

No Staples

2017 Montana Individual Income Tax Return

Form 2

For the year Jan 1 – Dec 31, 2017 or the tax year beginning and ending

If this is an amended return, check this box.

| | | | |
|---------------------------------|-----------|---------------------------------|--|
| First Name and Initial | Last Name | Social Security Number | Deceased? Date of Death |
| | | | <input type="checkbox"/> <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="checkbox"/> <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

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)

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

| Exemptions | 6a | | | 6b | | 6c | | 6d | |
|-------------------|--|--|--------------------------------------|--------------------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|
| | <input checked="" type="checkbox"/> | Yourself | <input type="checkbox"/> 65 or older | <input type="checkbox"/> Blind | Enter number marked..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="checkbox"/> | Spouse | <input type="checkbox"/> 65 or older | <input type="checkbox"/> Blind | Enter number marked..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | 6c Enter the total number of dependents. If more than 4 dependents, see instructions on page 4 | | | 6c | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | 6d Add lines 6a through 6c and enter total exemptions here | | | 6d | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

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.

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



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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 6)..... | 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 \$2,400 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 2017 tax liability. | 53 | | 00 | | 00 |

Questions? Call us at (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.



