



Montana Department of Revenue



Don Hoffman
Acting Director

Judy Martz
Governor

OCTOBER 29, 2004

GEORGE [REDACTED]
[REDACTED]
HERON, MT [REDACTED]

SS# [REDACTED]

RE: 1998-2003 Montana Income Tax Return(s)

DEAR GEORGE [REDACTED]

Our office received notification from the Internal Revenue Service [authorization Section 6103(d) Internal Revenue Code] of an adjustment to your federal return(s) for 1999. We have no record of you filing Montana Income Tax return(s) for 1998-2003.

If there is an explanation why a Montana return(s) has not been filed, please note it on the enclosed questionnaire.

If you do have an obligation to file a Montana income tax return, please file the return(s) promptly. This will reduce the amount of interest which may be due. If you need tax forms or instructions to complete your return(s), please call (406) 444-6900.

Failure to provide the requested information or tax returns will result in your tax liability being estimated based on the federal information. Your prompt reply will avoid the estimate being assessed. Please mail your response or return within 30 days.

The requested information may also be submitted by fax machine to the number shown below. Please be sure to submit a copy of this letter with your fax transmission.

Sincerely,

SHAUNA LONGMIRE, AUDITOR
P. O. Box 5805, Helena, MT 59604-5805
(406) 444-1933 Fax (406) 444-4091

Enclosure: Income Tax Questionnaire
Copy of this letter

INCOME TAX QUESTIONNAIRE TAXABLE YEAR _____

If you were a resident for the year in question, please complete this form.
(Part-Year and Non-residents please complete back side)

1. Your full name: _____ ss# _____

Spouse's full name: _____ ss# _____

2. Present address: _____

3. Federal adjusted gross income? _____

Source of Income	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Montana Withholding? _____

Please attach all W-2 statements pertaining to Montana income, or list Montana employers and addresses for the year in question.

4. Number of exemptions for the taxable year in question? _____

5. Member of the Armed Forces for the year in question? Yes ___ No ___

6. Enrolled Indian living and working within Indian Reservation? Yes ___ No ___

If yes please enclose Certification of Enrollment # _____

_____ Date: _____

INCOME TAX QUESTIONNAIRE TAXABLE YEAR _____

For Part-year and Non-residents

1. Your full name: _____ ss# _____

Spouse's full name: _____ ss# _____

2. Present address: _____

_____ Phone: _____

3. Resident state during taxable year in question? _____

Date of move into Montana: _____ Out of Montana: _____

Did you expect to return to Montana? _____

4. Federal adjusted gross income? _____

Source of Income	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

5. Amount of income earned in Montana? _____

Total Montana Withholding? _____

Please attach all W-2 statements pertaining to Montana income, or list Montana employers and addresses for the year in question.

6. Number of exemptions for the taxable year in question? _____

7. Member of the Armed Forces for the year in question? Yes _____ No _____

8. Own or maintain a home in Montana? Yes _____ No _____

9. Bank in Montana? Yes _____ No _____

10. Process a Montana drivers license? Yes _____ No _____

11. Registered voter in Montana? Yes _____ No _____

12. Montana resident Hunting or Fishing license? Yes _____ No _____

13. Enrolled Indian living and working within Indian Reservation? Yes _____ No _____

If yes please enclose Certification of Enrollment # _____

_____ Date: _____

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