

## 2013 Montana Individual Income Tax Return

Form 2M

			Calendar	year in	come ta	ax return f	or a Montana	a resi	dent	with a	a filing s	tatus of	single, r	narried fil	ing j	ointly, or h	ead of	house	ehold			
			First Name and I				Last Name				ŭ			cial Secur						Date of	Death	
	Mark	this hov	Chausala First N	nma ar	ا مانادا ا		Loot Name						C	augola Ca	olal C	`agurita N	mhor	Deni	/ D	Dota of	0   Y	Υ
amended		15 411	Spouse's First IN	ame and	initiai		Last Name		Spous				ouse's So	use's Social Security Number		Deceased? Date of Death						
Mark this box if this is an amended return.  Filing Status  4. X Resid  5a. X Yours  5b. Spou  5c. First Nar  5d. Add lines  6. Wages, s. 7a. Taxable in 7b. Tax-exem  8. Ordinary 9. Capital gates 10. IRA distril 11. Pensions  12. Unemploy 13. Social see 14. Taxable return.  15. Add lines  16. Educator 17. IRA deduction 17. IRA deduction 19. Tuition and 20. Add lines  21. Subtract I 22. Interest a 23. Taxable fe 24. Addition to 25. Medical of 25. Medica	Mailing Address					Cit	ty							Stat	e Zip			0 2				
									,													
	Filin	a Statu	s (Mark only on	e hox)		1. Sin	ule			2 Ma	arried fil	ng jointh	V		3 He	ead of hou	sehold					
		_	sident full year (		rm is o		0	ear M	lonta				•						m 2.)			
					55 or old				Blir							r number i			_			
					55 or old			$\vdash$	Blir							r number i						-
					Name	uci		Sc			rity Num	her	Re	lationship		Mark if		d				_
ions		1 1130 14	anic	Lust	rvanic			30	Joidi	Jecui	ity ivan		110	iutionsiiip		IVIG.IT II	2.002.0	EIII			umber of ne 5c. If	
mpt	Jent																				endents	,
Exe	benc																			uctions		
	Del																	5c.				٦
	5d.	Add lin	nes 5a through 5	c and	enter to	tal exemp	tions here											5d.				
							nding to you															
	6	Manos				•	0 3									•						
		6. Wages, salaries, tips, etc. Include federal Form(s) W-27a. Taxable interest. Include federal Schedule B if required																				
		b. Tax-exempt interest. Do not include on line 7a																	0	0		
come			dinary dividends. Include federal Schedule B if required															)		0	_	
		Capital gain or (loss). Include federal Schedule D if required																				
ncol														00		Taxable a						
SS			ns and annuities											0.0		Taxable a						
Gro																						
sted			security benefits											0.0		Taxable a						
gip			refunds, credits																			
al A			es 6 through 14																			
edel			or expenses				-											0.0	)		0	U
ш	17.	IRA dec	duction												17.			0.0				
	18.	Student	t loan interest de	eductio	n										18.			0.0				
	19.	Tuition	an and foca									0.0										
	20.	. Add lines 16 through 19 and enter the result here. This is your total adjustments to income.									20.			0	0							
	21.	Subtrac	t line 20 from lir	ne 15 a	nd ente	er the resu	It here. This	is yo	our f	edera	l adjust	ed gros	s incon	ne				21.			0	0
	22.	Interest	and mutual fun	d divide	ends fro	om state, o	county or mu	nicipa	al bo	nds fr	om othe	r states.			22.			0.0	)			
	23.	Taxable	xable federal refund						23					23.	3. 00			)				
	24.	Addition	ition to federal taxable social security												24.			0.0	)			
Montana Adjusted Gross Income Federal Adjusted Gross Income	25.	Medica	l care savings a	ccount	nonqua	alified with	drawals								25.			0.0	)			
			es 22 through 25				-						-	-		income		26.			0	0
s In			interest and div						•									0.0	)			
3ros			unemployment															0.0	)			
ed (																		0.0	)			
just																		0.0	)			
a Ad																		0.0	)			
ıtanı			medical care s	-			_											0.0	)			
Mon			tion from federal											-				0.0	)			
			tion for federal															0.0	)			
			lly taxable refun													<u></u>		00	)			_
			es 27 through 35				-							-		gross inc	ome					
	37.	Add line	es 21 and 26, th	en sub	tract lin	e 36. This	s is your Mo	ntana	a adi	iusted	agross	income						37.			0	Λ.



	Form 2M, Page 2	- 2013	Social	Security Number	:					
		gross income from line		•				38.		00
ne				uction (see Work				L		00
Taxable Income			ized Dedi	uctions (from Forr	n 2M, Schedu	le I, line 27)	39.	0.0		
able	40. Subtract line 39 fr	om line 38 and enter the	e result he	ere				40.		00
Tax	41. Multiply \$2,280 by	y the number of exempt	ons on lir	ne 5d and enter th	e result here		41.	0.0		
	42. Subtract line 41 fr	om line 40 and enter the	e result he	ere. This is your	taxable inco	me		42.		00
	43. Tax from the tax ta	able on page 4 of this fo	rm. If line	42 is zero or less	s than zero, e	nter zero	43.	0.0		
Тах	44. 2% capital gains t	ax credit					44.	00		
	45. Subtract line 44 fro	om 43 and enter the res	ult. If zero	or less, enter zer	o. This is yo	ur resident tax af	ter capital gains ta	ax credit 45.		0.0
Credits	46. Enter the amount	from Schedule II, line 6	This is	your total nonref	fundable cred	dits		46.		0.0
Cre	47. Subtract line 46 fr	om line 45 and enter the	e result. If	f zero or less, ento	er zero. This	s your total tax	after nonrefundab	le credits. 47.		0.0
		tax withheld. Include fed						00		
	49. 2013 estimated tax payments and amounts applied from your 2012 return									
Payments	50. 2013 extension payment from Form EXT-13									
ents	51. Elderly Homeowner/Renter Credit from Form 2EC, line 13. Include Form 2EC									
ayme	52. If filing an amended return: Payments made with original return									
ط	53. If filing an amended return: Previously issued refunds									
	54. Add lines 48 through 52, then subtract line 53 and enter the result here. <b>This is your total payments</b> .									0.0
	55. If line 47 is greater than line 54, subtract line 54 from line 47 and enter the result here. <b>This is your tax due.</b> 56. If line 54 is greater than line 47, subtract line 47 from line 54 and enter the result here. <b>This is your tax overpaid.</b>									0.0
						•				0.0
SI		payment of estimated ta			-			0.0		
utior		x if estimated payments ate payment penalty an		•						
ntrib		rings Account 10% pena						0.0		
d Co		eck-off contribution prog	-					0.0		
st an	60a. Nongame W		\$5	\$10	0.0	other amount		0.0		
ntere	60b. Child Abuse		\$5	\$10	0.0	other amount				
Ity, Ir	60c. Ag Literacy i		\$5	\$10	0.0	other amount				
Penalty, Interest and Contributions	-	Family Relief Fund	\$5	\$10	0.0	other amount		*13CC0201	*	
_	61. Add lines 57 throu	ugh 60 and enter the res	ult here.	This is your tota	l penalties, i	nterest and conti	ributions	61.		00
_	62. If you have tax du	ie (amount on line 55), a	idd lines!	55 and 61 OR, if y	ou have a ta	ι overpayment (aι	mount on line 56) a	nd it is less		
Amount You Owe o Your Refund		ract line 56 from line 61.					•			0.0
ount You Owe Your Refund		Pay online at revenue.	·	o .	, ,					
unt )	-	overpayment on line 56	•	•						0.0
Amo		of line 63 you want app	-							0.0
	oo. Subtract line 64 tr	om line 63 and enter th	e result n	ere. <b></b>		I NI	s is your ren	una. ► 65.		0.0
	irect Deposit	1. RTN#			2. ACCT#					
	our Refund									
	nplete 1, 2, 3 and 4 ase see instructions	3. If using direct depor	sit, you ar	e required to mar	k one box.	L Ch	ecking	Savings		_
	on page 9).	4. Is this refund going	to an acc	ount that is locate	ed outside of t	he United States	or its territories?		Yes	No
	enalties of false swearing, I o							dge and belief, it is tr	ue, correct ar	
	Signature is Required		Date	Daytime Tel	ephone Numb		's Signature			Date
X	Dronaror's Signaturo			Daid Drong	arer's PTIN/SS	X	Firm's FEIN			
Palu	Preparer's Signature			Palu Piepa	ilei S PTIIV/S.	DIN	FIIII 5 FEIIV			
Third	Darty Docionas			Third Darty Dasi	anoole Drints	d Namo			Mark this	
	Party Designee ou want to allow anothe	er nerson (such as a nai	d	Third Party Desi	gnees Pillile	u Maille			if you do want form	
	arer) to discuss this retu			Third Party Desi	anee's Phone	Number				ns mailed
'	Yes	No		Third Fairly Desi	grice 3 i none	Trainbo			to you ne	xt year.

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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	0.0	
<del>a</del>	2. Enter amount from Form 2M, line 38	00	
Medical and Dental Expenses	3. Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (0.075) instead (see instructions on page 11)	00	
al ar xper	4. Subtract line 3 from line 1 and enter the result here, but not less than zero. This is your deductible medical and dental e		
Sign (ii)	subject to a percentage of Montana Adjusted Gross Income.		00
Š	5. Medical insurance premiums not deducted elsewhere on your tax return	5.	00
	6. Long term care insurance premiums not deducted elsewhere on your tax return	6.	0.0
	Complete lines 7a through 7d reporting your total federal income tax paid in 2013 before completing line 7e.		
	7a. Federal income tax withheld in 20137a.	0.0	
Paid	7b. Federal estimated tax payments paid in 20137b.	0.0	
ı Pa	7c. 2012 federal income taxes paid in 20137c.	00	
Yo.	7d. Other back-year federal income taxes paid in 20137d.	00	
Taxes You Paid	7e. Add lines 7a through 7d. Enter the result here, but not more than \$5,000 if you are filing single or head of household, or \$10,000 if filing a joint return with your spouse. <b>This is your federal income tax deduction</b> .	111	00
	8. Real estate taxes paid in 2013		00
	9. Personal property taxes paid in 2013 (see instructions on page 12)		00
	10. Other deductible taxes. List type and amount		
	Home mortgage interest and points. If paid to the person from whom you bought the house, provide their name, social secundates and address.	urity	00
		11.	00
	12. Qualified mortgage insurance premiums (see instructions on page 13)	12.	00
	13. Investment interest. Include federal Form 4952		00
	14. Charitable contributions made by cash or check during 2013	14.	00
Gifts	15. Charitable contributions made other than by cash or check during 2013	15.	00
O	16. Charitable contribution carryover from the prior year		00
	17. Child and dependent care expenses. Include Montana Form 2441-M		00
	18. Casualty or theft loss(es). Include federal Form 4684		00
	19. Unreimbursed employee business expenses. Include federal Form 2106 or 2106-EZ	00	00
tain	20.	0.0	
ses and Certain ous Deductions	21. Add lines 19 and 20; enter the result here	00	
and	22. Enter the amount on Form 2M, line 38 here	00	
ses	23. Multiply line 22 by 2% (0.02) and enter the result here	00	
(per lane	24. Subtract line 23 from line 21 and enter the result here, but not less than zero		0.0
Job Expense Miscellaneou	25. Political contributions (limited to \$100 per taxpayer)		0.0
<b>♀</b> \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	26. Other miscellaneous deductions not subject to 2% of Montana Adjusted Gross Income. List type and amount	20.	0.0
		26.	0.0
	27. Is the amount on Form 2M, line 38 more than \$300,000 if filing jointly, \$275,000 if filing head of household or \$250,000 if fill single? If yes, mark this box and complete Worksheet VI-IDL. Otherwise, add lines 4 through 6, 7e through 18, and 24 to 26. Enter the result here and on Form 2M, line 39. This is your total itemized deductions	ing through	00
	· · · · · · · · · · · · · · · · · · ·		0.0

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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 below six credits that you can use 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 available tax credits. 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.	
1. College contribution credit. Include Form CC	1. 00
2. Energy conservation installation credit. Include Form ENRG-C	2. 00
3. Elderly care credit. Include Form ECC	3. 00
Nonrefundable credits that HAVE a carryover provision that allows you to carry forward the unused portion of your credit to future	
tax years.	
4a. Alternative energy systems credit. Recognized nonfossil form of energy generation. Include Form ENRG-B4	a. 00
4b. Alternative energy systems credit. Low emission wood or biomass combustion device. Include Form ENRG-B4	b. 00
5. Adoption credit. Include federal Form 8839	5. 00
6. Add lines 1 through 5 and enter the result here and on Form 2M, line 46. This is your total nonrefundable credits	
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 is the only credit you are claiming.)	7. 00



2013 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	Ш	f Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
Ì	\$0	\$2,800	1% (0.010)	\$0			\$10,100	\$13,000	5% (0.050)	\$252	
ĺ	\$2,800	\$4,900	2% (0.020)	\$28		$  \lceil$	\$13,000	\$16,700	6% (0.060)	\$382	
ĺ	\$4,900	\$7,400	3% (0.030)	\$77		$  \lceil$	More Tha	n \$16,700	6.9% (0.069)	\$532	
Ī	\$7 400	\$10,100	4% (0.040)	\$151		i –					

For example: Taxable income \$6

Taxable income  $6,800 \times 3\% (0.030) = 204$ .

\$204 minus \$77 = \$127 tax



\*13CC0401\*