



# 2012 Montana Individual Income Tax Return

## Form 2

For the year Jan 1 – Dec 31, 2012 or the tax year beginning  and ending

Mark all that apply.

- Amended Return
- NOL Carryback

First Name and Initial	Last Name	Social Security Number	Deceased? Date of Death
			<input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
Spouse's First Name and Initial	Last Name	Spouse's Social Security Number	Deceased? Date of Death
			<input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
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 → Do you both want to allow us to discuss this return with your spouse?  Yes  No  
(see page 2 of instructions)
- 3b Married filing separately on separate forms →   
Spouse's SSN (for lines 3b and 3c)
- 3c Married filing separately and spouse not filing
- 4 Head of household

**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                          | <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| State moved to                          | State moved from  |
|   |   |



**Did you know?**  
You can file and pay online.  
[revenue.mt.gov](http://revenue.mt.gov)

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.....
- 6b  Spouse  65 or older  Blind Enter number marked.....
- 6c Enter the total number of dependents. If more than 4 dependents, see instructions on page 3 .....
- 6d Add lines 6a through 6c and enter total exemptions here .....

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

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... <input type="text" value="8b"/>			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. <input type="text" value="15a"/>	15a		00		00
	Taxable amount .....	15b		00		00
16a	Pensions and annuities. <input type="text" value="16a"/>	16a		00		00
	Taxable amount .....	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. <input type="text" value="20a"/>	20a		00		00
	Taxable amount .....	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



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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	00	00
24	00	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
32b		
33	00	00
34	00	00
35	00	00
36	00	00
37	00	00
38	00	00
38a	38a	00
39	00	00
40	00	00
41	00	00
42	00	00
43	00	00
44	00	00
45	00	00
46	00	00
47	00	00
48	00	00
48a	00	00
49	00	00
50	00	00
51	00	00
52	00	00
53	00	00

- 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.....
- 35 Tuition and fees (**Caution** – see instructions on page 5.).....
- 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**.....
- 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**.....
- 42 **Deductions** }  Standard Deduction (see Worksheet V on page 46)  
*Must mark one box.* **OR**  Itemized Deductions (from Form 2, Schedule III, line 32).....
- 43 Subtract line 42 from line 41 and enter the result here.....
- 44 Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,240 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**.....
- 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 22, 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 

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 Code 

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- 53 Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. **This is your 2012 tax liability**.....

Questions? Call us toll free at (866) 859-2254 or in Helena at 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.

Penalties, Interest and Contributions

Table with 4 columns: Line number, Description, Column A, Column B. Rows 66-70.

Amount You Owe or Your Refund

Table with 4 columns: Line number, Description, Column A, Column B. Rows 71-74.

For Direct Deposit of your refund, complete 1, 2, 3, and 4 (please see instructions on page 12).
1. RTN#
2. ACCT#
3. If using direct deposit, you are required to mark one box.
4. Is this refund going to an account that is located outside of the United States or its territories?

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.

Your Signature is Required Date Daytime Telephone Number Spouse's Signature Date

X Paid Preparer's Signature Paid Preparer's PTIN/SSN Firm's FEIN

Third Party Designee Third Party Designee's Printed Name Third Party Designee's Phone Number
Do you want to allow another person (such as a paid preparer) to discuss this return with us (see page 13)?
Mark this box if you do not want forms and instructions mailed to you next year.

