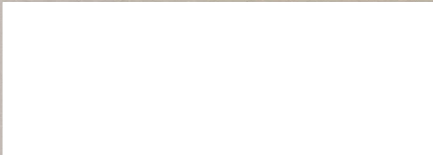
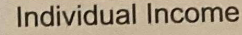


Governor **Greg Gianforte**
Director **Brendan Beatty**



Letter Date: 

Letter ID: 


Account ID: 
Account Type: Individual Income Tax

Subject: Residency Questionnaire First Request

Dear :

The Montana Department of Revenue is reviewing your state of residency for tax year(s): 2017, 2018 AND 2019. In order for us to complete our review and confirm your state of residency, we ask that you provide some additional information.

What do you need to do?

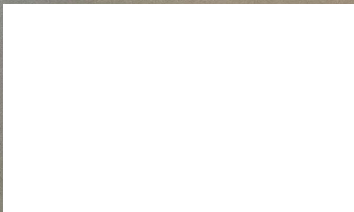
- Please complete and sign the enclosed questionnaire.
- Mail the completed questionnaire back to the department by 

What will happen if you do not respond to this letter?

- We will make the determination that you were a Montana resident for the year(s) listed above based on information available to the department.
- We will adjust your filed return(s) or create estimated return(s) based on the information available.
- We will send you a bill based on our adjustment of your filed return(s) or the estimated income tax return(s).
- We will take necessary steps to collect the amount you owe based on our billing.

Thank you for your attention to this important matter. Please return the residency questionnaire to me at the address shown below, and feel free to contact me if you have any questions.

Sincerely,



Enclosure: Residency questionnaire

Residency Questionnaire - Complete this questionnaire and provide information for the applicable audit period. If you need more space, attach additional pages. **Please sign and date your response on the last page.**

Audit Period: 2017, 2018 AND 2019

1. Please list the full physical address of each residence you occupied and the dates you occupied each residence during the audit period.

Examples of reasons for multiple addresses during the audit period:

- You owned a main home and also spent time at a vacation home.
- You owned or rented a main home, but for work purposes:
- You rented an apartment or room close to work.
- You stayed at a hotel or motel close to work.
- You stayed at employer-provided housing close to work.

Address and Dates

a. _____
b. _____

2. Please list any other real property you owned during the audit period.

Examples include undeveloped land, rental property, commercial property, apartments, etc.

Address and Type of Property

a. _____
b. _____

3. Please list any other real property you rented or leased during the audit period.

Examples include undeveloped land, rental property, commercial property, apartments, etc.

Address and Type of Property

a. _____
b. _____

4. During the audit period, where did you keep your personal belongings?

Examples include furniture, tools, recreational equipment, storage items, etc.

Please provide the following information:

Address and Date range kept at this location

a. _____
b. _____

5. Did you have a dependent child/ children living with you during the audit period?

Yes No

If yes, please provide the following information:

Child Age, School Attended, City, State and Dates

a. _____
b. _____

6. If your spouse and dependent children occupied a different residence during the years in question, please list the address of each home occupied by your spouse and dependent children and the years it was occupied.

Address and Date

a. _____
b. _____

7. List your mailing address and the dates you received mail at that address during the audit period. If your mail was being forwarded, please provide the address it was forwarded to:

Mailing address, Date from and Date to

a. _____
b. _____

8. Did you have a driver's license during the audit period?

Yes No

If yes, please provide the following information:

State Date issued or renewed Date surrendered or expired

a. _____
b. _____

9. Please provide information on any personal property (such as a car, boat, motor home, airplane, etc.) that you or your spouse owned or used during the audit period. Indicate the dates the personal property was registered. If purchased or registered under a separate entity such as an LLC or Trust, provide the entity name.

Name, Property type, State registered, State used/stored and Registration date

a. _____
b. _____

10. PropInsured|Did you insure any personal property (such as a car, boat, motor home, airplane, etc.) during the audit period?

Yes No

If yes, please provide the following information

State, Date issued or renewed Date cancelled or expired

a. _____
b. _____

11. Did you register to vote during the audit period?

Yes No

If yes, please provide the following information:

State, County and Date of registration

a. _____
b. _____

12. Did you vote in an election during the audit period?

Yes No

If yes, please provide the following information:

State Election (Federal, Municipal, School) and Date Voted

a. _____
b. _____

13. During the audit period(s) did you file resident income tax return(s) with a state other than Montana?

Yes No

If no, please explain:

a. _____

If yes, list the state and the year you filed a resident return and provide a copy of the income tax return:

a. _____
b. _____

14. Did you have checking or savings accounts during the audit period?

Yes No

If yes, list the financial institution name and the most commonly used location:

Name of financial institution, Location and Date the account was opened/closed

a. _____
b. _____

15. Were you employed during the audit period?

Yes No

If yes, please provide information about each employer during the audit period:

Employer, Location, Date Range and Number of hours worked per week

a. _____
b. _____

16. Did you have a hunting, fishing or conservation licenses during the audit period?

Yes No

If yes, please provide the following information:

State Resident or Nonresident License Date

a. _____
b. _____

17. Did you lease or rent property for recreational purposes during the audit period, such as a private hunting and fishing cabin, forest service cabins, etc.?

Yes No

If yes, please explain and include years or length of time:

18. Did you pay for a guided hunting, fishing, rafting, or outdoor recreation service or participate in a recreational club in Montana during the audit period?

Yes No

If yes, please explain and include name of guide or club, as well as years or length of time:

19. Did you have a primary medical doctor(s) during the audit period?

Yes No

If yes, please provide the city and state where your primary medical doctor is located and the approximate date range that you considered them your primary doctor:

City, Location and Date Range

a. _____
b. _____

20. Did you have health insurance during the audit period?

Yes No

If yes, please provide the following information:

Insurance provider and State of Residence listed with provider

a. _____
b. _____

21. Did you use the services of a paid tax preparer to prepare your tax returns during the audit period?

Yes No

If yes, please provide the following information:

Name of preparer, Location and Date Range

a. _____
b. _____

22. Did you employ an attorney during the audit period?

Yes No

If yes, please provide the following information:

Name of attorney, Location and Date Range

a. _____
b. _____

23. Did you have a concealed weapon permit during the audit period?

Yes No

If yes, please provide the following information:

County, State and Date Range

a. _____
b. _____

24. Did you have a professional license during the audit period?

Yes No

If yes, please provide the following information:

Professional license, State and Date Range

a. _____
b. _____

25. Did you donate to any local non-profits during the audit period?

Yes No

If yes, please provide the following information:

Nonprofit Location and Donation date

a. _____

b. _____

26. Did you have a membership to a health club or spa during the audit period?

Yes No

If yes, please provide the following information:

Health club/spa Location and Date Range

a. _____

b. _____

27. Were you a member of a local union or union chapter during the audit period?

Yes No

If yes, please provide the following information:

Union name, Location and Membership Dates

a. _____

b. _____

28. Were you associated with or have you participated in any business activity conducted in Montana during the audit period? (This includes Farms, Partnerships, S Corporations, Disregarded Entities, or LLC's.)

Yes No

If yes, please provide the following information:

Business Name, Location, Dates and FEIN

a. _____

b. _____

Signature (required)

I (We) do solemnly swear that the foregoing questions are truthfully answered:

Name: _____ Phone: _____

Signature: _____ Date: _____

Name: _____ Phone: _____

Signature: _____ Date: _____

If you wish for the Department to speak with a third party representative, please provide a copy of the Montana Power of Attorney (Form POA) that can be downloaded by visiting our website at:

mtrevenue.gov

Without this Form POA we are unable to discuss any information with anyone other than the taxpayer.