



Montana Employee's Withholding Allowance and Exemption Certificate

MONTANA
MW-4

Employee's first name and middle initial	Last name	Social Security Number
Current mailing address		City, state and ZIP code
Under penalty of false swearing, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature _____		Date _____
(This form is not valid unless you sign it.)		

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. See "Employee Instructions" on back of this form before beginning.

Section 1: Montana Allowances

- A. Enter "1" for **yourself** A. _____
- B. Enter "1" if you have only one job B. _____
- C. Enter "1" for your **spouse** if you expect to file as **married filing jointly** on your Montana tax return. But, you may choose to enter "-0-" if you have a working spouse. (Entering "-0-" may help you avoid having too little tax withheld.) C. _____
- D. Enter the number of **dependents** (other than your spouse or yourself) you will claim on your Montana tax return D. _____
- E. Enter "1" if you will file as **head of household** on your Montana tax return E. _____
- F. Enter "1" if you expect to report large itemized deductions (medical, child and dependent care, etc.) (Caution: An additional allowance could result in tax due when you file your return.) F. _____
- G. Add lines A through F and enter the total here. **This is your total number of allowances.** (Note: This number may be different from the number of exemptions you claim on your Montana tax return.) G. _____
- H. Additional amount, if any, you want withheld from each paycheck or pension and annuity payment. H. \$ _____

Section 2: Exemption from Montana Withholding for Tax Year _____

You may be entitled to claim an exemption from Montana income tax withholding. If applicable, mark one box below to indicate the reason why you believe you are exempt. See instructions for Section 2 on back of this form for more information.

- a. I am an enrolled member of a registered tribe, I live on the reservation of that tribe, AND I claim exemption from withholding on the wages derived from work performed on the reservation where I live. (You must also complete Section 1.)
- b. I am a member of the Reserve or National Guard, and I claim to be exempt from withholding on my compensation determined under USC Title 10. (You must also complete Section 1.)
- c. I am a resident of North Dakota, and claim exemption from withholding on my wages.
- d. I am a resident of another state living in Montana solely to be with my spouse, who is a resident of the same state and a member of the U.S. armed forces assigned to a military location in Montana, and I claim exemption from withholding on my wages.

Employer name	Employer EIN	Employer MT withholding account ID
Employer address		City, state and ZIP code