



# Voluntary Disclosure Agreement Application

VDA  
V2 11/2024

**Please provide us with the name of your representative.**

Name \_\_\_\_\_ Phone

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email

Each voluntary disclosure request is considered separately on its own facts and circumstances.

<b>Declaration</b>	<b>Yes</b>	<b>No</b>
1 Have you filed a return for the tax type covered by the agreement within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you had any previous contact from the Montana Department of Revenue (“department”) or its agencies, including the Multistate Tax Commission, regarding a tax covered by the agreement, including, but not limited to, notification of audit, review, assessment, request for information, letter from the department following a foreign company’s registration with the Montana Secretary of State, or a letter from the department following a domestic company’s formation by filing documents with the Montana Secretary of State?	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you received any notification of an impending audit by the department or its agencies, including the Multistate Tax Commission?	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you been a party to any criminal investigation or pending civil or criminal litigation for nonpayment, delinquency, or fraud in relation to any tax due?	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you agree to file returns specified in the agreement and pay all the taxes and statutory interest for the entire lookback period (5 years) within the time period and manner specified in the agreement without further action by the department?	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you agree to register with the Montana Secretary of State, file all tax returns, and pay all taxes for periods after the lookback period without further action by the department?	<input type="checkbox"/>	<input type="checkbox"/>
7 Are you voluntarily coming forward to make an application for a VDA?	<input type="checkbox"/>	<input type="checkbox"/>

## Part I. Individual Income Tax

**If married filing jointly, both individuals must complete separate applications.**

Full and accurate statement of the individual's activities in Montana for five immediately preceding filing periods.			
Addresses at which the individual has resided for the five immediately preceding filing periods (attach additional sheets if necessary)			
	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
Number of years the individual maintained a place of abode in Montana		Type of tax or taxes for which the individual is requesting an agreement for voluntary disclosure	
Estimate of the tax liability for the lookback period	\$		
Proposed voluntary disclosure agreement terms			
Why has the individual failed to file returns and pay taxes in the state of Montana?			

## Part II. Entities

Entity type:

C Corporation     S Corporation     Partnership     Trust

Full and accurate statement of the entity's activities everywhere for five immediately preceding filing periods

Full and accurate statement of the entity's activities in Montana for five immediately preceding filing periods

Number of years the entity has been doing business in Montana

Type of tax or taxes for which the entity is requesting an agreement for voluntary disclosure

Estimate of the tax liability for the lookback period \$

Proposed voluntary disclosure agreement terms

Why has the entity failed to register with the Secretary of State?

Why has the entity failed to file returns and pay taxes in the state of Montana?

# Form VDA-APP Instructions

## Purpose of agreement

The Montana Department of Revenue (“department”) encourages businesses and individuals that are not in compliance with Montana tax laws to voluntarily come forward to register and pay prior tax obligations. The department’s Voluntary Disclosure Program is designed to help resolve prior tax liabilities. This applies to any tax administered by the department and to any type of domestic or foreign taxpayer who is subject to tax in Montana.

The Voluntary Disclosure Program allows qualified entities and individuals to disclose their tax liabilities voluntarily and settle their tax obligations in a Voluntary Disclosure Agreement (VDA). Qualified entities and individuals that choose to participate in the Voluntary Disclosure Program are required to disclose their Montana tax liabilities and file returns for the immediately preceding five taxable years.

The department encourages those entities engaged in multistate activities to use the services of the National Nexus Program to come into compliance in multiple jurisdictions in which returns should have been filed. The National Nexus Program offers a single point of contact and substantially uniform procedures. Information regarding the National Nexus Program can be found at [www.mtc.gov](http://www.mtc.gov).

**Our Terms.** The department has a five-year disclosure, or lookback, period to allow qualified entities and individuals to come into compliance with the State of Montana filing requirements. The department will waive all penalties for periods covered under the agreement. Interest will be assessed on the tax liability due for each period covered under the agreement.

The department will review the application within 14 days of receipt. The department will prepare, sign, and send a formal Voluntary Disclosure Agreement to the contact person listed on the form. The taxpayer will have 45 days to execute (sign) the agreement and an additional 15 days to submit the executed agreement to the department. The taxpayer will remain anonymous until the signed agreement is returned to the department. The Agreement includes the necessary disclosure section.

A C corporation with more than \$750,000 in gross receipts in a tax period must e-file Form CIT for tax periods beginning after December 31, 2022. Exceptions may be allowed for tax periods between January 1, 2023, and December 31, 2024, if the corporation attests that their electronic filing attempt was unsuccessful or if they endured a hardship in attempting to e-file. The department may waive this requirement in tax years beginning after December 31, 2024, in cases

of hardship or if the lack of appropriate software is substantiated. Please refer to the Form CIT instructions for the steps to obtain a waiver.

The applicant must submit tax returns, pay the tax, and register with the Montana Secretary of State (if applicable) within 90 days from the date the department signs the Agreement. Upon receipt of the tax returns and tax payment, the department will issue a bill to the taxpayer for interest owed at the statutory rate. Partnerships with 100 or more partners are required to e-file returns.

## File an agreement.

The Form VDA-APP can be mailed to:

Montana Department of Revenue  
Attn: VDA Program  
P.O. Box 5805  
Helena, MT 59604-5805

It can also be submitted via email to [DORBITDAdminTeam@mt.gov](mailto:DORBITDAdminTeam@mt.gov).

If filing on behalf of more than one individual or entity, complete a separate application for each taxpayer.

Page one must always be completed. Complete page two if the applicant is an individual. Complete page three if the applicant is an entity other than an individual.

**Contact Information.** You are not required to disclose the identity of the applicant during the initial application, but we do need a contact person to communicate with regarding the application.

**Declarations.** If you answered “yes” to any of questions 1-4, please explain further on an additional sheet of paper. Answering “yes” to any of these questions may disqualify you from this program.

**Violation of the Agreement.** An agreement will be voided by the department if the qualified entity or individual:

- misrepresents material facts relevant to the agreement;
- fails to file returns or pay taxes and statutory interest for the lookback period within the time specified in the agreement;
- reneges on an installment payment arrangement; or
- fails to continue to comply with Montana tax law.

**Power of Attorney.** If you would like your CPA to assist in working with the department after the VDA is executed, please include a completed Power of Attorney form with your application.

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