

**Montana Department of Transportation
Motor Fuel Section
Third Party Authorization to e-File**PO Box 201001
2701 Prospect Ave
Helena MT 59620-1001
406-444-7664***Taxpayer Information***

Taxpayer's Name	Social Security Number or Federal Identification Number
Taxpayer's Address	Taxpayer's Phone Number

Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my electronic refund application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my refund application to MDT and to receive from MDT **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing refund, and **(c)** the date of any refund. The appointed representative(s) is not authorized to receive confidential information and perform any acts without a Power of Attorney on file. This authorization must be renewed yearly.

Taxpayer's Signature _____

Date

Third Party Preparer

Company Name	Phone Number	
Address	Email Address	
City	State	Zip Code

Certification and Authorization

Under penalties of perjury, I declare that the above taxpayer has granted my company permission to electronically transmit data to the MDT. I have examined a copy of the electronic refund application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Third Party Preparer Signature _____

Date