

No Staples

# 2013 Montana Individual Income Tax Return

# Form 2

For the year Jan 1 – Dec 31, 2013 or the tax year beginning             and ending

Mark all that apply.

Amended Return

NOL Carryback

First Name and Initial	Last Name	Social Security Number	Deceased? Date of Death
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Spouse's First Name and Initial	Last Name	Spouse's Social Security Number	Deceased? Date of Death
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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

Spouse's SSN (for lines 3b and 3c)



File online at [revenue.mt.gov](http://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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
State moved to	<input type="text"/>
State moved from	<input type="text"/>

North Dakota reciprocity (see instructions on page 3)

Dependents	First Name	Last Name	Social Security Number	Relationship	Mark if Disabled
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Exemptions	Column A (for single, joint, separate, or head of household)			Column B (for spouse when filing separately using filing status 3a)		
	6a <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind Enter number marked.....	6a				
6b <input type="checkbox"/> Spouse <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind Enter number marked.....	6b					
6c Enter the total number of dependents. If more than 4 dependents, see instructions on page 4 .....	6c					
6d Add lines 6a through 6c and enter total exemptions here .....	6d					

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

Federal Income	Column A (for single, joint, separate, or head of household)		Column B (for spouse when filing separately using filing status 3a)	
	7 Wages, salaries, tips, etc. Include federal Form(s) W-2 .....	7	00	
8a Taxable interest. Include federal Schedule B if required .....	8a	00		00
8b Tax-exempt interest. Do not include on line 8a... 8b <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
9 Ordinary dividends. Include federal Schedule B if required .....	9	00		00
10 Taxable refunds, credits, or offsets of state and local income taxes .....	10	00		00
11 Alimony received .....	11	00		00
12 Business income or (loss). Include federal Schedule C or C-EZ. NAICS: <input type="text"/> .....	12	00		00
13 Capital gain or (loss). Include federal Schedule D if required .....	13	00		00
14 Other gains or (losses). Include federal Schedule 4797 .....	14	00		00
15a IRA distributions. 15a <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Taxable amount .....	15b	00		00
16a Pensions and annuities. 16a <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Taxable amount .....	16b	00		00
17 Rental real estate, royalties, partnerships, S corporations, trusts. Include federal Schedule E .....	17	00		00
18 Farm income or (loss). Include federal Schedule F .....	18	00		00
19 Unemployment compensation .....	19	00		00
20a Social security benefits. 20a <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Taxable amount .....	20b	00		00
21 Other income; list type. <input type="text"/> Amount .....	21	00		00
22 Add the amounts in columns A and B for lines 7 thru 21. <b>This is your total income.</b> .....	22	00		00



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Federal Adjusted Gross Income

- 23 Your total income from line 22.....
- 24 Educator expenses.....
- 25 Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ.....
- 26 Health savings account deduction. Include federal Form 8889.....
- 27 Moving expenses. Include federal Form 3903.....
- 28 Deductible part of self-employment tax. Attach federal Schedule SE.....
- 29 Self-employed SEP, SIMPLE, and qualified plans.....
- 30 Self-employed health insurance deduction.....
- 31 Penalty on early withdrawal of savings.....
- 32a Alimony paid.....
- 32b Recipient's SSN..... 32b 

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- 33 IRA deduction.....
- 34 Student loan interest deduction.....
- 35 Tuition and fees.....
- 36 Domestic production activities deduction. Include federal Form 8903.....
- 37 Add lines 24 through 36 and enter the result here.  Federal write-ins.....
- 38 Subtract line 37 from line 23 and enter the result here.....
- 38a Combine amounts on line 38 columns A and B and enter here. **This is your federal adjusted gross income.**.....

	Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
23	00	00
24	00	00
25	00	00
26	00	00
27	00	00
28	00	00
29	00	00
30	00	00
31	00	00
32a	00	00
33	00	00
34	00	00
35	00	00
36	00	00
37	00	00
38	00	00
38a	00	00

Montana AGI

- 39 Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 17.....
- 40 Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 35.....
- 41 Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income.....

39	00	00
40	00	00
41	00	00

Taxable Income

- 42 **Deductions**  Standard Deduction (see Worksheet V on page 46)   
 *Must mark one box.* } **OR**  Itemized Deductions (from Form 2, Schedule III, line 30).....
- 43 Subtract line 42 from line 41 and enter the result here.....
- 44 Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,280 by the number of exemptions on line 6d and enter the result here.....
- 45 Subtract line 44 from line 43 and enter the result here. **This is your taxable income.**.....

42	00	00
43	00	00
44	00	00
45	00	00

Tax, Nonrefundable Credits and Recapture

- 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.....
- 47 2% capital gains tax credit.....
- 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.**.....
- 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.....
- 49 Tax on lump-sum distributions. Include federal Form 4972.....
- 50 Add lines 48 or 48a and 49 and enter the result here. **This is your total tax.**.....
- 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.**.....
- 52 Recapture tax(es) (see instructions on page 8) Code   Code.....
- 53 Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. **This is your 2013 tax liability.**.....

46	00	00
47	00	00
48	00	00
48a	00	00
49	00	00
50	00	00
51	00	00
52	00	00
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.



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

54	Your 2013 tax liability from line 53.....	54	00	00
55	Montana income tax withheld. Include federal Form(s) W-2 and 1099 .....	55	00	00
56	Montana mineral royalty tax withheld. Include federal Form(s) 1099-MISC and Montana Schedule(s) K-1 .....	56	00	00
57	Montana pass through entity withholding. Include Montana Schedule(s) K-1.....	57	00	00
58	2013 estimated tax payments and amount applied from your 2012 return .....	58	00	00
59	2013 extension payments from Form EXT-13.....	59	00	00
60	Refundable credits from Form 2, Schedule V, line 29 .....	60	00	00
61	<b>If filing an amended return:</b> Payments made with original return.....	61	00	00
62	<b>If filing an amended return:</b> Previously issued refunds .....	62	00	00
63	Add lines 55 through 61. Subtract line 62, enter the result here. <b>This is your total payments.</b> .....	63	00	00
64	If line 54 is greater than line 63, subtract line 63 from line 54. <b>This is your tax due.</b> .....	64	00	00
65	If line 63 is greater than line 54, subtract line 54 from line 63. <b>This is your tax overpaid.</b> .....	65	00	00

**Penalties, Interest and Contributions**

66	Interest on underpayment of estimated taxes (see instructions on page 10) .....	66	00	00
If applicable, mark appropriate box: <input type="checkbox"/> 2/3 farming gross income <input type="checkbox"/> Estimated payments were made using the annualization method				
67	Late file penalty, late payment penalty and interest (see instructions on page 10) .....	67	00	00
68	Other penalties (see instructions on page 11) .....	68	00	00
69	Total voluntary check-off contribution programs from lines 69a through 69d .....	69	00	00
69a	Nongame Wildlife Program <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="text"/> 00 other amount			
69b	Child Abuse Prevention <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="text"/> 00 other amount			
69c	Agriculture Literacy in Montana Schools <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="text"/> 00 other amount			
69d	Montana Military Family Relief Fund <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="text"/> 00 other amount			
70	Add lines 66 through 69 and enter the result. <b>This is the sum of your total penalties, interest and contributions.</b> .....	70	00	00

**Amount You Owe or Your Refund**

71	If you have tax due (amount on line 64), add lines 64 and 70 OR, if you have a tax overpayment (amount on line 65) and it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are amounts on lines 64 and 65, please see instructions on page 12..... <b>This is the amount you owe.</b> ►	71	00	00
<b>Pay online at <a href="http://revenue.mt.gov">revenue.mt.gov</a>. If writing a check, make it payable to MONTANA DEPARTMENT OF REVENUE.</b>				
72	If you have a tax overpayment (amount on line 65) and it is greater than line 70, subtract line 70 from line 65 and enter the result here. <b>This is your overpayment.</b> .....	72	00	00
73	Enter the amount from line 72 that you want applied to your 2014 estimated taxes .....	73	00	00
74	Subtract line 73 from line 72 and enter the result here..... <b>This is your refund.</b> ►	74	00	00

**Direct Deposit Your Refund**

Complete 1, 2, 3 and 4 (please see instructions on page 12).

1. RTN#  2. ACCT#

3. If using direct deposit, you are required to mark one box.  Checking  Savings

4. Is this refund going to an account that is located outside of the United States or its territories?  Yes  No

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.

<b>Your Signature is Required</b>	Date	Daytime Telephone Number	<b>Spouse's Signature</b>	Date
<b>X</b>			<b>X</b>	
Paid Preparer's Signature		Paid Preparer's PTIN/SSN	Firm's FEIN	
Third Party Designee	Third Party Designee's Printed Name			<input type="checkbox"/> Mark this box if you do not want forms and instructions mailed to you next year.
Do you want to allow another person (such as a paid preparer) to discuss this return with us (see page 13)?	Third Party Designee's Phone Number			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

