



## Information Referral

STFIR  
V5 11/2025

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)

☐ False Exemption

☐ Failure to Pay Tax

☐ False Deductions

☐ Unreported Income

☐ Multiple Filing

☐ Unreported Sales

☐ Unsubstantiated Income

☐ Failure to File Return

☐ False/Altered Documents

☐ Failure to Withhold Tax

☐ 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.