

No Staples

2016 Montana Individual Income Tax Return

Form 2

For the year Jan 1 - Dec 31, 2016 or the tax year beginning MMDD2016 and ending MMDD20YY

Mark all that apply.

- Amended Return
NOL Carryback

First Name and Initial, Last Name, Social Security Number, Deceased? Date of Death, Spouse's First Name and Initial, Last Name, Spouse's Social Security Number, Deceased? Date of Death, Mailing Address, City, State, Zip+4

Filing Status Mark only one box.

- 1 Single
2 Married filing jointly
3a Married filing separately on the same form
3b Married filing separately on separate forms
3c Married filing separately and spouse not filing
4 Head of household



File online at revenue.mt.gov

Residency Status Mark only one box.

- 5a Resident full-year
5b Nonresident full-year
5c Resident part-year

Resident Part-Year Required Information: Date of change, State moved to, State moved from

North Dakota reciprocity (see instructions on page 3)

Dependents

Table with columns: First Name, Last Name, Social Security Number, Relationship, Mark if Disabled

Exemptions

- 6a X Yourself 65 or older Blind Enter number marked
6b Spouse 65 or older Blind Enter number marked
6c Enter the total number of dependents.
6d Add lines 6a through 6c and enter total exemptions here

Table with columns: Column A (for single, joint, separate, or head of household), Column B (for spouse when filing separately using filing status 3a)

Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.

Federal Income

Table with columns: Description (7-22), Column A, Column B



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| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Federal Adjusted Gross Income

Montana AGI

Taxable Income

Tax, Nonrefundable Credits and Recapture

Column A (for single, joint, separate, or head of household) Column B (for spouse when filing separately using filing status 3a)

| | | | | | | |
|-----|---|-----|--|----|----|----|
| 23 | Your total income from line 22..... | 23 | | 00 | | 00 |
| 24 | Educator expenses (Caution – see instructions on page 5)..... | 24 | | 00 | | 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 |
| 29 | Self-employed SEP, SIMPLE, and qualified plans..... | 29 | | 00 | | 00 |
| 30 | Self-employed health insurance deduction..... | 30 | | 00 | | 00 |
| 31 | Penalty on early withdrawal of savings..... | 31 | | 00 | | 00 |
| 32a | Alimony paid..... | 32a | | 00 | | 00 |
| 32b | Recipient's SSN..... 32b | | | | | |
| 33 | IRA deduction..... | 33 | | 00 | | 00 |
| 34 | Student loan interest deduction..... | 34 | | 00 | | 00 |
| 35 | Tuition and fees (Caution – see instructions on page 6)..... | 35 | | 00 | | 00 |
| 36 | Domestic production activities deduction. Include federal Form 8903..... | 36 | | 00 | | 00 |
| 37 | Add lines 24 through 36 and enter the result here. <input type="checkbox"/> Federal write-ins..... | 37 | | 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 income. | 38a | | | 00 | |
| 39 | Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 16..... | 39 | | 00 | | 00 |
| 40 | Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 36..... | 40 | | 00 | | 00 |
| 41 | Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income..... | 41 | | 00 | | 00 |
| 42 | Deductions <input type="checkbox"/> Standard Deduction (see Worksheet V on page 46) <i>Must mark one box.</i> } OR <input type="checkbox"/> Itemized Deductions (from Form 2, Schedule III, line 30)..... | 42 | | 00 | | 00 |
| 43 | Subtract line 42 from line 41 and enter the result here..... | 43 | | 00 | | 00 |
| 44 | Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,380 by the number of exemptions on line 6d and enter the result here..... | 44 | | 00 | | 00 |
| 45 | Subtract line 44 from line 43 and enter the result here. This is your taxable income. | 45 | | 00 | | 00 |
| 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 | | 00 | | 00 |
| 47 | 2% capital gains tax credit..... | 47 | | 00 | | 00 |
| 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 | | 00 | | 00 |
| 48a | Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2, Schedule IV, line 25, but not less than zero..... | 48a | | 00 | | 00 |
| 49 | Tax on lump-sum distributions. Include federal Form 4972..... | 49 | | 00 | | 00 |
| 50 | Add lines 48 or 48a and 49 and enter the result here. This is your total tax. | 50 | | 00 | | 00 |
| 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 |
| 52 | Recapture taxes (see instructions on page 7) Code <input type="text"/> <input type="text"/> Code..... | 52 | | 00 | | 00 |
| 53 | Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. This is your 2016 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.



SSN input boxes

Column A (for single, joint, separate, or head of household)
Column B (for spouse when filing separately using filing status 3a)

Table with 4 columns: Description, Column A, Column B, and Total. Rows include tax liability, credits, penalties, interest, and contributions.

Direct Deposit Your Refund section with fields for RTN#, ACCT#, and checkboxes for account type and location.

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature and Third Party Designee section with fields for signatures, dates, and phone numbers.

