

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"/> MMDD20YY
Spouse's First Name and Initial	Last Name	Spouse's Social Security Number	Deceased? Date of Death
			<input type="checkbox"/> MMDD20YY
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



File online at [revenue.mt.gov](http://revenue.mt.gov)

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

**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)

Dependents

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

Exemptions

6a  Yourself  65 or older  Blind Enter number marked..... 6a

6b  Spouse  65 or older  Blind Enter number marked..... 6b

6c Enter the total number of dependents. If more than 4 dependents, see instructions on page 3 ..... 6c

6d Add lines 6a through 6c and enter total exemptions here ..... 6d

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.

Federal Income

7	Wages, salaries, tips, etc. Include federal Form(s) W-2				7		00		00
8a	Taxable interest. Include federal Schedule B if required				8a		00		00
8b	Tax-exempt interest. Do not include on line 8a...	8b		00			00		00
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		00			00		00
					15b		00		00
16a	Pensions and annuities.	16a		00			00		00
					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		00			00		00
					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. This is your total income.				22		00		00



\*17CE0101\*

--	--	--	--	--	--	--	--	--	--

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 ( <b>Caution</b> – see instructions on <a href="#">page 5</a> ).....	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 ( <b>Caution</b> – see instructions on <a href="#">page 6</a> ).....	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. <b>This is your federal adjusted gross income.</b> .....	38a			00	
39	Enter Montana additions to federal adjusted gross income from Form 2, <a href="#">page 4</a> , Schedule I, line 16.....	39		00		00
40	Enter Montana subtractions from federal adjusted gross income from Form 2, <a href="#">page 5</a> , 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	<b>Deductions</b> <input type="checkbox"/> Standard Deduction (see Worksheet V on <a href="#">page 46</a> ) Must mark one box. } <b>OR</b> <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. <b>This is your taxable income.</b> .....	45		00		00
46	Tax from the tax table on <a href="#">page 7</a> or from Form 2, <a href="#">page 4</a> . 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. <b>This is your resident tax after capital gains tax credit.</b> .....	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. <b>This is your total tax.</b> .....	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. <b>This is your total nonrefundable credits.</b> .....	51		00		00
52	Recapture taxes (see instructions on <a href="#">page 7</a> ) 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. <b>This is your 2017 tax liability.</b> .....	53		00		00

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



SSN input boxes

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

Payments and Refundable Credits

Table with 4 columns: Line number, Description, Column A, Column B. Rows 54-65 covering tax liability, credits, and payments.

Penalties, Interest and Contributions

Table with 4 columns: Line number, Description, Column A, Column B. Rows 66-69 covering interest on underpayment, penalties, and contributions.

Amount You Owe or Your Refund

Table with 4 columns: Line number, Description, Column A, Column B. Rows 70-74 covering total penalties, amount owed, overpayment, and refund.

Direct Deposit Your Refund

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

Form for direct deposit with fields for RTN#, ACCT#, and checkboxes for Checking, Savings, and foreign account.

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.

Signature section with fields for Your Signature, Spouse's Signature, Date, Daytime Telephone Number, and Third Party Designee information.

