State Exchange System
Montana Authorization Request Form

Please provide a list of employees within your organization that you are authorizing to have access to the State Exchange System. The list you provide should include the following information:

- Company name
- First and last name of authorized individual(s)
- Email address
- Phone number
- Tax Types

Additional Comments:

NOTE: You can submit an authorization form to remove employee access to SES. Please include instructions in the Additional Comments.

Company name	First and last name	Email address	Phone number	Authorized access	Tax types
Company name	First and last name	Email address	Phone number	☐ Forms ☐ E-file	Tax types
Company name	First and last name	Email address	Phone number	☐ Forms ☐ E-file	Tax types
Company name	First and last name	Email address	Phone number	☐ Forms ☐ E-file	Tax types
Company name	First and last name	Email address	Phone number	☐ Forms ☐ E-file	Tax types
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Contact the Montana E-Services Unit at dore-services@mt.gov if you have any questions.

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