

2011 Montana Individual Income Tax Return

Form 2M

i ap			Calendar First Name and I	•	n for a Montana resident with a filing status of sing Last Name			Social Security Number Deceased? Date of Death					ed? Date of Death	
	Σ Ι												M D D Y Y Y Y	
	box if t	ark this this is	Spouse's First Name and Initial		Last Name	Last Name							eceased? Date of Death	
	an am		Mailing Address			City				Sta	te Zip+4		DDYYYY	
	return	•	Walling Address			City				Ola	ie Zip+4			
	_		is (X Mark only	one box) 1. (This form is only to	Single		I filing jointly			ead of hou		Eorm	2)	
	. :		•	`			its. Norifeside						۷.)	
	5a.		Yourself	■ 65 or older		■ Blind			Enter number marked ►			5a. 5b.		
	5b.	·			r	■ Blind		Enter number						
Suc		First N	lame	Last Name		Social Security N	umber	Relationship		Disa			er the total number of	
ਛੁੱ	uts										◀ Yes		endents in line 5c. If	
xen	Dependents										◀ Yes		e than 4 dependents, instructions.	
_)eb										◀ Yes		mod dodono.	
		A 1 1 1.			· ·						✓ Yes	5c.		
	50.	Add IIr	ies 5a through :	5c and enter total ex	emptions nere							5d.		
			Er	nter amounts corres	sponding to your	federal tax return	. Round to ne	earest dollar.	lf no	entry, le	ave blan	k.		
		-	-	etc. Include federal F	, ,								0.0	
				de federal Schedule B								⁷ a.	0.0	
Suc				o not include on line								00		
			•	clude federal Schedu	•								00	
Som		-		nclude federal Sched	•							-	0.0	
ross								0 0		Taxable a			0.0	
				S				0.0		Taxable a			00	
р Ж				nsation								-	00	
nst				S						Taxable a			00	
				s or offsets of state a									00	
era		15. Add lines 6 through 14 (far right column.) This is your total income									15.	00		
E B			•									00		
												00		
				eduction								00		
				9 and enter the resul								00		
			-		•	-						-	00	
				ne 15 and enter the indicate the indicate in t		-	-						00	
												00		
Federal Adjusted Gross				able social security								00		
				•								0.0		
me		25. Medical care savings account nonqualified withdrawals									0.0			
020		27 Franch interest and dividends from federal hands notes and obligations									00			
Adjusted Gross Income Federal Adjusted Gross Income		3. Exempt unemployment compensation									0.0			
5				nuity income exempt								0.0		
sted				*	· · ·							0.0		
Adjusted Gross Income Exemptions		30. Partial interest exemption for taxpayers 65 and older								0.0				
				savings account depo								00		
onta				taxable social security	-							00		
ĭ				taxable Tier II Railro								00		
				nds, credits or offsets								00		
				5 and enter the resul						gross inc	ome3		00	
			-	nen subtract line 36.	•			-				37.	0.0	



	Form 2M, Page 2 - 2011	Social Security Number:	00					
a)		line 37dard Deduction (see Worksheet V on page 24)	.38.					
Taxable Income	(
le Inc	itel	ized Deductions (from Form 2M, Schedule I, line 29)	40.					
axab	44 Multiply 60 400 by the graph and forces time and interest the graph the graph the							
12			00					
		er the result here. This is your taxable income.	.42.					
×	. •	is form. If line 42 is zero or less than zero, enter zero	00					
Тах		44.	00					
(0		result. If zero or less, enter zero. This is your resident tax after capital gains tax credit	00					
Credits		ne 6. This is your total nonrefundable credits	0.0					
ర్		er the result. If zero or less, enter zero. This is your total tax after nonrefundable credits.	47. 00					
		e federal Form(s) W-2 and 1099	00					
		nounts applied from your 2010 return	00					
	' '	EXT-11	00					
ents	·	m Form 2EC, line 13. Include Form 2EC51.	00					
Payments		nts made with original return	00					
Ъ	_	sly issued refunds	00					
		t line 53 and enter the result here. This is your total payments.	0.0					
		act line 54 from line 47 and enter the result here. This is your tax due.	0.0					
		act line 47 from line 54 and enter the result here. This is your tax overpaid	.56.					
(0		d taxes (see instructions on page 8)	00					
tion	Mark this box if estimated payments were made using the annualized method. Include Form EST-I.							
tribu	58. Late file penalty, late payment penalty and interest (see instructions on page 8)							
Penalty, Interest and Contributions	59. Medical Care Savings Account 10% penalty							
and	•	programs from lines 60a through 60d	00					
erest	60a. Nongame Wildlife Program							
, Inte	60b. Child Abuse Prevention	◀ \$5 ◀ \$10 00 ◀ other amount ◀ \$5 ◀ \$10 00 ◀ other amount						
nalty	60c. Agriculture in Schools	*1100						
Pe	60d. MT Military Family Relief Fund	■ \$5 ■ \$10 ■ 00 ■ other amount						
	<u> </u>	e result here. This is your total penalties, interest and contributions	0.0					
or or	62. If you have tax due (amount on line 55), add lines 55 and 61 OR, if you have a tax overpayment (amount on line 56) and it is less than line 61, subtract line 56 from line 61. Enter the result here. This is the amount you owe							
Amount You Owe or Your Refund		ons at revenue.mt.gov. If writing a check, make it payable to MONTANA DEPARTMENT OF						
You r Ref	, , , , ,	e 56 and it is greater than line 61, subtract line 61 from line 56. This is your overpayment						
ount	, , ,	applied to your 2012 estimated taxes	00					
Am	•	er the result here. This is your refund.	0.0					
			100					
	rect Deposit of 1. RTN#	2. ACCT#						
	efund, complete 1,							
	nd 4 (please see 3. If using direct options on page 10).	eposit, you are required to mark one box. ►						
	4. Is this refund g	oing to an account that is located outside of the United States or its territories? ►	Yes No					
		nined this return, including accompanying schedules and statements, and to the best of my knowledge and belie						
Yours	Signature is Required	Date Daytime Telephone Number Spouse's Signature	Date					
Doid I	Proporario Cianatura	Paid Preparer's PTIN/SSN Firm's FEIN						
Palu	Preparer's Signature							
Th: '	Darte Danisman	Third Darky Darimas's Drinked News	Mark this					
	Party Designee	Third Party Designee's Printed Name	box if you do not					
	ou want to allow another person to ss this return with us (see page 10)?	Third Party Designed's Phone Number	want forms and instructions mailed					
3.500		Third Party Designee's Phone Number	to you next year.					
	Yes No							

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Social Security Number:

	Schedule I - Montana Form 2M Itemized Deductions Enter your itemized deductions on the corresponding line. File Schedule I with your Montana Form 2M.		
	1. Medical and dental expenses	00	
ntal	2. Enter amount from Form 2M, line 38	00	
d De	3. Multiply line 2 by 7.5% (0.075)	00	
al an cpen	4. Subtract line 3 from line 1 and enter the result here, but not less than zero. This is your deductible medical and dental		
S E E	subject to 7.5% of Montana Adjusted Gross Income. 5. Medical insurance premiums not deducted elsewhere on your tax return		0.0
Š	•		0.0
	6. Long term care insurance premiums not deducted elsewhere on your tax return	0.	0.0
Job Expenses and Certain Gifts Interest You Paid Taxes You Paid Medical and Dental Miscellaneous Deductions Expenses	7a. Federal income tax withheld in 2011		
	7b. Federal estimated tax payments paid in 2011	0.0	
Paid	7b. Federal estimated tax payments paid in 2011	00	
,oor	7d. Other back-year federal income taxes paid in 2011	00	
Taxes	7d. Other back-year receral income taxes paid in 2011		00
	8. Real estate taxes paid in 2011		00
	9. Personal property taxes paid in 2011 (see instructions on page 12)		00
	10. Other deductible taxes. List type and amount:		00
	11. Home mortgage interest and points reported to you on federal Form 1098		00
on Paid	12. Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the house name, SSN, and address:	e, provide	
est Y	13. Points not reported to you on federal Form 1098		0.0
nter	14. Qualified mortgage insurance premiums (see instructions on page 13)		00
_	15. Investment interest. Include federal Form 4952		00
	16. Charitable contributions made by cash or check during 2011		00
ifts	17. Charitable contributions made other than by cash or check during 2011		00
Ō	18. Charitable contribution carryover from the prior year		
	19. Child and dependent care expenses. Include Montana Form 2441-M		00
	20. Casualty or theft loss(es). Include federal Form 4684		00
	21. Unreimbursed employee business expenses. Include federal Form 2106 or 2106-EZ21.	00	00
	22. Other expenses. List type and amount:	00	
rtain ions	22.	00	
duct	23. Add lines 21 and 22; enter the result here	00	
s and	24. Enter the amount on Form 2M, line 38 here	00	
eou	25. Multiply line 24 by 2% (0.02) and enter the result here	0.0	
Expe	26. Subtract line 25 from line 23 and enter the result here, but not less than zero	26.	0.0
lob E Nisce	27. Political contributions (limited to \$100 per taxpayer)		0.0
7 2	28. Other miscellaneous deductions not subject to 2% of Montana Adjusted Gross Income. List type and amount:		
		28.	0.0

29. Add lines 4 through 6, 7e through 20, and 26 through 28. Enter the result here and on Form 2M, line 39. This is your total

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Social Security Number:

Schedule II - Montana Form 2M Tax Credits

Enter your Montana tax credits on the corresponding line. File Schedule II with your Montana Form 2M.

We have listed six credits that can be used when filing Montana Form 2M. However, the Montana Legislature has authorized 26 different income tax credits. See Montana Form 2, Schedule V for a list and description of these 26 tax credits that are available. If you are eligible for any of the other credits not listed below, you will have to file Montana Form 2 instead of Form 2M. For more information on the tax credits below, please see the instructions on page 14.

Nonrefundable credits that are single-year credits and HAVE NO carryover provision. 00 00 00 Nonrefundable credits that HAVE a carryover provision that allows you to carry forward the unused portion of your credit to future tax years. 00 00 6. Add lines 1 through 5 and enter the result here and on Form 2M, line 46. This is your total nonrefundable credits......6. 00 Refundable credits are applied against your income tax liability with any remaining balance refunded to you. 7. Elderly homeowner/renter credit. Include Form 2EC. Enter the result on Form 2M, line 51. (You do not need to include Schedule II if this 00

2011 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
Ī	\$0	\$2,700	1% (0.010)	\$0		\$9,700	\$12,500	5% (0.050)	\$243	
ĺ	\$2,700	\$4,700	2% (0.020)	\$27		\$12,500	\$16,000	6% (0.060)	\$368	
Ī	\$4,700	\$7,200	3% (0.030)	\$74		More 7	han \$16,000	6.9% (0.069)	\$512	
ĺ	\$7.200	\$9.700	4% (0.040)	\$146						

For Example: Taxable Income \$6,800 X 3% (0.030) = \$204

\$204 Minus \$74 = \$130 Tax



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