



See electronic options at revenue.mt.gov

2015 Montana Individual Income Tax Return

Form 2EZ

Income tax return for a Montana resident filing as single or married filing jointly with no dependents

<input checked="" type="checkbox"/>	First Name and Initial	Last Name	Social Security Number	Deceased? Date of Death
Mark this box if this is an amended form.	XXXXXXXXXXXXX	X XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MMDDYYYY
	Spouse's First Name and Initial	Last Name	Spouse's Social Security Number	Deceased? Date of Death
	XXXXXXXXXXXXX	X XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MMDDYYYY
	Mailing Address	City	State	Zip+4
	XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XXXXXXXXXX

Filing Status (Mark only one box.) 1. Single 2. Married filing jointly **Note:** If you are 65 or older, Form 2 will be a better option for you.

Enter amounts corresponding to your federal tax return. Round to nearest dollar. If no entry, leave blank.

3.	Wages, salaries, tips, etc. Include federal Form(s) W-2.....	3.	XXXXXXXXXX	00
4.	Taxable interest and dividends. Include federal Schedule B if more than \$1,500	4.	XXXXXXXXXX	00
5.	Unemployment compensation	5.	XXXXXXXXXX	00
6.	Add lines 3 through 5 and enter the result here. This is your federal adjusted gross income.	6.	XXXXXXXXXX	00
7.	Exempt unemployment compensation	7.	XXXXXXXXXX	00
8.	Exemption for certain taxed tips and gratuities.....	8.	XXXXXXXXXX	00
9.	Add lines 7 and 8; enter the result here. This is your total subtractions.	9.	XXXXXXXXXX	00
10.	Subtract line 9 from line 6; enter the result here. This is your Montana adjusted gross income.	10.	XXXXXXXXXX	00
11.	Enter your standard deduction from the worksheet on the back of this form	11.	XXXXXXXXXX	00
12.	Enter \$2,330 if your filing status is single or \$4,660 if married filing jointly. This is your exemption amount.	12.	XXXXXXXXXX	00
13.	Add lines 11 and 12; enter the result here. This is your total deductions and exemptions.	13.	XXXXXXXXXX	00
14.	Subtract line 13 from line 10 and enter the result here, but not less than zero. This is your taxable income.	14.	XXXXXXXXXX	00
15.	Enter your tax from the tax table on the back of this form. If line 14 is zero, enter zero. This is your total tax liability.	15.	XXXXXXXXXX	00
16.	Enter your Montana income tax withheld. Include federal Forms W-2 and 1099. This is your total payments.	16.	XXXXXXXXXX	00
17.	Enter your late file penalty, late payment penalty and interest here (see instructions).....	17.	XXXXXXXXXX	00
18.	Total voluntary check-off contribution programs from lines 18a through 18d	18.	XXXXXXXXXX	00
18a.	Nongame Wildlife Program <input checked="" type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$10 <input checked="" type="checkbox"/> XXXX 00 other amount			
18b.	Child Abuse Prevention <input checked="" type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$10 <input checked="" type="checkbox"/> XXXX 00 other amount			
18c.	Ag Literacy in MT Schools <input checked="" type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$10 <input checked="" type="checkbox"/> XXXX 00 other amount			
18d.	MT Military Family Relief Fund <input checked="" type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$10 <input checked="" type="checkbox"/> XXXX 00 other amount			
19.	Add lines 15, 17 and 18; enter the result here. This is the sum of your tax, penalties, interest and contributions.	19.	XXXXXXXXXX	00
20.	If line 19 is greater than line 16, enter the difference This is the amount you owe. ▶	20.	XXXXXXXXXX	00
Pay online at revenue.mt.gov. Or make checks payable to MONTANA DEPARTMENT OF REVENUE.				
21.	If line 16 is greater than line 19, enter the difference This is your refund. ▶	21.	XXXXXXXXXX	00

Direct Deposit Your Refund. Complete 1, 2, 3 and 4.

1. RTN# XXXXXXXXX 2. ACCT# XXXXXXXXXXXXXXXXXXXX

3. If using direct deposit, you are required to mark one box. Checking Savings

4. Is this refund going to an account that is located outside of the United States or its territories? Yes No

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 _____	MMDDYYYY	XXX XXX XXXX	X _____	MMDDYYYY

Paid Preparer's Signature	Paid Preparer's PTIN/SSN	Firm's FEIN	<input checked="" type="checkbox"/> Mark this box if you do not want forms and instructions mailed to you next year.
X _____	XXXXXXXXXX	XXXXXXXXXX	
Third Party Designee	Third Party Designee's Printed Name		
Do you want to allow another person (such as a paid preparer) to discuss this return with us?	Third Party Designee's Phone Number		
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	XXX XXX XXXX		



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