



2023 Enrolled Tribal Member Exempt Income Certification/Return

First Name and Initial	Last Name	Social Security Number
Mailing Address	City	State Zip Code
Physical Address (not a post office box)	City	State Dates (at this address) From To
Physical Address (if you moved during the year)	City	State Dates (at this address) From To
Montana Tribe (of which you are an enrolled member)		Tribal Enrollment Number

1. Did you reside on the reservation where you are an enrolled member? Yes No
2. Please check the statement that is true. Check only one.
All of my income is exempt from Montana income tax; or, I had both exempt and nonexempt income, but my non-exempt income was not enough to require that I file a Montana income tax return (Form 2).
Part of my income for the year was exempt from Montana income tax, but I did have other non-exempt income that exceeds the Montana filing threshold. I am including this form with my completed Montana Form 2.
3. Enter your exempt income information in the table below.

Employer's Name (or source of exempt income) Street Address, City, State and Zip (not a PO Box)	Employer's Federal Employer Identification Number (FEIN)	Income Type (wages, interest, etc.)	Dates
			From To
			From To
			From To

I declare under penalty of false swearing that I am an enrolled member of the tribe identified above, that I possess the full rights of tribal membership, that I reside on the reservation identified above, and that all the information on this form and included with this form is true, correct, and complete.

Your Signature is Required _____ Date _____ Daytime Telephone Number _____
X _____

Paid Preparer's Signature _____ Paid Preparer's PTIN/SSN _____ Firm's FEIN _____
X _____

Third Party Designee _____ Third Party Designee's Printed Name _____
Do you want to allow another person (such as a
paid preparer) to discuss this return with us? Third Party Designee's Phone Number _____
Yes No