			_			ana Indivi		ome Tax				], 20[	1	For	m 2	<u> </u>
	Check if First name and initial				, , , , ,				Social security number				If de	ceased, date	of death	
		this is an											MMDDYYYY			
	amended return.		Spouse's first	name and initial		Last name			pouse's	s social security		y number	If de	ceased, date	of death	
		Check here if this														
		is a NOL	Mailing address				City				State		Zip+4			
	•	carryback.														
	Filing Status (check only one box)  1 Single 2 Married filing jointly 3a Married filing separately of Married filing separately of Married filing separately 4 Head of household				y on separate forms Spou		ouse's SSN ▶ ouse's SSN ▶									
	Dooi	donov	5a Res	ident full year	Resi	Resident part-year required information ▼				c	NTANA	7		id you l		
		dency us (check		resident full year	•						-file			You can e-file this form. revenue.mt.gov/efile		
		one box)		ident part-year		State moved to State moved from							revenue.mt.gov/enie			
				name Social security number			ımber	Relationship			)	Disabled				
ts													Ye	s►		
Dependents													Ye	es►		
eper													Ye	es►		
ă										Ye	es►					
											int, sep	A (for sing parate, or h ousehold)		Column B ( when filing using filing	separate	ely
ns	6a X ◀ Yourself ◀ 65 or older			■ Blin	■ Blind Enter number checked I			<b>&gt;</b>	6a				•	•		
Exemptions	6b				d	Enter number checked ► 6b			6b							
xem	1							6c								
ш	6d	Add lines 6	a thru 6c and	d enter total exemp	otions here				<b>•</b>	6d						
	I	Enter amo	unts on lin	es 7 through 38	correspo	nding to you	ır federal ret	urn. Round	to ne	earest	dollar	. If no er	ntry, I	eave blank	Κ.	
	7			tc. Attach federal F					<b>•</b>	7			00			00
	8a	Taxable int	erest. Attach	federal Schedule	B if required	d.			•	8a			00			00
	8b	Tax-exempt	interest. Do no	t include on line 8a.	<b>►</b> 8l		00	00								
	9	Ordinary di	vidends. Atta	ach federal Schedu	le B if requ	ired.			<b>•</b>	9			00			00
	10	0 Taxable refunds, credits, or offsets of state and local income taxes.						10			00			00		
	11	1 Alimony received.							•	11			00			00
മ	12	Business ino	ome or (loss). A	Attach federal Schedul	e C or C-EZ.	NAICS	8: ▶		<b>•</b>	12			00			00
com	13	Capital gain or (loss). Attach federal Schedule D if required.						<b>•</b>	13			00			00	
Federal Income	14	Other gains	Other gains or (losses). Attach federal Schedule 4797.						<b>•</b>	14			00			00
eder	15a	IRA distribu	utions.	► 15a	00		00 Tax	able amount.	▶ 1	15b			00			00
Œ	16a	Pensions and	d annuities. I	► 16a	00		00 Tax	able amount.	▶ 1	16b			00			00
	17	17 Rental real estate, royalties, partnerships, S corporations, trusts. Attach federal Schedule E. 17										00			00	
	18 Farm income or (loss). Attach federal Schedule F.							18			00			00		
	19	Unemployr	nent compen	sation.					<b>•</b>	19			00			00
	20a	Social securit	ty benefits.	➤ 20a	00		00 Tax	able amount.	<b>&gt;</b> 2	20b			00			00
	21	Other incom	e, list type.	>				Amount.	<b>•</b>	21			00			00
	22	Add the an	nounts in colu	umns A and B for li	nes 7 thru 2	21.	This is your t	otal income.	<b>•</b>	22			00			00

		Form 2, Page 2 - 2010 Social Security Number:		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	24	00	00					
Federal Adjust	25	Certain business expenses of reservist, etc. Attach federal Form 2106 or 2106-EZ.	25	00	00					
	26	Health savings account deduction. Attach federal Form 8889.	26	00	00					
	27	Moving expenses. Attach federal Form 3903.	27	00	00					
	28	One-half of self-employment tax. Attach federal Schedule SE.	28	00	00					
	29		29	00	00					
	30	Self-employed health insurance deduction.	30	00	00					
	31	Penalty on early withdrawal of savings.	31	00	00					
	32a		32a	00	00					
	32b									
	33		33	00	00					
	34		34	00	00					
	35		35	00	00					
	36		36	00	00					
	37	•	37	00	00					
	38									
	38a	, , ,								
Montana AGI	39	Attach Form 2, page 4, Schedule I.	39	00	00					
	40	Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 35. Attach Form 2, page 5, Schedule II.	40	00	00					
_	41	Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income. ▶	41	00	00					
	42									
ome		(check only one box)  Itemized Deductions from Form 2, Schedule III, line 31.	42	00	00					
<u> </u>	43	Subtract line 42 from line 41 and enter the result here.	43	00	00					
Taxable Income	44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,130 by the number of exemptions on line 6d and enter the result here.	of 44	00	00					
	45	Subtract line 44 from line 43 and enter the result here. This is your taxable income. ▶	45	00	00					
Tax, Nonrefundable Credits and Recapture	46	Tax from the tax table on page 8 or from Form 2, page 4. 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.  This is your resident tax after capital gains tax credit. ▶	00	00						
	48a		48a	00	00					
e Cr	49		49	00	00					
dable	50	·	50	00	00					
refur	51									
Non		amount on line 50. This is your total nonrefundable credits. ▶	51	00	00					
Tax,	52	Recapture tax(es) (see instructions on page 9). Code   ☐ Code   ☐ Code	52	00	00					
	53	Add lines 50 and 52, then subtract the amount on line 51 and enter the result here.  This is your 2010 tax liability. ▶	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.



	Form 2, Page 3 - 2010 Social Security Number:  Column A (for sing joint, separate, or hoof household)						
	54 Your 2010 tax liability from line 53.	00 00					
	55 Montana income tax withheld. Attach federal Form(s) W-2 and 1099.	00 00					
Payments and Refundable Credits	56 Montana mineral royalty tax withheld. Attach federal Form(s) 1099 and supporting schedule if any.   56	00 00					
ole Cr	57 Montana pass through entity withholding. Attach Montana Schedule K-1 or Form PT-WH.   57	00 00					
ındak	58 2010 estimated tax payments and amount applied from your 2009 return.	00 00					
Refu	59 2010 extension payments from Form EXT-10. ► 59	00 00					
and	60 Refundable credits from Form 2, Schedule V, line 30.	00 00					
nents	61 If filing an amended return: Payments made with original return.	00 00					
Payn	62 If filing an amended return: Previously issued refunds.	00 00					
	63 Add lines 55 through 61. Subtract line 62, enter the result here. This is your total payments. ▶ 63	00 00					
	64 If line 54 is greater than line 63, subtract line 63 from line 54. This is your tax due. ▶ 64	00 00					
	65 If line 63 is greater than line 54, subtract line 54 from line 63. This is your tax overpaid. ▶ 65	00 00					
	66 Interest on underpayment of estimated taxes (see instructions on page 11).	66 00					
suc	67 Late file penalty, late payment penalties and interest (see instructions and table on pages 11 and 12).	67 00					
butic	68 Other penalties (see instructions on page 12).	68 00					
Contri	69 Total voluntary check-off contribution programs.	69 00					
and O	69a. Nongame Wildlife Program \$5 ▶ \$10 ▶ or specify amount ▶	00					
Penalties, Interest and Contributions	69b. Child Abuse Prevention \$5 ▶ \$10 ▶ or specify amount ▶	00					
, Inte		00					
ılties	69c. Agriculture in Schools \$5 ▶ \$10 ▶ or specify amount ▶						
Pena	09u. Montana Military Pannily Relief Pund \$5 P	00					
	70 Add lines 66 through 69 and enter the result here.  This is the sum of your total penalties, interest and contributions. ▶	70 00					
<u>∟</u>	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	00					
r You	it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are amounts						
You Owe or Your Refund	on lines 64 and 65, please see instructions on page 13. This is the amount you owe. ▶	71 00					
You Owe 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	70 00					
☱	result here. This is your overpayment. ►  73 Enter the amount from line 72 that you want applied to your 2011 estimated taxes. ►	72 00 73 00					
Amou	73 Enter the amount from line 72 that you want applied to your 2011 estimated taxes.  74 Subtract line 73 from line 72 and enter the result here.  This is your refund. ▶	74 00					
	74 Subtract line 73 from line 72 and enter the result fiele.	74 00					
For Dir	ect Deposit of your 1. RTN# 2. ACCT#						
	complete 1, 2, 3, and se see instructions on 3. If using direct deposit, you are required to mark one box. ► Checking	Covingo					
page 1		Savings					
page .	4. Is this refund going to an account that is located outside of the United States or its territories? ▶	Yes No					
If appli	cable, check appropriate box. Name, address and telephone number of paid preparer						
2/	B farming gross income						
	Do not mail form	s and instructions next year					
Estimated payments were made using the annualization method Paid preparer's PTIN, SSN or FEIN:							
u.	Tail propagation of Title, Coll of Line.						
May the DOR discuss this tax return with your tax preparer? See instructions on page 41.							
Your signature is required Date Daytime telephone number Spouse's signature Date							
x x							

I declare under penalty of false swearing that the information in this tax return and attachments is true, correct and complete.

