



Montana Society of Public Accountants

Enrolled Agent Reimbursement

Name:

Name of Firm:

Street Address:

City, State, Zip:

EA Number:

If course was completed in the last 12 months

Date Course Completes:

Please attach Enrolled Agent Certificate

Plan of Completion:

Name of Active Member in your Firm:

**Requirements for uncompleted Enrolled Agent Course; 1. Detailed plan of completion, 2. Copy of registration for Enrolled Agent Course*