

No Staples

2014 Montana Individual Income Tax Return

Form 2

For the year Jan 1 - Dec 31, 2014 or the tax year beginning MMDD2014 and ending MMDD20YY

Amended Return 42.15.314-315

Mark all that apply.

- Amended Return
NOL Carryback

Personal information section including 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 section with options: 1 Single, 2 Married filing jointly (42.15.321), 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

42.15.322 42.15.206

Residency Status section with options: 5a Resident full year (42.15.301), 5b Nonresident full year (42.15.109), 5c Resident part-year (15-30-2112). Includes Resident Part-Year Required Information table.

North Dakota reciprocity (see instructions on page 2)

Table for Dependents with columns: First Name, Last Name, Social Security Number, Relationship, Mark if Disabled. Includes rows for Dependents, Definition, and Disability.

Exemptions section with options: 6a X Yourself, 6b Spouse, 6c Enter the total number of dependents, 6d Add lines 6a through 6c and enter total exemptions here.

Table for Exemptions with columns: Column A (for single, joint, separate, or head of household), Column B (for spouse when filing separately using filing status 3a). Includes rows 6a, 6b, 6c, 6d.

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

Main Federal Income section with rows 7 through 22. Includes descriptions like Wages, salaries, tips, etc. and taxable amounts.



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Federal Adjusted Gross Income

- 23 Your total income from line 22.....
- 24 Educator expenses (**Caution** – see instructions on page 5).....
- 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..... *MFS 15-30-2110 (9) (a)*
- 35 Tuition and fees (**Caution** – see instructions on page 5)..... *MFS 15-30-2110 (9) (b)*
- 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.**..... 38a

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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)
23	00	00
24	15-30-2110 (1) 00	42.15.108 (3) 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

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.....

33	00	00
34	00	00
35	00	00
36	00	00
37	00	00
38	00	00
39	15-30-2110 (1) 00	00
40	15-30-2110 (2) 00	00
41	00	00

Taxable Income

- 42 **Deductions** Standard Deduction (see Worksheet V on page 46) **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 \$2330 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	15-30-2132 00	42.15.523
43	15-30-2131 00	Married Filing Separate 42.15.524
44	15-30-2114 00	42.15.402
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 7) Code Code
- 53 Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. **This is your 2014 tax liability.**.....

46	15-30-2103 00	42.15.108 (10) 00
47	15-30-2301 00	42.4.501 42.4.502 00
48	Taxation of Nonresidents 00	00
48a	15-30-2104 00	Taxation of Nonresidents 42.15.110 00
49	15-30-2105 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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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 head of household)	Column B (for spouse when filing separately using filing status 3a)
1	Interest and mutual fund dividends from state, county or municipal bonds from other states.....	15-30-2110 (1) (a)	00
2	Dividends not included in federal adjusted gross income.....	15-30-2110 (1) (g)	00
3	Taxable federal refunds. Complete Worksheet II on page 44.....	15-30-2110 (1) (b)	42.15.205
4	Other recoveries of amounts deducted in earlier years that reduced Montana taxable income. Complete Worksheet IX (available at <i>revenue.mt.gov</i>).....	15-30-2110 (1) (e)	00
5	Addition to federal taxable social security benefits. Complete Worksheet VIII on page 48.....	15-30-2110 (2) (c)	42.15.222
6	Sole proprietor's allocation of compensation to spouse.....		00
7	Medical care savings account nonqualified withdrawals.....	15-61-201	42.15.603
8	First-time home buyer savings account nonqualified withdrawals.....	15-63-203	42.15.904
9	Farm and ranch risk management account taxable distributions.....	15-30-3005	00
10	Addition for dependent care assistance credit.....	15-31-131 (6) & (7)	00
11	Addition for smaller federal estate and trust taxable distributions.....	15-30-2110 (1) (f)	00
12	Federal net operating loss carryover reported on Form 2, line 21.....	15-30-2119	42.15.318
13	Share of federal income taxes paid by your S corporation.....	15-30-2110 (1) (d)	42.9.402
14	Title plant depreciation and amortization.....	15-30-2110 (1) (a)	00
15	Premiums for Insure Montana small business health insurance credit.....	15-30-2368	33-22-2006 (6)
16	Other additions. Specify: domestic international sales corporation (DISC) 15-30-2110 (3)		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.		00

2014 Montana Individual Income Tax Table

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax	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 Than \$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



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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 spouse when filing separately using filing status 3a)

Line	Description	Code	Column A	Column B
1	Exempt interest and mutual fund dividends from federal bonds, notes and obligations.....	15-30-2110 (2) (a)	00	42.15.216
2	Exempt tribal income. Include Form ETM	15-30-2110 (2) (a)	00	42.15.220
3	Exempt unemployment compensation	15-30-2101 (1)	00	00
4	Exempt workers' compensation benefits	15-30-2110 (2) (g)	00	00
5	Exempt capital gains and dividends from small business investment companies.....	15-33-106	00	42.23.108-110
6	State income tax refunds included on Form 2, line 10	15-30-2110 (2) (d)	00	00
7	Recoveries of amounts deducted in earlier years that did not reduce Montana income tax	15-30-2110 (2) (h)	00	00
8	Exempt military salary of residents on active duty.....	15-30-2117	00	42.15.214
9	Exempt income of nonresident military servicepersons	15-30-2101 (18) (b) (i)	00	42.15.112
10	Exempt life insurance premiums reimbursement for National Guard and Reservist.....	15-30-2117 (3)	00	00
11	Partial pension and annuity income exemption. Report Tier II Railroad Retirement on line 23 below. Complete Worksheet IV on page 45.....	15-30-2110 (2) (c)	00	42.15.219 42.15.222
12	Partial interest exemption for taxpayers 65 and older	15-30-2110 (2) (b)	00	42.15.215
13	Partial retirement disability income exemption for taxpayers under age 65. Include Form DS-1	15-30-2110 (1)	00	42.15.217
14	Exemption for certain taxed tips and gratuities.....	15-30-2110 (2) (f)	00	00
15	Exemption for certain income of child taxed to parent.....	15-30-2110 (2) (p)	00	42.15.221
16	Exemption for certain health insurance premiums taxed to employee.....	15-30-2110 (2) (n)	00	00
17	Exemption for student loan repayments taxed to health care professional	15-30-2110 (12)	00	00
18	Exempt medical care savings account deposits and earnings. Include Form MSA	15-61-202	00	42.15.602
19	Exempt first-time home buyer savings account deposits and earnings. Include Form FTBS	15-63-202	00	42.15.906
20	Exempt family education savings account deposits	15-30-2110 (2) (1) withdrawal	00	42.15.802
21	Exempt farm and ranch risk management account deposits. Include Form FRM.....	15-62-207	00	00
22	Subtraction from federal taxable social security benefits/Tier I Railroad Retirement reported on Form 2, line 20b. Complete Worksheet VIII on page 48.....	MFS 15-30-2110 (5)	00	42.15.222
23	Subtraction for federal taxable Tier II Railroad Retirement benefits reported on Form 2, line 16b.....		00	42.15.222
24	Passive loss adjustment	MF 24 15-30-2110 (7)	00	42.15.206 (2) (b)
25	Capital loss adjustment	MF 25 15-30-2110 (6)	00	42.15.206 (2) (a)
26	Subtraction of sole proprietor for allocation of compensation to spouse		00	42.15.322 (5)
27	Montana net operating loss carryover from Montana Form NOL, Schedule B	NOL Refund Int 15-30-2609 (4) (a) (i.i)	00	42.15.318
28	40% capital gain exclusion for pre-1987 installment sales. Complete Worksheet III on page 45	15-30-2110 (13)	00	42.15.218
29	Subtraction for business-related expenses for purchasing recycled material. Include Form RCYL.....	15-32-609	00	42.4.2602
30	Subtraction for sales of land to beginning farmers	80-12-211	00	42.15.415
31	Subtraction for larger federal estate and trust taxable distribution	15-30-2110 (2) (m)	00	00
32	Subtraction for wage deduction reduced by federal targeted jobs credit.....	15-30-2110 (4)	00	00
33	Subtraction for certain gains recognized by liquidating corporation	15-30-2110 (2) (e)	00	00
34	Other subtractions. Specify: <input type="text"/>	mobile home park	00	15-30-2110 (2) (s)
35	Add lines 1 through 34. Enter the total here and on Form 2, line 40. This is your total Montana subtractions from federal adjusted gross income.	organic and inorganic fertilizer 15-32-301	00	00



SSN input boxes

In general—same as IRC according to 15-30-2131 (1) (a)

Schedule III – Montana Itemized Deductions

Enter your itemized deductions on the corresponding line.

File Schedule III 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)

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 1-6 for medical and dental expenses.

Complete lines 7a through 7d reporting your total federal income tax payments made in 2014 before completing line 7e. You cannot deduct your self-employment taxes paid on lines 7a through 7d.

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 7a-7d for federal income tax payments.

Table with 4 columns: Line number, Description, Column A, Column B. Includes line 7e for total federal income tax deduction.

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 8-12 for state and local taxes.

Table with 4 columns: Line number, Description, Column A, Column B. Includes line 13 for home mortgage interest.

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 14-20 for various deductions like charitable contributions and child care.

Table with 4 columns: Line number, Description, Column A, Column B. Includes line 21 for unreimbursed employee business expenses.

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 22-25 for other expenses and 2% AGI deduction.

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 26-27 for miscellaneous deductions.

Table with 4 columns: Line number, Description, Column A, Column B. Includes lines 28-29 for organic/inorganic fertilizer and gambling losses.

Table with 4 columns: Line number, Description, Column A, Column B. Includes line 30 for total itemized deductions.



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Schedule IV – Nonresident/Part-Year Resident Tax

Enter on lines 1 through 15 your Montana source income that is included in Montana adjusted gross income on Form 2, lines 7 through 21. Also include Montana source additions and subtractions from Schedules I and II.

File Schedule IV with your Montana Form 2.

1	Montana wages, salaries, tips, etc.	
2	Montana interest	
3	Montana ordinary dividends	
4	Montana refunds, credits, or offsets of local income taxes	
5	Montana alimony received	
6	Montana business income or (loss)	
7	Montana capital gain or (loss)	
8	Other Montana gains or (losses) <i>Publicly Traded Partnerships</i>	
9	Montana IRA distribution	
10	Montana pensions and annuities <i>S corporations</i>	
11	Montana rental real estate, royalties, partnerships, S corporations, trust, etc. <i>Royalties</i>	
12	Montana farm income or (loss) <i>Royalties</i>	
13	Montana social security benefits <i>Rental Real Estate</i>	
14	Any other Montana income (see instructions) <i>Partnership</i>	
15	Montana source additions to income reported on Form 2, Schedule I (do not include net operating losses reported on Schedule I, line 12)	
16	Add lines 1 through 15 and enter the result here. This is your Montana source income.	
17	Enter the total of your federal income from Form 2, line 22	
18	Enter your Montana additions from Form 2, Schedule I, line 17	

	Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
1	15-30-2101 (18) (i)	00
2	15-30-2101 (18) (a) (iv)	00
3	15-30-2101 (18) (a) (v)	00
4	15-30-2101 (18) (a) (xvi)	00
5	15-30-2101 (18) (a) (xvi)	00
6	15-30-2101 (18) (a) (vi)	00
7	15-30-2101 (18) (a) (i) & (iii)	00
8	15-30-2101 (18) (a) (xvi)	00
9	15-30-2101 (18) (a) (xv)	00
10	15-30-2101 (18) (a) (xv)	00
11	00	00
12	15-30-2101 (18) (a) (vii)	00
13	15-30-2101 (18) (a) (xiv)	00
14	15-30-2101 (18) (a) (xvi)	00
15	15-30-2101 (18) (a) (xvi)	00
16	00	00
17	00	00
18	00	00

19	Enter your Montana subtractions from Form 2, Schedule II, line 35	19	00	00
20	Enter your net operating losses from Form 2, Schedule II, line 27	20	00	00

21	Subtract line 20 from line 19	00	00
22	Add lines 17 and 18, and subtract line 21. This is your total income from all sources.	00	00
23	Divide the amount on line 16 by the amount on line 22 and enter the result here. Round to 6 decimal places and do not enter more than 1.000000		
24	Enter your resident tax after capital gains tax credit from Form 2, line 48	00	00
25	Multiply the tax on line 24 by the percentage on line 23 and enter the result here and on Form 2, line 48a. This is your nonresident, part-year resident tax after capital gains tax credit.	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.



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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 head of household)

Column B (for spouse when filing separately using filing status 3a)

Nonrefundable 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.....
- 2 College contribution credit. Include Form CC.....
- 3 Qualified endowment credit. Include Form QEC.....
- 4 Energy conservation installation credit. Include Form ENRG-C.....
- 5 Alternative fuel credit. Include Form AFCR.....
- 6 Health insurance for uninsured Montanans credit. Include Form HI.....
- 7 Elderly care credit. Include Form ECC.....
- 8 Recycle credit. Include Form RCYL.....

1	15-30-2302	00	42.4.401-4	00
2		00		00
3	15-30-2326	00		00
4	15-30-2327-28	00	42.4.2701-8	00
5	15-32-109	00	42.4.201	00
6	15-30-2320	00		00
7	15-30-2367 15-31-132	00	42.4.2802	00
8	15-30-2366	00		00
			15-32-603	42.4.2604

Nonrefundable credits that HAVE a carryover provision

- 9 Oilseed crushing and biodiesel/biolubricant production facility credit. Include Form OSC.....
- 10 Biodiesel blending and storage credit. Include Form BBSC.....
- 11 Contractor's gross receipts tax credit. If multiple CGR accounts, please mark here.
CGR Account ID:

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 - C G R
- 12 Geothermal systems credit. Include Form ENRG-A.....
- 13a Alternative energy systems credit. Recognized nonfossil form of energy generation. Include Form ENRG-B.....
- 13b Alternative energy systems credit. Low emission wood or biomass combustion device. Include Form ENRG-B.....
- 14 Alternative energy production credit. Include Form AEPC.....
- 15 Dependent care assistance credit. Include Form DCAC.....
- 16 Historic property preservation credit. Include federal Form 3468.....
- 17 Infrastructure users fee credit. Include Form IUFC.....
- 18 Empowerment zone credit.....
- 19 Increasing research activities credit. Include a detailed schedule of the credit carryforward.....
- 20 Mineral and coal exploration incentive credit. Include Form MINE-CRED.....
- 21 Film employment production credit. Include Form FPC. Report your credit on this line if you have made the one-time, four-year carryforward election.....
- 22 Adoption credit. Include federal Form 8839.....
- 23 Add lines 1 through 22 and enter the result here and on Form 2, line 51. **This is your total nonrefundable credits.**.....

9		00		00
10	15-32-701-2	00	42.4.2502	00
	15-32-703		42.4.2503-4	
11	15-50-207	00	42.4.3102	00
12		00		00
	15-32-115		42.4.118	
13a	15-32-201	00	42.4.104	00
			42.4.118	
13b	15-32-201	00	42.4.104	00
			42.4.118	
14		00		00
15	15-32-401-4 15-30-2373 15-30-2365	00	42.4.4101-13	00
16		00		00
17	15-30-2342	00	42.4.2902-4	00
18	17-6-316	00	42.4.3002-4	00
19	15-30-2356	00		00
20	15-31-150	00	42.4.3202	00
	15-32-503			
21	15-31-901-11	00	42.4.3301-6	00
22		00		00
	15-30-2364			
23		00		00

Refundable credits

- 24 Elderly homeowner/renter credit. Include Form 2EC.....
- 25 Film employment production credit. Include Form FPC.....
- 26 Film qualified expenditures credit. Include Form FPC.....
- 27 Insure Montana small business health insurance credit.
Business FEIN:

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- 28 Temporary emergency lodging credit. Include Form TELC.....
- 29 Unlocking state lands credit.....
- 30 Add lines 24 through 29 and enter the result here and on Form 2, line 60. **This is your total refundable credits.**.....

24		00		00
25	15-30-2339-41	00	42.4.301-3	00
26	15-31-910-11	00	42.4.3301-6	00
	15-31-910-11		42.4.3301-6	
27	15-30-2368 33-22-2006	00		00
28		00		00
29	15-30-2381	00	42.4.1702	00
30		00		00

Montana Tax Credits

We have listed the 27 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 27 tax credits against your income tax liability in any particular order. For more information about these tax credits, please see the instructions on page 31.



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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.....	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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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.....	00	00
4	Enter your total income tax liability paid to the other state or country	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	00	00
6	Divide line 1 by line 2. Enter the percentage here, but not more than 100%	<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"/> %
7	Multiply line 4 by line 6 and enter the result here	00	00
8	Divide line 1 by line 3. Enter the percentage here, but not more than 100%	<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"/> %
9	Multiply line 5 by line 8 and enter the result here	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 an income tax paid to another state or country.	00	00

- 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.



