	Vo aples			Form 2										
		For the ye	ar Jan 1 – Dec 31	•		M D D 2	0 1 4	and ending		M D D 2 O Y Y	10.7 (17 11			
	Mark at		First Name and Ir	nitial	Last Name		Socia	al Securi	ty Number Dec	Deceased? Date of Death M M D D 2 0 Y Y				
		mended eturn	Spouse's First Na	ame and Initial	Last Name Spour				ise's Soc		eceased? Date of Death			
	NO Ca	OL arryback	Mailing Address		City					State Zip+4				
	_	Status only one	3a Marrie 3b Marrie 3c Marrie	ed filing jointly ed filing separate ed filing separate	ly on the same forn ly on separate forn ly and spouse not	iling	Spouse's SS	Bc)	File online at revenue.mt.gov					
	Resid	lencv	5a Reside	ent full year	Resident	Part-Year Ren	uired Info	rmation						
	Statu	s		sident full year	Resident Part-Year Required Date of change M M D					North Dakota rec	procity			
	Mark box.	only one		ent part-year			tate move			(see instructions	on page 2)			
	DUX.			ent part-year										
		First	Name		Last Name	Social Security Number				Relationship	Mark if Disabled			
Dependents														
										Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately			
S	6a >	Yours	elf 6	5 or older	Blind	Ent	er numbe	r marked	6a		using filing status 3a)			
Exemptions	6b	Spous	se 6	5 or older	Blind	Ent	er numbe	r marked	6b					
(em	6c	Enter the	total number of	dependents. If n	nore than 4 depend	n page 3	6c							
Ω	6d /	Add lines	6a through 6c a	nd enter total ex	6d									
Federal Income	Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.													
	7 '		alaries, tips, etc.				00	00						
		-	•		B if required			00	00					
			npt interest. Do n			ou	00							
			-		lule B if required	00	9	00	00					
		-			e and local income		00	00						
							11	00	00					
		•												
			` ,		chedule C or C-EZ.	NAICS:			12	00	00			
		. •	` ,		edule D if required					00	00			
		_			chedule 4797				14	00	00			
		IRA distri		15a	0.0	0.0		le amount		00	00			
			and annuities.	16a	00	0.0		le amount		00	00			
	17 I	Rental real estate, royalties, partnerships, S corporations, trusts. Include federal Schedule E								00	00			



Farm income or (loss). Include federal Schedule F.....

Add the amounts in columns A and B for lines 7 thru 21. This is your total income.....

20a

Unemployment compensation.....

Social security benefits.

Other income; list type.

20b

Taxable amount

Amount

	F	Form 2, Page 2 – 2014 Social Security Number:		Only and A /for all all	Calvers D /fan an anna
				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 on page 5)	24	00	0.0
	25	Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ	25	00	0.0
	26	Health savings account deduction. Include federal Form 8889	26	00	0.0
	27	Moving expenses. Include federal Form 3903	27	00	0.0
a)	28	Deductible part of self-employment tax. Attach federal Schedule SE	28	00	0.0
E O	29	Self-employed SEP, SIMPLE, and qualified plans	29	00	0.0
<u>i</u>	30	Self-employed health insurance deduction	30	00	00
Gros	31	Penalty on early withdrawal of savings	31	00	00
ted (32a	Alimony paid	32a	00	00
djus	32b	Recipient's SSN			
Federal Adjusted Gross Income	33	IRA deduction	33	00	00
eder	34	Student loan interest deduction	34	00	00
Ľ	35	Tuition and fees (Caution – see instructions on page 5)	35	00	00
	36	Domestic production activities deduction. Include federal Form 8903	36	00	00
	37	Add lines 24 through 36 and enter the result here. Federal write-ins	37	00	00
	38	Subtract line 37 from line 23 and enter the result here	38	0.0	0.0
	38a	Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross in	come.	38a	00
~	39	Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I,			
a A(line 17	39	00	00
Montana AGI	40	Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 35	40	00	00
ž	41	Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income	41	00	00
	42	Deductions Standard Deduction (see Worksheet V on page 46)			
Faxable Income		Must mark One box.			
		Itemized Deductions (from Form 2, Schedule III, line 30)	42	00	00
	43	Subtract line 42 from line 41 and enter the result here	43	00	00
axa	44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2330 by the			
_		number of exemptions on line 6d and enter the result here	44	00	00
	45	Subtract line 44 from line 43 and enter the result here. This is your taxable income.	45	00	00
	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	46	00	00
ture	47	2% capital gains tax credit	47	00	00
ecap	48	Subtract line 47 from line 46; enter the result here, but not less than zero.	.,		
n R		This is your resident tax after capital gains tax credit	48	00	00
its a	48a	Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from			
Cred		Form 2, Schedule IV, line 25, but not less than zero	48a	00	00
Tax, Nonrefundable Credits and Recapture	49	Tax on lump-sum distributions. Include federal Form 4972	49	00	00
	50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax.	50	00	00
	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.	51	00	00
	52	Recapture tax(es) (see instructions on page 7) Code Code	52	00	00
<u>a</u>	53	Add lines 50 and 52, then subtract the amount on line 51 and enter the result here.			
		This is your 2014 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.



	Fo	orm 2. F	Page 3 – 201	4 5	Social S	ecurity Num	ber:									
		, <u>-</u> , .	ago oo											Column A (for sing separate, or household)	nead	Column B (for spouse when filing separately using filing status 3a)
	54	Your	2014 tax liabi	lity from li	ne 53	•••••							54		0.0	00
#its	55	Monta	ana income ta	ax withheld	d. Includ	de federal F	orm(s)	W-2 and	1099 .				55		0.0	00
Cre	56	Monta	ana mineral ro	yalty tax wi	thheld. I	nclude feder	al Form	n(s) 1099-	-MISC a	and Monta	ana Sched	dule(s) K-1	56		00	00
Payments and Refundable Credits	57	Monta	ana pass thro	ough entity	withhol	ding. Includ	le Mont	tana Sch	edule(s) K-1			57		0.0	00
ğun	58	2014	estimated tax	k payment	s and a	mount appli	ed fron	n your 20	013 retu	urn			58		00	00
Ref	59	2014	extension pa	yments fro	om Forn	n EXT-14							59		00	00
and	60	,										60		0.0	00	
ents	61	1 If filing an amended return: Payments made with original return											61		0.0	00
aym	62	62 If filing an amended return: Previously issued refunds												0.0	00	
<u>R</u>	63	63 Add lines 55 through 61. Subtract line 62, enter the result here. This is your total payments 63												0.0	00	
	64		54 is greater						-						00	00
	65		63 is greater		•				•	•	•				00	00
us	66		-	•						,						00
Penalties, Interest and Contributions	If applicable, mark appropriate box: 2/3 farming gross income Estimated payments were Late file penalty, late payment penalty and interest (see instructions on page 10)												-			
arje Trik	67															00
္မ	68															00
t and	69		-			n programs	trom lir		through						69	00
eres		69a	Nongame V		•			\$5		\$10		00		er amount		
Ĭ		69b	Child Abuse					\$5		\$10		00	othe	er amount		
ties		69c	Agriculture	Literacy in	Montar	na Schools		\$5		\$10		00	othe	er amount		
ena		69d	Montana Mi	litary Fam	ily Relie	f Fund		\$5		\$10		00	othe	er amount		
<u>а</u>	70	0 Add lines 66 through 69 and enter the result. This is the sum of your total penalties, interest and contributions											70	00		
40	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 it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are										-4				
۾ ۾		amounts on lines 64 and 65, please see instructions on page 11													. 71	00
Ze <u>f</u>		Pay online at revenue.mt.gov. If writing a check, make it payable to MONTANA DEPARTMENT OF REVEL														
nount You Owe ir Your 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 result here. This is your overpayment.											72	00		
A P	73	73 Enter the amount from line 72 that you want applied to your 2015 estimated taxes											73	00		
	74	74 Subtract line 73 from line 72 and enter the result here											74	00		
Direct Deposit Your Refund 1. RTN#										2. A	CCT#					
Complete 1, 2, 3 and 4 (please see instructions on 3. If using direct deposit, you are required to mark one box.									Savin	gs						
page 12). 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.												Yes No				
			swearing, I dec Required	are that I ha	ive exam	ined this return Date				schedules one Num		nents, and to Spouse'			nd beliet, it i	s true, correct and complete. Date
X	9,116					Duto		_ 47 111110	Joioph	JIIJ HUIII		X	Joigi	twi v		Build
	repa	rer's Si	gnature					Paid Pr	eparer	's PTIN/S	SSN	٨	Fi	irm's FEIN		
			0													
Third Party Designee						Third	Third Party Designee's Printed Name							Mark this box if you do not		
		t to allow another person (such as a paid preparer) to						Time Fairy Designee 3 Finited Name								want forms and
discuss this return with us (see page 13)?						Third Party Designee's Phone Number								instructions mailed		
Yes No							, j									to you next year.

