Montana Department of Transportation
Administration Division
PO Box 201001
HELENA MT 59620-1001
Phone (406) 444-7276 Fax (406) 444-5411

Do Not Write in this Space

Bad Debt Credit Supplemental Motor Fuels Tax Release Statement

Distributor Information

Name:		**License #**
Address 1:		
Address 2:		
City:	**State:**	**Zip Code:**

We, _____, assign the rights to the tax portion of the bad debts listed below to the
(Company Name)
Montana Department of Transportation.

Debtor Name	Debtor Address	Social Security Number or FEIN (if Known)

I hereby declare and affirm under penalty of perjury that this debtor information has been examined by me, and to the best of my knowledge and belief is in all things true and correct.

Signature_____ **Title**_____ **Date**_____