



Information Referral

STFIR
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The Montana Department of Revenue administers the state's laws relating to income tax, withholding tax, corporate income tax and other taxes. Violations of these laws harm all Montanans. If you suspect or know of an individual or entity not complying with these laws, you may report this activity to the Department. Please provide as much information as possible below to assist us in properly identifying and investigating potential violators of Montana tax law.

The Montana Department of Revenue does not offer rewards.

Because of confidentiality laws, you will not be provided with any feedback regarding the information you provide.

This information cannot be sent by e-mail. Please fill out the form and mail it to:

Montana Department of Revenue
Attention: Identity Protection
PO Box 7149
Helena, MT 59604-7149

Individual/Business You Are Reporting

Individual or Business Name _____

Street Address _____

Mailing Address _____

City/State/ZIP Code _____

Occupation or Type of Business _____

Name of Spouse, If Applicable _____

Identifying Numbers, If Known

Social Security Number _____ | Federal I.D. Number _____

Alleged Violation of Montana Tax Law (check all that apply)

<input type="checkbox"/> False Exemption	<input type="checkbox"/> Failure to Pay Tax
<input type="checkbox"/> False Deductions	<input type="checkbox"/> Unreported Income
<input type="checkbox"/> Multiple Filing	<input type="checkbox"/> Unreported Sales
<input type="checkbox"/> Unsubstantiated Income	<input type="checkbox"/> Failure to File Return
<input type="checkbox"/> False/Altered Documents	<input type="checkbox"/> Failure to Withhold Tax
<input type="checkbox"/> Other _____	

(Continued on the next page)

Please describe the facts leading to your suspicions. (Who/What/Where/When/How) Attach another sheet, if needed.

Are books/records available? Yes No

If yes, where are they kept? (Please do not attempt to obtain and/or make photocopies of books or records yourself.)

The following information is **not required**. However, it will assist us if there are further questions in this matter. Your information will be kept **confidential** to the extent permitted by Montana law.

Your Contact Information

Your Name _____

Address _____

City/State/ZIP Code _____

Telephone Number (please include area code) _____

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.