No	
Staples	

2017 Montana Individual Income Tax Return

Form 2

		For the ye	ear Jan 1 – Dec 31, 2	2017 or the tax ye	ear beginning	M D D 2	0 1 7 an	nd ending	M	M D D 2 0	YY			
If this is an amended return, check this box.		-	First Name and Init	-	Last Name			Social	Securit	y Number	Dece	eased? Date of Death		
		nded									M	/ D D 2 0 Y Y		
			Spouse's First Nan	ne and Initial	Last Name			Spous	e's Soc	ial Security Number	Dece	eased? Date of Death		
											MIN	/ D D 2 0 Y Y		
			Mailing Address				City			State Zip	p+4			
			1 Single	filing jointly						ONTANA		File online at		
	Filin	ng Status		filing jointly	v on the same form						e	revenue.mt.gov		
		k only one			y on the same form									
	box.				y on separate forms y and spouse not fil									
				f household	y and spouse not in		Spouse's SSN (for line	s 3b and 3c)					
			4 Head of	Household										
	Res Stat	idency	5a Resider	nt full-year	Resident F	Part-Year Req	uired Information							
		.us k only one	5b Nonresi	ident full-year	Date of change M M D D Y Y Y Y					North Dakota (see instruct				
	box.	•	5c Resider	nt part-year	State moved to	S	tate moved from			(SCC IIISTI GCC	10113 0	ins on page 3)		
		First	Name		Last Name		Social Security N	umber		Relationship		Mark if Disabled		
S														
Dependents														
ben														
ے														
										Column A (for singl joint, separate, or he				
										of household)	Juu	Column B (for spouse when filing separately		
S	6a	X Yours	elf 65	or older	Blind	Ent	er number marked	db	6a			using filing status 3a)		
Exemptions	6b	Spou	se 65	or older	Blind	Ent	er number marked	db	6b					
xem	6c	Enter the	total number of de	ependents. If m	ore than 4 depende	ents, see instru		6c						
ш	6d	Add lines	6 6a through 6c and	d enter total exe		6d								
					igh 38 correspond				earest	dollar. If no entry,	leave	blank.		
					Form(s) W-2				7		00	00		
	8a	Taxable i	nterest. Include fe	deral Schedule	B if required				8a		00	00		
	8b	Tax-exen	x-exempt interest. Do not include on line 8a 8b 00 00											
	9	Ordinary	dividends. Include	federal Sched	ule B if required		9		0.0	00				
	10	Taxable ı	refunds, credits, or	offsets of state	and local income to	axes			10		00	00		
	11	•							11		0.0	00		
e	12	Business	income or (loss). In	clude federal Sc	hedule C or C-EZ.	NAICS:			12		00	00		
COU	13	Capital g	ain or (loss). Inclu	de federal Sche	dule D if required				13		00	00		
Federal Income	14	Other ga	ins or (losses). Inc	lude federal Sc	hedule 4797				14		00	00		
ede	15a	IRA distri		15a	00	0 0	Taxable amou	nt	15b		00	00		
Ľ	16a	Pensions	and annuities.	16a	00	0 0	Taxable amou	nt	16b		00	00		
	17		-		S corporations, trus				17		0.0	00		
	18	Farm inc	ome or (loss). Incl	ude federal Sch	edule F				18		0.0	00		
	19	Unemplo	yment compensat	ion					19		00	00		
	20a	Social se	curity benefits.	20a	00	0 0	Taxable amou	nt	20b		00	00		
	21	Other inc	come; list type.				Amount		21		00	0.0		
	22	Add the	amounts in column	s A and B for lin	nes 7 thru 21. This	is your total i	income		22		00	00		



	ı	Form 2, Page 2 – 2017 Social Security Number:		Column A /for single	Column D (for angues
				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	0.0	0.0
	25	Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ	25	0.0	0.0
	26	Health savings account deduction. Include federal Form 8889	26	0.0	0.0
	27	Moving expenses. Include federal Form 3903	27	0.0	0.0
Φ	28	Deductible part of self-employment tax. Attach federal Schedule SE	28	0.0	0.0
E O	29	Self-employed SEP, SIMPLE, and qualified plans	29	00	0.0
<u>i</u>	30	Self-employed health insurance deduction	30	00	00
Gros	31	Penalty on early withdrawal of savings	31	00	00
ted (32a	Alimony paid	32a	00	00
Federal Adjusted Gross Income	32b	Recipient's SSN			
al A	33	IRA deduction	33	00	00
eder	34	Student loan interest deduction	34	00	00
ш	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.	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 in	ncome.	38a	00
AGI	39	Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 16	39	00	00
Montana AGI	40	Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 36	40	00	00
2	41	Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income	41	0.0	0.0
ne	42	Deductions Must mark one box. Standard Deduction (see Worksheet V on page 46)			
Faxable Income		Itemized Deductions (from Form 2, Schedule III, line 30)	42	0.0	00
ple I	43	Subtract line 42 from line 41 and enter the result here	43	0.0	0.0
Таха	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	0.0	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
oture	47	2% capital gains tax credit	47	00	00
Recap	48	Subtract line 47 from line 46; enter the result here, but not less than zero.			
Tax, Nonrefundable Credits and Recapture	48a	This is your resident tax after capital gains tax credit. Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from	48	00	00
Sred	,.	Form 2, Schedule IV, line 25, but not less than zero	48a	00	00
aple	49	Tax on lump-sum distributions. Include federal Form 4972	49	00	00
mde	50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax.	50	00	00
Vonref	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,	52	Recapture taxes (see instructions on page 7) Code Code Code	52	0.0	0.0
_	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

 $\textbf{\textit{Questions?}} \quad \text{Call us at (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.}$



	Fo	orm 2, Page 3 – 2017	Social Se	ecurity Numb	oer.											
	1	5111 2, 1 age 5 2017	oodal oo	county ivains	JC1.							Column A (for single separate, or he of household	ad	when filir	B (for spou ng separate ng status 3	ely
	54	Your 2017 tax liabili	ty from line 53								54		0.0			00
aits	55	Montana income ta	x withheld. Includ	le federal Fo	rms W-2	and 109	99				55		0.0			00
Crec	56	, ,											0.0			00
able	57	Montana pass throu	ugh entity withhol	ding. Include	Montan	a Sched	dules K-	1			57		0.0			00
gun	58	2017 estimated tax	d from y	our 2016	6 return				58		0.0			00		
Ref	59	2017 extension pay	017 extension payments										0.0			00
and	60	Refundable credits	from Form 2, Sch	n Form 2, Schedule V, line 27									0.0			00
Payments and Refundable Credits	61	If filing an amended return: Payments made with original return											0.0			00
aym	62	If filing an amende			•						62		0.0			00
صّ	63	•					-				63		0.0			00
	64	•					-				64		0.0			00
	65	9					-		-		65		0.0			00
SI	66		-				. •	,					66			00
Penalties, Interest and Contributions		If applicable, mark a				ng gross						were made using		nualization	method	
a ii	67	1 7														0.0
ပ္မိ	68															0.0
t an	69	,		n programs tr			-						69			00
eres		_	ildlife Program			\$5 >=		\$10		0.0		amount				
Ę		69b Child Abuse				\$5 		\$10		0.0		amount				
alties		-	iteracy in Montan			\$5 		\$10		0.0		amount				
Pena			tary Family Relie			\$5 -		\$10 				amount				
	70	· · · · · · · · · · · · · · · · · · ·											70			00
O	/1	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										nd there are	71			0.0
ount You Ow Your Refund		amounts on lines 64 and 65, see instructions on page 12														00
Re Se	_	Pay online at revenue.mt.gov. Or make checks payable to MONTANA DEPARTMENT OF REVENUE														_
Amount You Owe or Your Refund		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. This is your overpayment.											72			00
_	73	73 Enter the amount from line 72 that you want applied to your 2018 estimated taxes								73			0.0			
	74	Subtract line 73 from	om line 72 and enter the result here						is is	your refund.	74			00		
		ect Deposit ur Refund	1. RTN#					2. ACC	T#							
		ete 1, 2, 3 and 4 uctions on page 12).			account that is located outside of the United States or its territor						Saving	s	V			
lader age	naltia	o of folgo ou vooring I doole		• •									l baliaf it	Yes		lo
		s of false swearing, I declar ature is Required	are that i nave exami	Date				Number		ouse's			i deliet, it	is true, corre	Date	_
X		mania Ciamatum				-:4 5		TINUCON	X			'- FFINI				
Paid F	repa	rer's Signature			Р	aid Prep	arer's P	TIN/SSN			Fin	m's FEIN	F	or Departm	ent Use Oi	nly
					Third Party Designee's Printed Name											
	-	Designee	un (quah as a said :	oronaror) to	I nird P	arty Des	signee's	Printed N	vame							
		t to allow another perso return with us (see pag		preparer) to	Third D	Party Doc	sianee's	Phone M	lumber							
Voc. No.						Third Party Designee's Phone Number										

