PO Box 5805, Helena, MT 59604-5805, or fax it to (406) 444-6642.

**Questions?** Please e-mail us at [DORTaxCertificates@mt.gov](mailto:DORTaxCertificates@mt.gov), or call us toll free at (866) 859-2254 (in Helena, 444-6900).

# Instructions for Tax Certificate Request

*If the filing of tax returns is necessary before a certificate can be issued, please submit copies of these returns along with this form. This will expedite the process.*

## Nonprofit Organizations

If your organization has registered as a nonprofit organization with the Montana Secretary of State, but has not yet qualified for tax-exempt status with the Montana Department of Revenue, the following information needs to be filed for your organization to establish tax-exempt status and to subsequently receive any certificate:

1. an affidavit stating the purpose of the organization
2. articles of incorporation
3. by-laws
4. financial statements
5. a copy of the IRS letter granting federal tax-exempt status, if available

## Certificates – Required by Secretary of State

All certificates are free of charge. If the request is approved, your entity will receive an original certificate along with a copy. Both of these certificates must be submitted to the Montana Secretary of State, Business Services Bureau at the following address:

Secretary of State  
Business Services Bureau  
P.O. Box 202801  
Helena, MT 59620-2801  
  
Phone (406) 444-3665  
Website address: [sos.mt.gov](http://sos.mt.gov)

**Title 15 Certificate (T-15)** – To reinstate an entity after it has been involuntarily dissolved by the Secretary of State, all tax returns have to be submitted and all taxes paid prior to the issuance of a certificate by the Department of Revenue. In the event that the entity did not engage in any activity in Montana, the entity can file an Affidavit of Corporate Inactivity (Form INA-CT). This form is available on our website, [revenue.mt.gov](http://revenue.mt.gov).

**Dissolution/Withdrawal Certificate (DWC)** – For purposes of voluntary withdrawal or dissolution with the Secretary of State, Section 15-31-552, MCA provides for a DWC. This certificate verifies that the entity has filed all applicable returns and has paid all taxes owing the State of Montana up to the date of request for dissolution or withdrawal. The entity remains responsible for the filing of a final return upon its withdrawal or dissolution (see TCC under “Optional Certificates”).

**Certificate of Reviver** – If the Department of Revenue, rather than the Secretary of State, suspended your entity, you will need to request a Certificate of Reviver as well as a Title 15 Certificate to reinstate your entity. Both of these certificates must be sent to the Secretary of State.

## Optional Certificates

**Tax Clearance Certificate (TCC)** – Upon request by the taxpayer at the time of final withdrawal or dissolution, a TCC can be provided to the entity which verifies that the entity has filed all applicable tax returns with the Department of Revenue. In addition, this certificate confirms that all taxes have been paid through and including the entity’s final year of existence in Montana. This certificate is not required to be filed with the Secretary of State.

**Good Standing Certificate** – Upon request by the taxpayer, a Good Standing Certificate is available from the Department of Revenue which will serve as confirmation that the entity has filed all tax returns and paid all taxes. This certificate is not filed with the Secretary of State. Instead, it is requested by the taxpayer for verification to outside parties, such as financial institutions, that the taxpayer has no outstanding tax obligation.

## Questions?

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