Porm 2, Page 2 - 2008 Social Security Number:								oint, separate, or ead of household)	when filing separately using filing status 3a)			
Ques	41	Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD (406) 444-2830 for hearing impaired Montana adjusted gross income from line 40.						<u> </u>		Y		11
	42			on (see Worksheet \	l on nago 5	2)	41		_		- 4	11
Taxable Income	42	Deductions (check only one box)					42				4	12
COL	42	Itemized Deductions from Form 2, Schedule III, line 33				le 33.	12					12
e <u>u</u>	43						43		<u> </u>		4	13
cabl	44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,140 by the number of exemptions on line 6d and enter result here.							_			
Та	45						44				- 4	14
	45	Subtract line 44 from line 43 and e	enter result here. If ze	•			l					
		This is your taxable income.					45					15
Тах	46	Tax from the tax table on page 16 or from Form 2, page 3. If line 45 is zero, enter zero.					46					16
	47	1 0				<u> </u>	47				4	17
	48	Subtract line 47 from line 46 and enter the result here, but not less than zero.					,,					
	40	This is your resident tax after capital gains tax credit.					48				4	18
	48a	Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount					l.,					
	- 10	from Form 2, Schedule IV, line 21, but not less than zero.					48a					18a
	49	Tax on lump-sum distributions. Attach federal Form 4972.					49 50					19
	50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax.									5	50
	51	Enter the amount from Schedule V, line 24, but do not enter an amount larger than the					١.,				ا ا	
		amount on line 50. This is your total nonrefundable credi				1	51					51
	52	Recapture tax(es) (see instructions on page 17).					52				5	52
	53	Add lines 50 and 52, then subtract	t the amount on line t			Little						
			16115	This is your	2008 tax iia	ibility. ▶	53					53
	54	Montana income tax withheld. Atta	. ,		1 1 1 7	<u> </u>	54 55					54
	55											55
	56	2008 estimated tax payments and amount applied from your 2007 return.					56				_	56
Payments	57	2008 extension payments from Form EXT-08.					57					57
	58						58					58
	59	If filing an amended return: Payments made with original return. If filing an amended return: Previously issued refunds.					59 60					59
	60 61	Add lines 54 through 59. Subtract I	•		total navm	nonto N	61					60 61
	62	If line 53 is greater than line 61, su			our tax du		62					51 52
	63	If line 61 is greater than line 53, sub		<u>-</u>		<u>. </u>	1 02					12
	00	in into or to groater than into co, can			ur tax over	rpaid. 🕨	63				e	33
erest ons	64	Interest on underpayment of estimated taxes (see instructions on page 19).										
	65	Late file, late payment penalties and interest (see instructions and table on pages 19 and 20).										_
Inte	66	Other penalties (see instructions on page 20). 66										
ties, ntri	67											
Penaltie & Cont	68	Add lines 64 through 67 and enter	the result here.									
g 8			This is t	he sum of your tota	al penalties	, interes	t and	contributions. ▶	68			
	69	If you have tax due (amount on line	e 62), add lines 62 an	d 68 OR, if you have	a tax overp	payment	(amoı	unt on line				
e _		63) and it is less than line 68, subtract line 63 from line 68. Enter the result here. If married filing separately and										
o l		there are amounts on lines 62 and	63, please see instru	ctions on pages 21 ar	id 22.	This is th	ie am	ount you owe. >	69			
mount You Owe or Your Refund	Vis	sit our website at mt.gov/revenue t							ENT (OF REVE	NUE	
four	70	If you have a tax overpayment (amount on line 63) and it is greater than line 68, subtract line 68 from line 63 and										
Amc or \		enter the result here. This is your of				This is	you	overpayment.	70			
	71	Enter the amount on line 70 that ye			axes.			<u> </u>	71			
	72	Subtract line 71 from line 70 and e						is your refund. ▶	72			
		ou wish to direct deposit your refu	und, enter your fina									
		JTING# ▶		Please ched				ecking. ▶		ngs. ▶		
		COUNT#	2/2rd fa maria a mar		▼ Name, a	address a	na tei	ephone number of p	paid p	reparer.		
If applicable, check appropriate box. 2/3rd farming gross income.												
		Annualized estimated payments. ▶ Do not mail forms and instructions next year. ▶ Preparer SSN, F					Nor	PTIN •			$\neg \neg$	
	May	the DOR discuss this return with yo		IN OI	IIIV.							
		ck this box and attach a copy of you		Yes ► to receive your Mor	No ▶			D				
		r signature is required	Date	Daytime telephone		Spouse	's sia	nature		Date		
	x					x						
			ı						- 1			_