



# Affidavit of Corporate Inactivity

Corporation Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip + 4 \_\_\_\_\_

FEIN \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_

I, \_\_\_\_\_, an officer of the said corporation, being of lawful age, being sworn on oath, depose and say that I am acquainted with the affairs of the said corporation existing under and by virtue of the laws of the State of Montana; (or a corporation registered to do business in Montana) and that the said corporation had no income or business activities of any nature in Montana during the following periods from: \_\_\_\_\_ to: \_\_\_\_\_.

I understand that said corporation is required to file each year an Affidavit of Corporate Inactivity or if said corporation does engage in business or have any income they will notify the department by filing a Montana Corporation License Tax Return by the due date prescribed in 15-31-111, MCA.

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Title

(SEAL)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
Personally appeared \_\_\_\_\_  
before me a Notary Public for the State of \_\_\_\_\_;

\_\_\_\_\_  
(Signature of Notary Public)  
\_\_\_\_\_, Residing at \_\_\_\_\_  
(Name of Notary) (City and State)

My Commission Expires \_\_\_\_\_  
(Month, Day and Four Digit Year)

**Mail to:**  
Montana Department of Revenue  
PO Box 8021  
Helena, MT 59604-8021