



Montana Legislative Branch

Financial Office

Legislator Primary Constituent Services Funds Opt-In Form

The following form is required to opt in to receive primary constituent services funds per 5-2-204, MCA. Legislators can receive payment of the primary constituent services as one or more lump sum payments (stipend) or choose to take distributions on a reimbursable basis (allowance) or as a combination of both.

The primary \$3,000 may be used for unreimbursed expenses for providing constituent services which include, but are not limited to:

- Mileage and meals (do not require a receipt to be reimbursed)
- Lodging, air travel, and miscellaneous expenses over \$25 (require receipts)
- Miscellaneous expenses under \$25 (do not require a receipt)
- Telecommunications for phone, internet, computer hardware and software
- Postage
- Education-related expenses
- This payment can affect taxes and Social Security income, especially in the calendar year that legislators receive session salary. Legislative Financial Office is offering the following options.

Please choose one of the three following choices:

I would like to receive the \$3,000 as a **stipend** and have it included as income for the calendar year in which it was distributed. You may take the stipend in a lump sum or in calendar year installments of your choice (ex. \$1,500 in January of 2025 & \$1,500 in January of 2026). Please indicate below the amount and year that the Legislative Financial Office is to distribute the primary \$3,000. Please contact LegFinServices@legmt.gov for other options. (Applicable taxes will apply.)

LUMP SUM DISTRIBUTION:

AMOUNT TO DISTRIBUTE	CALENDAR (TAX) YEAR
AMOUNT TO DISTRIBUTE	CALENDAR (TAX) YEAR

Statute allows a legislator to take the \$3,000 primary amount as a stipend and/or allowance. Please contact LegFinServices@legmt.gov to discuss this option.

Notes on this option:

I would like to receive the \$3,000 as a reimbursable allowance. The Legislative Financial Office will process reimbursements as legislators submit reimbursement claim documentation.

Legislator Signature

Date

Legislator Printed Name