For the year Jan 1 – Dec 31, 2015 or the tax year beginning       M M D D 2 0 1 5       and ending       M M D D 2 0 Y Y         For the year Jan 1 – Dec 31, 2015 or the tax year beginning       M M D D 2 0 Y Y         Social Security Number       Decessed? Date of the tax year beginning         M Ante and Initial       Last Name       Social Security Number       Decessed? Date of the tax year beginning         M Ante and Initial       Last Name and Initial       Last Name       Social Security Number       Decessed? Date of Number         Mark colly one       Social Security Number       Merk colspan="2">M M M D D 2 0 Y Y         Social Security Number       Merk colspan="2">M M M D D 2 0 Y Y         Social Security Number       Merk colspan="2">M M M D D 2 2 0 Y Y         Social Security Number       Merk colspan="2">Merk colspan="2"         Social Security Number	
Betum       Melling Address       City       State       Zp+4         Is-30-2113       1       Single       2       Married filing pointly       42.15.321       File onlin         Is-30-2113       2       Married filing separately on the same form       3b       Married filing separately on separate forms       42.15.322       42.15.322       42.15.200         Secures SSN (for lines 3b and 3c)       4       Head of household       Secures SSN (for lines 3b and 3c)       42.15.322       42.15.200         Mark only one       5b       Residency       Side moresident full-year       Date of change       Mil M D D Q Y Y Y       North Dakota reciprocity (see instructions on page 3)         Status       5c       Residency       Side more solution of the s	
Betum       Melling Address       City       State       Zp+4         Is-30-2113       1       Single       2       Married filing pointly       42.15.321       File onlin         Is-30-2113       2       Married filing separately on the same form       3b       Married filing separately on separate forms       42.15.322       42.15.322       42.15.200         Secures SSN (for lines 3b and 3c)       4       Head of household       Secures SSN (for lines 3b and 3c)       42.15.322       42.15.200         Mark only one       5b       Residency       Side moresident full-year       Date of change       Mil M D D Q Y Y Y       North Dakota reciprocity (see instructions on page 3)         Status       5c       Residency       Side more solution of the s	eath
Betum       Melling Address       City       State       Zp+4         Is-30-2113       1       Single       2       Married filing pointly       42.15.321       File onlin         Is-30-2113       2       Married filing separately on the same form       3b       Married filing separately on separate forms       42.15.322       42.15.322       42.15.200         Secures SSN (for lines 3b and 3c)       4       Head of household       Secures SSN (for lines 3b and 3c)       42.15.322       42.15.200         Mark only one       5b       Residency       Side moresident full-year       Date of change       Mil M D D Q Y Y Y       North Dakota reciprocity (see instructions on page 3)         Status       5c       Residency       Side more solution of the s	) Y Y
Caryback       1       Single       2       Married filing jointly       42.15.321       File onlin         Filing Status       3a Married filing separately on separate forms       3c Married filing separately and spouse ont filing       42.15.322       42.15.204         Source SSN (for lines 3b and 3c)       4       Head of household       5unresident full-year       Resident 21.5 402       42.15.204         Mark only one       5b Norresident 42.15.401       Source SSN (for lines 3b and 3c)       North Dakota reciprocity (see instructions on page 3)         Source Status       5b Norresident 42.15.403       Date of change       M M D D Y Y Y Y         Mark only one       5b Norresident 42.15.403       Date of change       M M D D Y Y Y Y         State moved from       5c Residen part-year       State moved from       State moved from         State moved from       5c Residen full-year       Reationship       Mark iff         Box.       Dependents 15-30-2116       42.15.403       Date of change       Column A for singe, joint, separate, or ethad or household         State moved from         State moved from       State moved from       State moved from       State moved from       State moved from       State moved from	
Caryback       1       Single       2       Married filing jointly       42.15.321       File onlin         Filing Status       3a Married filing separately on separate forms       3c Married filing separately and spouse ont filing       42.15.322       42.15.204         Source SSN (for lines 3b and 3c)       4       Head of household       5unresident full-year       Resident 21.5 402       42.15.204         Mark only one       5b Norresident 42.15.401       Source SSN (for lines 3b and 3c)       North Dakota reciprocity (see instructions on page 3)         Source Status       5b Norresident 42.15.403       Date of change       M M D D Y Y Y Y         Mark only one       5b Norresident 42.15.403       Date of change       M M D D Y Y Y Y         State moved from       5c Residen part-year       State moved from       State moved from         State moved from       5c Residen full-year       Reationship       Mark iff         Box.       Dependents 15-30-2116       42.15.403       Date of change       Column A for singe, joint, separate, or ethad or household         State moved from         State moved from       State moved from       State moved from       State moved from       State moved from       State moved from	0 Y Y
15-30-2113       1 Single         2 Married filing jointly       42.15.321         Filing Status Mark only one box.       3b Married filing separately on the same form         3b Married filing separately on separate forms       3c Married filing separately and spouse not filing         3c Married filing separately and spouse not filing       spouse's SNN (for lines 3b and 3c)         4 Head of household       spouse's SNN (for lines 3b and 3c)         8 Residency Status       5a Resident full-year 21.55.10       Resident Part-Year Required Information Date of change         9 Box.       5a Resident full-year 25.35.15.10       Resident Part-Year Required Information Date of change       North Dakota reciprocity (see instructions on page 3)         First Name       Social Security Number       Relationship       Mark if Dependents: 13-90-2116         9 Definition       15-30-2116       42.15.403       Date       Date         9 Definition       15-30-2116       42.15.403(3-8)       Date       Date       Date         9 Definition       65 or older       Blind       Enter number marked	
2       Married filing jointly       42.15.321       File online revenue         Billing Status       3a Married filing separately on separate forms       42.15.322       42.15.322       42.15.200         3       Married filing separately on separate forms       3c Married filing separately and spouse not filing       42.15.322       42.15.200         4       Head of household       Spouse's SSN (for lines 3b and 3c)       42.15.322       42.15.200         Mark only one       5b Resident full-year       Date of change       M M D D Y Y Y Y       North Dakota reciprocity (see instructions on page 3)         16-30-2112       Date of change       M M D D Y Y Y Y       North Dakota reciprocity (see instructions on page 3)         16-30-2112       Date of change       M M D D Y Y Y Y       North Dakota reciprocity (see instructions on page 3)         16-30-2114 (5) (a)       42.15.403       Impendents       Impendents       Impendents         16-30-2114 (5) (a)       42.15.403       Impendents       Impendents       Impendents       Impendents         16-30-2114 (5) (a)       42.15.403 (3-8)       Impendents       Impendents       Impendents       Impendents         16-30-2114 (5) (a)       42.15.403 (3-8)       Impendents       Impendents       Impendents       Impendents       Impendents       Impendents       Imp	
Filing Status       3a Married filing separately on the same form         box.       3b Married filing separately on separate forms         3c Married filing separately on separate forms       42.15.302         3c Married filing separately and spouse not filing       spouse's SSN (for lines 3b and 3c)         Pack only one       3b Married filing separately and spouse not filing         Spouse's SSN (for lines 3b and 3c)       42.15.302         Resident V       Spouse's SSN (for lines 3b and 3c)         At Head of household       Spouse's SSN (for lines 3b and 3c)         Spouse's SSN (for lines 3b and 3c)       42.15.302         At Head of household       Spouse's SSN (for lines 3b and 3c)         Spouse's SSN (for lines 3b and 3c)       Spouse's SSN (for lines 3b and 3c)         Spouse's SSN (for lines 3b and 3c)       Spouse's SSN (for lines 3b and 3c)         Spouse's SSN (for lines 3b and 3c)       Spouse's SSN (for lines 3b and 3c)         Spouse's SSN (for lines 3b and 3c)       Spouse's SSN (for lines 3b and 3c)         Spouse's SSN (for lines 3b and 3c)       Spouse's SSN (for lines 3b and 3c)         Spouse's SSN (for lines 3b and 3c)       Spouse's SSN (for lines 3b and 3c)         Spouse's SSN (for lines 3b and 3c)       Spouse's SSN (for lines 3b and 3c)         Spouse's SSN (for lines 3b and 3c)       Spouse's SSN (for lines 3b and 3c)         Spous	1
Mark only one box.       3b Married filing separately on the same form 3b Married filing separately and spouse not filing 4 Head of household       42.15.322       42.15.204         Residency Status       5a Resident fill-year 42.15.301       Resident Part-Year Required Information 3c Arried filing separately and spouse is SSN (for lines 3b and 3c)       42.15.322       42.15.204         Mark only one box.       5a Resident fill-year 72xzetion of Nonresident full-year 15-30-2112       Resident Part-Year Required Information 315-30-2112       North Dakota reciprocity (see instructions on page 3)         First Name       Social Security Number       Relationship       Mark if (see instructions on page 3)         Bar Andread in the set of the second state moved for 15-30-2116       42.15.403       Image 1000000000000000000000000000000000000	
box.       30 Married filing separately on separate forms       42.15.322       42.15.322       42.15.322         3c Married filing separately and spouse not filing       Spouse's SSN (tor lines 30 and 3c)       42.15.322       42.15.322       42.15.322         Married filing separately and spouse not filing       Spouse's SSN (tor lines 30 and 3c)       At lead of household       At lead of household         Married filing separately and spouse not filing       Spouse's SSN (tor lines 30 and 3c)       North Dakota reciprocity (see instructions on page 3)         State       Spouse's SSN (tor lines 30 and 3c)       North Dakota reciprocity (see instructions on page 3)         Spouse's SSN (tor lines 30 and 3c)       First Name       Last Name       Social Security Number       Relationship       Mark if         Dependents 15-90-2114       Last Name       Social Security Number       Relationship       Mark if         Definition 15-30-2115       Disability 15-30-2116       42.15.403 (3-8)       Disability 12-30-2114 (2) (a)       using filing st         Spouse       65 or older       Blind       Enter number marked	m.gov
3c       Marked times separately and spouse not times       Spouse's SSN (for lines 3b and 3c)         3c       4       Head of household       Spouse's SSN (for lines 3b and 3c)         3c       4       Head of household       Spouse's SSN (for lines 3b and 3c)         3c       4       Head of household       Spouse's SSN (for lines 3b and 3c)         3c       3c       Resident full-year       Date of change       M M D D Y Y Y Y         3c       Status       3c       Status       Date of change       M M D D Y Y Y Y       (see instructions on page 3)         3c       Sc       Resident part-year       State moved to 1       State moved from       State moved from         3c       Sc       Resident part-year       State moved to 1       State moved from       State moved from         3c       Sc       Resident part-year       State moved from       State moved from       State moved from         3c       Sc       Resident part-year       State moved from       State moved from       State moved from         3c       Definition 15-30-2114 (2) (a)       Last Name       Social Security Number       Relationship       Mark if         9       Disability 15-30-2114 (2) (a)       Last Name       Social Security Number       Relationship       Column A (for	
42.15.301       Sa Resident VII-year       Resident Part-Year Required Information       North Dakota reciprocity (see instructions on page 3)         Mark only one box       Sb Nonresident full-year       Date of change       M M D D Y Y Y       North Dakota reciprocity (see instructions on page 3)         First Name       Last Name       Social Security Number       Relationship       Mark if         Begendents 15-30-2112       Last Name       Social Security Number       Relationship       Mark if         Begendents 15-30-2115       Disability 15-30-2116       42.15.403 (3-8)       Disability 15-30-2116       Column A (for single, joint. separate, or head of household)       Column B (for when fling as using filing st using fi	
Resident full-year 42.15.109 5b Nonresident full-year box.       Resident Part-Year Required Information Date of change MMK only one box.       North Dakota reciprocity (see instructions on page 3)         First Name       Last Name       Social Security Number       Relationship       Mark if (see instructions on page 3)         First Name       Last Name       Social Security Number       Relationship       Mark if (see instructions on page 3)         Definition       15-30-2114 (5) (a)       42.15.403       Image: Column A (for single, point.separate, or head or household)       Column A (for single, point.separate, or head or household)       Column B (for head or household)         6a       X       Yourself       65 or older       Blind       Enter number marked.       6a       15-30-2114 (2) (a)       42.15.10         6b       Spouse       65 or older       Blind       Enter number marked.       6a       15-30-2114 (2) (a)       using filing st using filing st of Add lines 6a through 6c and enter total exemptions here.         6c       Tenter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.       7       15-30-2110 (1) 0       42.15.106 8a       8a       00         7       Wages, salaries, tips, etc. Include federal Schedule B if required.       8b       00       00       9       00       10       00       11       00 <td></td>	
Mark only one box.       Sb Nonresident full-year is at ion of Nonresident 5 42.15.101       Date of change M M D D Y Y Y Y       State moved from         State moved to is consistent of Nonresident 5 42.15.101       State moved from       (see instructions on page 3)         First Name       Last Name       Social Security Number       Relationship       Mark if         Dependents 15-30-2114 (5) (a)       42.15.403       Image: Column A (for single, joint, separate, or head of household)       Image: Column A (for single, joint, separate, or head of household)       Column B (for when filling as using filling separate, or head of household)         6a       X Yourself       65 or older       Blind       Enter number marked.       6a       15-30-2114 (2) (a)       42.15.403 (3-8)         6b       Spouse       65 or older       Blind       Enter number marked.       6a       15-30-2114 (2) (b)       42.15.403 (3-8)         6c       Enter the total number of dependents. If more than 4 dependents, see instructions on page 3.       6c       6c       6d         6d       Add lines 6a through 6c and enter total exemptions here       6d       15-30-2110 (1) 0.0       42.15.106         8a       Twages, salaries, tips, etc. Include federal Schedule B if required       7       15-30-2110 (1) 0.0       42.15.106         8a       Twages, salaries, tips, etcl. Include federal Schedule B if required <t< td=""><td></td></t<>	
box.       5c Résident part-year       State moved from       State moved from         Image: State moved from       State moved from       State moved from       Mark if         First Name       Last Name       Social Security Number       Relationship       Mark if         Dependents       15-30-2114 (5) (a)       42.15.403       Image: State moved from       Relationship       Mark if         Definition       15-30-2116       42.15.403 (3-8)       Image: State moved from       Column A (for single, joint, separate, or head of household)       Column A (for single, joint, separate, or head of household)       Column B (for when filing se using filing st us	
First Name       Last Name       Social Security Number       Relationship       Mark if         Dependents 15-30-2114 (5) (a)       42.15.403       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of household)       Image: Column A (for single, joint separate, or head of househol	
Dependents 15-30-2114 (5) (a) 42.15.403         Definition       15-30-2115       Image: Column A (for single, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)         Bind       Enter number marked.       6a       15-30-2114 (2) (a)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)         6a       X       Yourself       65 or older       Blind       Enter number marked.       6a       15-30-2114 (2) (a)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B (for wingle, joint, separate, or head of household)       Column B	isabled
Sector       Column A (for single, joint, separate, or head of household)       Column B (for when filing sector and of household)         6a       X       Yourself       65 or older       Blind       Enter number marked       6a       15-30-2114 (2) (a)       using filing st         6b       Spouse       65 or older       Blind       Enter number marked       6a       15-30-2114 (2) (b)       42.15.         6c       Enter the total number of dependents. If more than 4 dependents, see instructions on page 3       6c       6d       6d       6d         Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.         7       Wages, salaries, tips, etc. Include federal Form(s) W-2       7       15-30-2110 (1) 00       42.15.108         8a       00       8a       00       00       9       00       00         9       00       00       00       11       00       11       00       11         10       00       00       11       00       11       00       11       00	
Sector       Column A (for single, joint, separate, or head of household)       Column B (for when filing sector and of household)         6a       X       Yourself       65 or older       Blind       Enter number marked       6a       15-30-2114 (2) (a)       using filing st         6b       Spouse       65 or older       Blind       Enter number marked       6a       15-30-2114 (2) (b)       42.15.         6c       Enter the total number of dependents. If more than 4 dependents, see instructions on page 3       6c       6d       6d       6d         Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.         7       Wages, salaries, tips, etc. Include federal Form(s) W-2       7       15-30-2110 (1) 00       42.15.108         8a       00       8a       00       00       9       00       00         9       00       00       00       11       00       11       00       11         10       00       00       11       00       11       00       11       00	i
Sector       Column A (for single, joint, separate, or head of household)       Column B (for when filing sector and of household)         6a       X       Yourself       65 or older       Blind       Enter number marked       6a       15-30-2114 (2) (a)       using filing st         6b       Spouse       65 or older       Blind       Enter number marked       6a       15-30-2114 (2) (b)       42.15.         6c       Enter the total number of dependents. If more than 4 dependents, see instructions on page 3       6c       6d       6d       6d         Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.         7       Wages, salaries, tips, etc. Include federal Form(s) W-2       7       15-30-2110 (1) 00       42.15.108         8a       00       8a       00       00       9       00       00         9       00       00       00       11       00       11       00       11         10       00       00       11       00       11       00       11       00	j
get base       Ga       X       Yourself       65 or older       Blind       Enter number marked       Ga       15-30-2114 (2) (a)       Column B (for when filing se using filing st using filing st         66       X       Yourself       65 or older       Blind       Enter number marked       6a       15-30-2114 (2) (a)       using filing st         6b       Spouse       65 or older       Blind       Enter number marked       6b       15-30-2114 (2) (b)       42.15.106         6c       Enter the total number of dependents. If more than 4 dependents, see instructions on page 3       6c       6d       6d       6d         Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.         7       Wages, salaries, tips, etc. Include federal Form(s) W-2       7       15-30-2110 (1 00       42.15.106         8a       00       00       00       9       00       00       9       00         9       00       00       00       9       00       00       11       00         10       00       11       00       11       00       11       00       11	
get base       Ga       X       Yourself       65 or older       Blind       Enter number marked       Ga       15-30-2114 (2) (a)       Column B (for when filing se using filing st using filing st         66       X       Yourself       65 or older       Blind       Enter number marked       6a       15-30-2114 (2) (a)       using filing st         6b       Spouse       65 or older       Blind       Enter number marked       6b       15-30-2114 (2) (b)       42.15.106         6c       Enter the total number of dependents. If more than 4 dependents, see instructions on page 3       6c       6d       6d       6d         Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.         7       Wages, salaries, tips, etc. Include federal Form(s) W-2       7       15-30-2110 (1 00       42.15.106         8a       00       00       00       9       00       00       9       00         9       00       00       00       9       00       00       11       00         10       00       11       00       11       00       11       00       11	
6a       X       Yourself       65 or older       Blind       Enter number marked       6a       15-30-2114 (2) (a)       when filing se using filing st using filin	spouse
6b       Spouse       65 or older       Blind       Enter number marked       6b       15-30-2114 (2) (b)       42.15.         6c       Enter the total number of dependents. If more than 4 dependents, see instructions on page 3       6c       6c       6d         6d       Add lines 6a through 6c and enter total exemptions here       6d       6d       6d       6d         Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.         7       Wages, salaries, tips, etc. Include federal Form(s) W-2       7       15-30-2110 (1) 0.0       42.15.108         8a       Taxable interest. Include federal Schedule B if required       8a       00       00         9       Ordinary dividends. Include federal Schedule B if required       9       00         10       Taxable refunds, credits, or offsets of state and local income taxes       10       00         11       00       11       00       11       00	
6d         Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.         7       Wages, salaries, tips, etc. Include federal Form(s) W-2	
6d         Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.         7       Wages, salaries, tips, etc. Include federal Form(s) W-2	
Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.         7       Wages, salaries, tips, etc. Include federal Form(s) W-2       7       15-30-2110 (1)00       42.15.108         8a       00       8a       00       8a       00       00       00         8b       00       00       00       00       00       00       00         9       Ordinary dividends. Include federal Schedule B if required	
7       Wages, salaries, tips, etc. Include federal Form(s) W-2       7       15-30-2110 (1) 0       42.15.108         8a       00       8a       00       8a       00         8b       00       00       00       00       00         9       00       00       10       10       00         10       Taxable refunds, credits, or offsets of state and local income taxes       10       00       11         11       00       11       00       12       00       12	
8a       Taxable interest. Include federal Schedule B if required       8a       00         8b       00       00       00         9       Ordinary dividends. Include federal Schedule B if required       9       00         10       Taxable refunds, credits, or offsets of state and local income taxes       10       00         11       Alimony received       11       00	<b>(3)</b> 00
8b       Tax-exempt interest. Do not include on line 8a       8b       00       00         9       Ordinary dividends. Include federal Schedule B if required	00
9       Ordinary dividends. Include federal Schedule B if required.       9       00         10       Taxable refunds, credits, or offsets of state and local income taxes       10       00         11       Alimony received       11       00         12       Business income or (loss), loclude federal Schedule C or C EZ       NAICS;       12	
10       Taxable refunds, credits, or offsets of state and local income taxes       10       00         11       Alimony received       11       00         12       Business income or (loss), loclude federal Schedule C or C EZ       NAICS;       12	00
12 Business income or (lose). Include federal Schedule C or C E7 NAICS:	00
12 Business income or (loss). Include federal Schedule C or C-EZ. NAICS: 12 00	00
	00
5    13    Capital gain or (loss). Include federal Schedule D if required	00
12       Dusiness income of (loss). Include federal Schedule C of C-L2.       Total C3.       12       00         13       Capital gain or (loss). Include federal Schedule D if required	00
b             3          ITA distributions.         ITA         ITA <thita< th=""> <thita< th=""> <thita< th=""> <thita<< td=""><td>00</td></thita<<></thita<></thita<></thita<>	00
Image: Total and annuities         Image: Total annuit	00
17       Rental real estate, royalties, partnerships, S corporations, trusts. Include federal Schedule E	
18    Farm income or (loss). Include federal Schedule F    18    00	00
19   Unemployment compensation   00	
20a     Social security benefits.     20a     00     00     Taxable amount     20b     00	00
21 Other income; list type.     Amount	00 00 00 00
22    Add the amounts in columns A and B for lines 7 thru 21. This is your total income    22    00	00 00 00



	I	Form 2, Page 2 – 2015 Social Security Number:					
				Column A (for single joint, separate, or he of household)		Column B (for spous when filing separate using filing status 3a	ely
	23	Your total income from line 22	23		00		00
	24	Educator expenses (Caution – see instructions on page 5)	24	15-30-2110 (1	00	42.15.108(3)	00
	25	Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ	25		00		00
	26	Health savings account deduction. Include federal Form 8889	26		00		00
	27	Moving expenses. Include federal Form 3903	27		00		00
	28	Deductible part of self-employment tax. Attach federal Schedule SE	28		00		00
ш Ш	29	Self-employed SEP, SIMPLE, and qualified plans			00		00
s Inc	30	Self-employed health insurance deduction	30		00		00
Federal Adjusted Gross Income	31	Penalty on early withdrawal of savings	31		00		00
ear	32a	Alimony paid			00		00
last	32b	Recipient's SSN					
II Ad	33	IRA deduction	33		00		00
dera	34	Student loan interest deduction			00		00
e L	35	Tuition and fees (Caution – see instructions on page 5)			00		00
	36	Domestic production activities deduction. Include federal Form 8903			00		00
	37	Add lines 24 through 36 and enter the result here.			00		00
	38	Subtract line 37 from line 23 and enter the result here	38		00		00
	38a	Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross		38a		00	
	39	Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I,					
AG		Line 17	39	15-30-2110(1)	00		00
Montana AGI	40	Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 36	40	15-30-2110 (2)	00		00
2	41	Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income	41		00		00
	42	Deductions Standard Deduction (see Worksheet V on page 46)		15-30-2132		42.15.523	
e		Must mark Core		15-30-2131		Married Fil Separate 42.1	
axable Income		Itemized Deductions (from Form 2, Schedule III, line 30)	42		00	42.15.525	00
	43	Subtract line 42 from line 41 and enter the result here	43		00		00
Іахаі	44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2330 by the number of exemptions on line 6d and enter the result here	44	15-30-2114	00	42.15.402	00
	45	Subtract line 44 from line 43 and enter the result here. This is your taxable income.	45		00		00
e	46	Tax from the tax table on page 7 or from Form 2, page 4. If line 45 is zero or less than zero, enter zero	46	15-30-2103	00	42.15.108(10)	00
ptur	47	2% capital gains tax credit	47	15-30-2301	00	42.4.501 42.4.502	00
lax, Nonretundable Credits and Recapture	48	Subtract line 47 from line 46; enter the result here, but not less than zero. This is your resident tax after capital gains tax credit	48	Taxation of Nonresidents	00		00
ts ar	48a	Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from		15-30-2104		Taxation of	
reall		Form 2, Schedule IV, line 25, but not less than zero	48a	15-30-2111	00	Nonresident: 42.15.110	<b>\$</b> 00
	49	Tax on lump-sum distributions. Include federal Form 4972	49	15-30-2105	00		00
naal	50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax.	50		00		00
onreru	51	Enter the amount from Form 2, Schedule V, line 23, but do not enter an amount larger than the amount on line 50. This is your total nonrefundable credits.	51		00		00
ax, n	52	Recapture taxes (see instructions on page 7) Code Code	. 52		00		00
ēl	53	Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. This is your 2015 tax liability.	53		00		00

Questions? Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD (406) 444-2830 for hearing impaired.

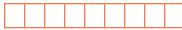


	Fo	rm 2, Page 3 – 2015	Social Security Numb	ber:													
											sepa	(for single, j rate, or head nousehold)		wh	nen filin	B (for sj ng sepa ng statu	irately
	54	Your 2015 tax liabili	ity from line 53							. 54			00				00
its	55	Montana income ta	x withheld. Include federal Fo	rms W-2 a	and 109	9				. 55		-30-2502					00
Cred	56	Montana mineral roy	alty tax withheld. Include federa	I Forms 10	99-MIS	C and Mo	ontana So	chedules	s K-1	. 56	15- 15-	-30–2538 -30–2539	00				00
ble (	57	Montana pass throu	ugh entity withholding. Include	Montana	Schedu	ules K-1				. 57		-3313 (1)	1 1				00
nda	58	2015 estimated tax	payments and amount applie	d from you	ur 2014	return				. 58	15-	-30–2512	00				00
Refu	59	2015 extension pay	ments from Form EXT-15							. 59	15-	-30-2604	00				00
Payments and Refundable Credits	60	Refundable credits	from Form 2, Schedule V, line	9 28						. 60	15-30-	-2110 (2)	( <b>£</b> 9				00
nts á	61	If filing an amende	ed return: Payments made wi	th original	return.					. 61			00				00
yme	62	If filing an amende	ed return: Previously issued r	efunds						. 62			00				00
Pa	63	Add lines 55 throug	h 61. Subtract line 62, enter t	he result h	nere. <b>Th</b>	nis is yo	ur total	paymei	nts	. 63			00				00
	64	If line 54 is greater	than line 63, subtract line 63 f	rom line 5	4. This	is your	tax due			. 64			00				00
	65	If line 63 is greater	than line 54, subtract line 54 f	rom line 6	3. This	is your	tax ove	rpaid		. 65			00				00
S	66	Interest on underpa	ayment of estimated taxes (se	e instructio	ons on j	page 9).						531.6	66		15-3	80-25	<b>12</b> 00
utior		If applicable, mark a	appropriate box:	2/3 farming	g gross	income		Estima	ated pa	yments	s were ma	ide using th	ie an	nuali	zation	metho	bd
ıtribı	67		e payment penalty and interest										67		15-	-1-21	<b>6</b> 00
Con	68	Other penalties (see	e instructions on page 10)	MSA 15-	61–20	3.(2)	FHB	15-63	-203.(	2)	FRRM 1	530300	<b>56<mark>1</mark>84</b> ,	)			00
and	69	Total voluntary cheo	ck-off contribution programs fr	om lines 6	39a thro	ough 69d						····· [	69				00
Penalties, Interest and Contributions		69a Nongame W	ildlife Program	\$5	)	\$	10		00	othe	r amount	15-30-	238	7			n for tions
Inte		69b Child Abuse	Prevention	\$5	)	\$	10		00	othe	r amount	15-30-	239	0 t		ild negl	abuse lect
ties,		69c Agriculture L	iteracy in Montana Schools	\$5	j	\$	10		00	othe	r amount	15-30-	238	9	pre	vent	ion
enal		69d Montana Mili	itary Family Relief Fund	\$5	;	\$	10		00	othe	er amount	15-30-	-239	2		rogra 30–2	
д.		-	h 69 and enter the result. Thi		-		-						70				00
	71		(amount on line 64), add lines														
d ve			ne 70, subtract line 65 from lir 4 and 65, see instructions on							-			71				00
u Ov		amounts on lines of	Pay online at revenue.m								-		=				
Amount You Owe or Your Refund	72	If you have a tax ov	verpayment (amount on line 6														
nour r Yo	12		s is your overpayment										72				00
Ā o	73	Enter the amount fr	om line 72 that you want appl	ied to you	r 2016 (	estimate	d taxes.						73				00
	74	Subtract line 73 from	m line 72 and enter the result	here						This is	your ref	und. 🕨	74				00
			<u></u>							<del></del>	- 			=			<u> </u>
	Dire	ect Deposit	1. RTN#				2. ACCT	r#							Ш		
	Yo	ur Refund					h	Г				0					
		ete 1, 2, 3 and 4 ctions on page 12).	3. If using direct deposit, you	i are requi	rea to n	nark one	DOX.		_ Cn	ecking		Savings		_			
(500	notru		4. Is this refund going to an a	account th	at is loc	cated out	tside of t	he Unite	ed Stat	es or its	s territorie	s?		Ye	es		No
nder pe	nalties	of false swearing, I decla	are that I have examined this return,	including ac	company	ying sched	dules and s	statemen	its, and to	o the bes	t of my kno	wledge and b	elief, it	t is tru	e, corre	ect and	complete
Your	Signa	ture is Required	Date	Dayt	ime Tel	ephone	Number	S	pouse	's Sign	ature					D	Date
X								X	(								
Paid F	repar	er's Signature		Pai	d Prepa	arer's PT	IN/SSN			Fi	rm's FEIN		┥┍	_			
																this bo	
	-	Designee		Third Pa	rty Desi	ignee's F	rinted N	lame					-		-	do no	
		to allow another perso return with us (see pag	on (such as a paid preparer) to e 13)?	Third Do	rty Doo	anoo'o [	hone N	umbor					_		want forms and instructions maile		
	۲			Third Pa	Ty Desi	ignee s F	none N	unnnel					-			u next	
	L	🔄 Yes 🔄 N	0														



Form 2, Page 4 – 2015

Social Security Number:



	Schedule I – Montana Additions to Federal Adjusted Gross Income Enter your additions to federal adjusted gross income on the corresponding line. File Schedule I with your Montana Form 2.		Column A (for single joint, separate, or he of household)		Column B (for spous when filing separate using filing status 3a	ely
1	Interest and mutual fund dividends from state, county or municipal bonds from other states	1	15-30-2110(1)	( <b>a</b> )		00
2	Dividends not included in federal adjusted gross income	2	15-30-2110(1)	( <b>G</b> 0)		00
3	Taxable federal refunds. Complete Worksheet II on page 44	3	15-30-2110(1)	( <b>B</b> )	42.15.205	00
4	Other recoveries of amounts deducted in earlier years that reduced Montana taxable income. Complete Worksheet IX (available at <i>revenue.mt.gov</i> )	4	15-30-2110(1)	( <b>၉)</b>		00
5	Addition to federal taxable social security benefits. Complete Worksheet VIII on page 48	5	15-30-2110(2)	(@)	42.15.222	00
6	Sole proprietor's allocation of compensation to spouse	6		00	42.15.322(5)	00
7	Medical care savings account nonqualified withdrawals	7	15-61-201	00	42.15.603	00
8	First-time home buyer savings account nonqualified withdrawals	8	15-63-203	00	42.15.904	00
9	Farm and ranch risk management account taxable distributions	9	15-30-3005	00		00
10	Addition for dependent care assistance credit adjustment	10	15-31-131 (6) &	( <b>7</b> 9		00
11	Addition for smaller federal estate and trust taxable distributions	11	15-30-2110(1)	œ)		00
12	Federal net operating loss carryover reported on Form 2, line 21	12	15-30-2119	00	42.15.318	00
13	Share of federal income taxes paid by your S corporation	13	15-30-2110(1)	( <del>@</del> )	42.9.402	00
14	Title plant depreciation and amortization	14	15-30-2110(1)	(@0)		00
15	Premiums for Insure Montana small business health insurance credit	15	15-30-2368	00	33-22-2006(6	00
16	Other additions. Specify: domestic international sales corporation (DISC) 15-30-2110(3)	16		00		00
17	Add lines 1 through 16. Enter the total here and on Form 2, line 39. This is your total Montana additions to federal adjusted gross income.	17		00		00

		201	5 Montan	a Individ	lual Income Ta	ax Table			
If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	I nis is	If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$2,800	1% (0.010)	\$0		\$10,300	\$13,300	5% (0.050)	\$257	
\$2,800	\$5,000	2% (0.020)	\$28		\$13,300	\$17,100	6% (0.060)	\$390	
\$5,000	\$7,600	3% (0.030)	\$78		More T	han \$17,100	6.9% (0.069)	\$544	
\$7,600	\$10,300	4% (0.040)	\$154						

For example: Taxable income \$6,800 X 3% (0.030) = \$204.

\$204 minus \$78 = \$126 tax



	Form 2, Page 5 – 2015 Social Security Number:				
	Schedule II – Montana Subtractions from Federal Adjusted Gross Income Enter your subtractions from federal adjusted gross income on the corresponding line. File Schedule II with your Montana Form 2.		Column A (for single, joint, separate, or head of household)	Column B (for spou when filing separate using filing status 3	ely
1	Exempt interest and mutual fund dividends from federal bonds, notes and obligations	1	15-30-2110(2) (a	42.15.216	00
2	Exempt tribal income. Include Form ETM	2	15-30-2110(2) (a	42.15.220	00
3	Exempt unemployment compensation	3	15-30-2101 (10)	0	00
4	Exempt workers' compensation benefits	4	15-30-2110(2) (g	¢	00
5	Exempt capital gains and dividends from small business investment companies	5	<b>15–33–106</b> 0	0 42.23.108-110	00
6	State income tax refunds included on Form 2, line 10	6	15-30-2110(2) (d	)	00
7	Recoveries of amounts deducted in earlier years that did not reduce Montana income tax	7	15–30–2110(2) (m	0	00
8	Exempt military salary of residents on active duty	8	<b>15-30-2117</b> 0	0 <b>42.15.214</b>	00
9	Exempt income of nonresident military servicepersons	30 <del>9</del> 2	<b>101(18)(b)(i)</b> О	0 <b>42.15.112</b>	00
10	Exempt life insurance premiums reimbursement for National Guard and Reservist	10	15-30-2117(3)	0	00
11	Partial pension and annuity income exemption. Report Tier II Railroad Retirement on line 24 below. Complete Worksheet IV on page 45	11	15–30–2110 (2) (ج	42.15.219 42.15.222	00
12	Partial interest exemption for taxpayers 65 and older	12	15-30-2110(2) (B	42.15.215	00
13	Partial retirement disability income exemption for taxpayers under age 65. Include Form DS-1	13	15-30-2110 (1 <b>0</b> )	0 <b>42.15.217</b>	00
14	Exemption for certain taxed tips and gratuities	14	15-30-2110(2)(£	0	00
15	Exemption for certain income of child taxed to parent	15	15-30-2110(2) (🏚	42.15.221	00
16	Exemption for certain health insurance premiums taxed to employee	16	15-30-2110(2)(b	D	00
17	Exemption for student loan repayments taxed to health care professional	17	15-30-2110 (12)	0	00
18	Exempt medical care savings account deposits and earnings. Include Form MSA	18	15–30–2110(2)()j	42.15.602	00
19	Exempt first-time home buyer savings account deposits and earnings. Include Form FTB563202	19	15-30-2110(2)(&	42.15.906	00
20	Exempt family education savings account deposits15-30-2110(2).(1)	20	15-30-2110 (110	0 <b>42.15.802</b>	00
21	Exempt Montana Achieving a Better Life Experience Act (ABLE) account deposits	21	0	0	00
22	Exempt farm and ranch risk management account deposits. Include Form FRM	22	15-30-2110 (2) 🚱	P	00
23	Subtraction from federal taxable social security benefits/Tier I Railroad Retirement reported on Form 2, line 20b. Complete Worksheet VIII on page 48	23	15-30-2110 (2) (g	42.15.222	00
24	Subtraction for federal taxable Tier II Railroad Retirement benefits reported on Form 2, line 16b	24	0	0 <b>42.15.222</b>	00
25	Passive loss adjustment	<b>æ25</b> :	1 <b>5-30-2110(7)</b> 0	42.15.206(2)	<b>(</b> @))
26	Capital loss adjustment	<b>r2</b> 6 :	15-30-2110(6) 0	42.15.206(2)	<b>()</b> )
27	Subtraction of sole proprietor for allocation of compensation to spouse	27	0		00
28	Montana net operating loss carryover from Montana Form NOL, Schedule B.15-30-2609.(4).(a).(ii)	28	<b>15-30-2119</b> 0	0 <b>42.15.318</b>	00
29	40% capital gain exclusion for pre-1987 installment sales. Complete Worksheet III on page 45	29	15-30-2110 (13)	0 <b>42.15.218</b>	00
30	Subtraction for business-related expenses for purchasing recycled material. Include Form RCYL	30	<b>15-32-609</b> 0	0 <b>42.4.2602</b>	00
31	Subtraction for sales of land to beginning farmers	31	<b>80–12–211</b> 0	0 <b>42.15.415</b>	00
32	Subtraction for larger federal estate and trust taxable distribution	32	15-30-2110(2) 🖗	9	00
33	Subtraction for wage deduction reduced by federal targeted jobs credit	33	15-30-2110 (4 <mark>)</mark> )	0	00
34	Subtraction for certain gains recognized by liquidating corporation	34	15-30-2110(2) 🕼	9	00
35	Other subtractions. Specify:	35	mobile home par	k 15-30-2110(2)	<b>(</b> 29
36	Add lines 1 through 35. Enter the total here and on Form 2, line 40. This is your total Montana subtractions from federal adjusted gross income.	36	organic and inc 15-	nganic fertili: 32-301	zer



				_		_		In general			
	Form 2, Page 6 – 2015 Social Security Nu	imbe	er:					accor 15-30-2		-	
	Schedule III – Montana I Enter your itemized deductions File Schedule III with yo	<b>ten</b> on t	nized Deductions he corresponding line.					Column A (for single joint, separate, or hea of household)		Column B (for spous when filing separate using filing status 3a	ly
1	Medical and dental expenses	11	n general-same 🗟	ß	IRC according	<b>£0</b>		Married Filing	Se	parate 42.15.5	524
2	Enter the amount from Form 2, line 41	2	15-30-21	63	1(1)(a)	00		<b>,</b>		-	
3	Multiply line 2 by 10% (0.10). But if you were born before January 2, 1951, multiply line 2 by 7.5% (0.075) instead (see instructions on page 23)	3	00	0		00			4	2.15.525	
4	Subtract line 3 from line 1 and enter the result here, but		ot less than zero. <b>This is</b>	s y	our deductible						
	medical and dental expense subject to a percentage	-	-				4		00		00
	Medical insurance premiums not deducted elsewhere	-					5	15-30-2131(1)	_		00
	Long-term care insurance premiums not deducted else		-				6	15-30-2131(1)		-	00
	nplete lines 7a through 7d reporting your total federal ir es paid on lines 7a through 7d.	com	ne tax payments made ir	n 2	2015 before completi	ng lii	ne 7e	e. You cannot deduct	you	r self-employment	
7a	Federal income tax withheld in 2015	7a	00	0		00					
7b	Federal estimated tax payments paid in 2015	7b	00	0		00					
7c	2014 federal income taxes paid in 2015	7c	00	0		00					
7d	Other back year federal income taxes paid in 2015.			Τ							
		7d	0(	· .		00					
7e	Add lines 7a through 7d and enter the result here, but of household, or married filing separately; or \$10,000 i federal income tax deduction.	f filir	ng a joint return with you	ir s	spouse. This is your		7e	15-30-2	2 <b>13</b> 00	l (1) (b)	00
8	General state and local sales taxes paid in 2015 (Cau						8		00		00
	Local income taxes paid in 2015 (see instructions on p			-			9		00		00
10	Real estate taxes paid in 2015						10		00		00
11	Personal property taxes paid in 2015 (see instructions	on p	page 25)				11	Light vehicle	00	gistration fee	<b>G</b> 0
12	Other deductible taxes paid in 2015. List type and amo	ount:	:					15-30-	-21	31(1)(h)	
							12		00		00
13	Home mortgage interest and points. If paid to the pers	on fi	rom whom you bought th	he	house, provide their						
	name, social security number, and address.						10				
							13		00		00
	Qualified mortgage insurance premiums (Caution – se		,				14		00		00
	Investment interest. Include federal Form 4952						15 16	15-30-21	00		00 00
10	Charitable contributions made by cash or check during Charitable contributions made by other than cash or c	j ZU book	during 2015 15-30-2	se 21	≥ <i>check=oii</i> .31(1)(f)		10		00	1)(a)(V)	00
	Charitable contributions made by other than cash of c						18		00		00
	Child and dependent care expenses. Include Montana						19	15-30-21		1)(c)(i)	00
	Casualty or theft losses. Include federal Form 4684						20		00		00
	Unreimbursed employee business expenses. Include			Τ			20		00		
~~		21	00	0		00					
22	Other expenses. List type and amount:	00		~		0.0					
00	Add lines 21 and 22	22 23		-		00					
	Enter the amount from Form 2, line 41	23 24		-		00 00					
	,	24 25		-		00					
	Subtract line 25 from line 23 and enter the result here,			÷.			26		00		00
20 27	Political contributions (limited to \$100 per taxpayer)						20	15-30-2		(1)(d)	00
	Other miscellaneous deductions not subject to 2% of I						21	20 00 -		(1) (0)	00
	organic or inorganic fertilizer		per capita liv	7e	stock fees	- [	28	organic or in	0£	anic fertilize	<b>9</b> 00
29	organic or inorganic fertilizer Gambling losses allowed under federal law		15-30-213.	1 (	(1) (i)		29	15	ōð	-303	00
30	Is the amount on Form 2, line 41 more than \$309,900 \$258,250 if filing single or \$154,950 if married filing se Worksheet VI-IDL. Otherwise, add lines 4 through 6, 7	if fili para	ng jointly, \$284,050 if fili ately? If yes, mark this b	ing ox	g head of household,						
	here and on Form 2, line 42. This is your total itemiz						30		00		00
			*15CE06								

	MT Source Income 15-30-2101(18)		MT Source 42.2			ne					T			Nonresidents 15.110	
	Form 2, Page 7 – 2015 S	Social Sec	curity Number:								T			Nonresidents 20-2104	
inco	Schedule IV – Non er on lines 1 through 15 your Montana me on Form 2, lines 7 through 21. Als edules I and II.	source in source in so include	nt/Part-Year R	uded addi	in Mo tions a	ontana a					ımn A (for s te, or head	single, join	t,	Column B (for spouse wh	
1	Montana wages, salaries, tips, etc		-						1	oopara		30-2101	1		00
2	Montana interest								2		15-30-2			1	00
3	Montana ordinary dividends								3		15-30-2				00
4	Montana refunds, credits, or offsets								4		5-30-21		+		00
5	Montana alimony received								5	1	5-30-21	101 (18)	<b>@</b> )	(xvi)	00
6	Montana business income or (loss).								6	:	15-30-2	101 (18	) (a)	(vi)	00
7	Montana capital gain or (loss)								7	15-3	30-2101	(18) (a	) (). ()	)&(iii)	00
8	Other Montana gains or (losses)	<i>ically</i>	Traded Part 2101(18)(a)(	ner	ship O	) <i>S</i>			8	1	5-30-21	101 (18)	( <b>G</b> )	(xvi)	00
9	Montana IRA distribution								9	:	15-30-2	101 (18	) (Pa)	(xv)	00
10	Montana pensions and annuities	rporati	ons 15-30-2.	101	(18)	(a) (x:			10	2	15-30-2	101 (18	) (Pa)	(xv)	00
11	Montana rental real estate, royalties	, partners	ships, S corporation	ons, t	rust, e	etc			11				00		00
12	Montana farm income or (loss)								12	1	5-30-21	101 (18)	( <b>G</b> )	(vii)	00
13	Montana social security benefits	Real H	Istate 15-30-	-210	)1 (18	8) (a)	(viii)		13	1	5-30-21	101 (18)	( <b>@</b> )	(xiv)	00
14	Any other Montana income (see first	rtictions)	nip 15-30-210	01 (1	.8) (a	a) (xi:	i)		14	1	5-30-21	101 (18)	( <b>@</b> )	(xvi)	00
15	Montana source additions to income net operating losses reported on Sch								15	1	5-30-21	101 (18)	ദ്ര	(xvi)	00
16	Add lines 1 through 15 and enter the	e result he	ere. <b>This is your</b>	Mon	tana	source	income	e	16				00		00
17	Enter the total of your federal income	e from Fo	orm 2, line 22						17				00		00
18	Enter your Montana additions from F	Form 2, S	chedule I, line 17						18				00		00
19	Enter your Montana subtractions from Form 2, Schedule II, line 36	19		00				00							
20	Enter your net operating losses from Form 2, Schedule II, line 28	20		00				00							
21	Subtract line 20 from line 19								21				00		00
22	Add lines 17 and 18, and subtract lin	ne 21. Th	is is your total ir	ncom	ne fro	m all so	ources.		22				00		00
23	Divide the amount on line 16 by the 6 decimal places and do not enter m								23		15-	30-210	4 (1)		
24	Enter your resident tax after capital g	gains tax	credit from Form	2, lin	e 48 .				24				00		00
25	Multiply the tax on line 24 by the per Form 2, line 48a. <b>This is your none</b> tax credit	esident,	part-year reside	nt ta	x afte	r capita	al gains	;	25				00		00

## How do I determine what qualifies as my Montana source income when I am a nonresident of Montana?

In general, as a nonresident of Montana, your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property located in Montana, and income that you receive from business conducted in Montana.

## How do I determine my Montana source income when I am a part-year resident of Montana?

As a part-year resident, you are considered a resident for part of the year and a nonresident for the other part of the year.

In general, for the part of the year that you are a nonresident, your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from business conducted in Montana.

For the part of the year that you are a resident, all of your income that you receive, no matter where you earn it, is Montana source income.

# Where can I find additional information on what is included in my Montana source income?

For additional information and a line-by-line description of what Montana source income is, refer to Form 2, Schedule IV instructions beginning on page 27.



	Form 2, Page 8 – 2015 Social Security Number:					
	Schedule V – Montana Tax Credits Enter your Montana tax credits on the corresponding line. File Schedule V with your Montana Form 2.		Column A (for single joint, separate, or he of household)		Column B (for spous when filing separate using filing status 3	əly
Non	refundable credits that are single-year credits and HAVE NO carryover provision					
1	Credit for an income tax liability paid to another state or country from Form 2, Schedule VI, line 10	1		00	42.4.401-4	00
2	College contribution credit. Include Form CC	2		00		00
3	Qualified endowment credit. Include Form QEC	3	15-30-2327-28	00	42.4.2701-8	00
4	Energy conservation installation credit. Include Form ENRG-C	4	15-32-109	00	42.4.201	00
5	Alternative fuel credit. Include Form AFCR	5	15 20 0267	00		00
6	Health insurance for uninsured Montanans credit. Include Form HI	6	15-31-132	00	42.4.2802	00
7	Elderly care credit. Include Form ECC	7		00		00
8	Recycle credit. Include Form RCYL	8	15-32-603	00	42.4.2604	00
	refundable credits that HAVE a carryover provision			_		
9	Oilseed crushing and biodiesel/biolubricant production facility credit. Include a detailed schedule of the credit carryforward	9	15-32-701-2	00	42.4.2502	00
10	Biodiesel blending and storage credit. Include Form BBSC	10	15-32-703	00	42.4.2503-4	00
11	Contractor's gross receipts tax credit. If multiple CGR accounts, mark here.	11	15-50-207	00	42.4.3102	00
12	Geothermal systems credit. Include Form ENRG-A	12	15-32-115	00	42.4.118	00
13a	Alternative energy systems credit. Recognized nonfossil form of energy generation. Include Form ENRG-B	13a	15-32-201	00	42.4.104 42.4.118	00
13b	Alternative energy systems credit. Low emission wood or biomass combustion device. Include Form ENRG-B	13b	15-32-201	00	42.4.104 42.4.118	00
14	Alternative energy production credit. Include Form AEPC	14		00	42.4.4101-13	00
15	Dependent care assistance credit. Include Form DCAC	15	15-30-2373 15-30-2365	00		00
16	Historic property preservation credit. Include federal Form 3468	16	15-30-2342	00	42.4.2902-4	00
17	Infrastructure users fee credit. Include Form IUFC	17	17-6-316	00	42.4.3002-4	00
18	Empowerment zone credit	18	15-30-2356	00		00
19	Increasing research activities credit. Include a detailed schedule of the credit carryforward	19	15-31-150	00	42.4.3202	00
20	Mineral and coal exploration incentive credit. Include Form MINE-CRED	20	15-32-503	00		00
21	Film employment production credit. Include a detailed schedule of the credit carryforward	21	15-31-901-11	00	42.4.3301-6	00
22	Adoption credit. Include federal Form 8839	22	15-30-2364	00		00
23	Add lines 1 through 22 and enter the result here and on Form 2, line 51. This is your total nonrefundable credits.	23		00		00
Refu	indable credits					
24	Elderly homeowner/renter credit. Include Form 2EC	24	15-30-2339-41	00	42.4.301-3	00
25	Insure Montana small business health insurance credit. Business FEIN:	25	15-30-2368 33-22-2006	00		00
26	Emergency lodging credit. Include Form ELC	26		00	42.4.1702	00
27	Unlocking state lands credit	27		00		00
28	Add lines 24 through 27 and enter the result here and on Form 2, line 60. This is your total refundable credits.	28		00		00

## Montana Tax Credits

We have listed the 26 Montana tax credits available to you under three categories. With the exception of the capital gains tax credit, which you must apply before any other credit, you are not required to apply any of these 26 tax credits against your income tax liability in any particular order. For more information about these tax credits, see the instructions on page 31.



	Form 2, Page 9 – 2015 Social Security Number:			
	Schedule VI – Credit for an Income Tax Liability Paid to Another State or Country			
	Indicate residency status from Form 2, line 5 Full-year Part-year File Schedule VI with your Montana Form 2.		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
1	Enter your income sourced and taxable to another state or country that is included in Montana adjusted gross income. If a full-year resident, this is the amount included in the total on Form 2, line 41. If a part-year resident, this is the amount included in the total on Schedule IV, line 16	1	00	00
2	Enter all income sourced and taxable to the other state or country. This includes the income from line 1 plus all income exempt from Montana income tax (e.g., certain tips) sourced and taxable in the other state or country. Indicate state's abbreviation.	2	00	00
3	Enter your income sourced and taxable to Montana. If a full-year resident, enter the amount from Form 2, line 41. If a part-year resident, enter the amount from Schedule IV, line 16	3	0.0	0.0
4	Enter your total income tax liability paid to the other state or country (see instructions on page 37)	4	00	00
5	Enter your Montana tax liability. If a full-year resident, enter the amount from Form 2, line 48. If a part- year resident, enter the amount from Form 2, line 48a	5	00	00
6	Divide line 1 by line 2. Enter the percentage here, but not more than 100%	6	. %	. %
7	Multiply line 4 by line 6 and enter the result here	7	00	00
8	Divide line 1 by line 3. Enter the percentage here, but not more than 100%	8	%	%
9	Multiply line 5 by line 8 and enter the result here	9	00	00
10	Enter here and on Form 2, Schedule V, line 1 the smaller of the amounts reported on lines 4, 7 or 9 above. This is your credit for income tax paid to another state or country.	10	0 0	0.0

 You are not entitled to a Montana tax credit for taxes paid to a foreign country to the extent you claimed these taxes as a foreign tax credit on your federal income tax return.

- If you claim this credit for an income tax paid by your S corporation or partnership, see the instructions for Form 2, Schedule V, line 1 on page 31.
- Your credit is limited to a tax liability paid on income that is also taxed by Montana.
- Your income tax paid includes your share of any excise or franchise taxes paid by your S corporation or partnership if they are imposed on the entity itself and measured by the entity's net income.
- · This is a nonrefundable credit and cannot reduce your Montana tax liability below zero.
- This is a nonrefundable single-year credit. No unused credit amount can be carried forward.
- You will need to complete a separate Schedule VI for each state or country to which you have paid an income tax liability. You cannot combine payments on one schedule.
- If you are a part-year resident, you will need to allocate your income on Form 2, Schedule IV before completing Form 2, Schedule VI.

#### Please note: Beginning with the 2014 tax year, the credit calculation previously made on Schedule VII is now made on Schedule VI.



	Form 2, Page 10 – 2015 Social Security Number:			
	Schedule VIII – Reporting of Special Transactions File Schedule VIII with your Montana Form 2.		/lark "Yes" if you filed	
box	plete Schedule VIII only if you and/or your spouse filed any of the federal income tax forms described below. Mark the appropriate indicating which forms you filed with the Internal Revenue Service for this tax year. If your answer is "Yes" to one or more of these is, you will need to include a complete copy of your federal income tax return Form 1040.		h the Internal Reven Service.	
1	I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service	1	Yes	
	NOTE: Mark "Yes" if your like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property. Form 8824 is used to report each exchange of business or investment property for property of a like kind.			
2	I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service	2	Yes	
	Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).			
3	I filed federal Form 8886 - Reportable Transaction Disclosure Statement with the Internal Revenue Service	3	Yes	
	Form 8886 is used to disclose information for each reportable transaction in which you participated.			

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