No Staples		2016 Montana Individual Income Tax Return							Form 2			
		For the ye	ar Jan 1 – Dec 31	1, 2016 or the tax ye	ar beginning	M D D 2	0 1 6 and	ending	M	M D D 2 0 Y	Υ	
	Mark a		First Name and Initial d Spouse's First Name and Initial		Last Name			Social	Securi	ty Number De	eceased? Date of Death	
		nended eturn			Last Name Spo				se's Soc	cial Security Number De	Deceased? Date of Death	
	NOL Carryback		Mailing Address		City					State Zip+4	4	
	_	Filing Status Mark only one box. 1 Single 2 Married filing jointly 3a Married filing separate 3b Married filing separate 3c Married filing separate 4 Head of household		ely on separate forms					on Cana	File online at revenue.mt.gov		
	Resid		5a Resident full-year Resident Part-Year Required Information									
	Status Mark only one box.		5b Nonresident full-year 5c Resident part-year		Date of change M M D D Y Y Y State moved to State moved from			YY		North Dakota re (see instructions	' '	
		First I	Name		ast Name Social Security Nu			umber		Relationship	Mark if Disabled	
S												
Dependents												
ben												
മ്												
										Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately	
ns	6a >	Yourse	self 65 or older		Blind Enter number marked				6a		using filing status 3a)	
Exemptions	6b	Spous	se	65 or older	Blind	Ent	er number marked.		6b			
xem	6c	Enter the total number of dependents. If m			ore than 4 dependents, see instructions on page 3							
ш	6d .	Add lines 6a through 6c and enter total exemptions here							6d			
			Enter amounts	on lines 7 throu	gh 38 correspond	ing to your f	ederal return. Rou	ınd to n	earest	dollar. If no entry, lea	ve blank.	
	7	Wages, s	alaries, tips, etc	. Include federal F	Form(s) W-2					0.0	0.0	
	8a	Taxable ir	axable interest. Include federal Schedule B if required							0.0	0.0	
	8b	Tax-exempt interest. Do not include on line 8a 8b 00										
Federal Income	9	Ordinary dividends. Include federal Schedule B if required							9	0.0	0.0	
	10	Taxable r	efunds, credits,	or offsets of state	and local income to	come taxes				0.0	00	
	11 .	Alimony r	eceived						11	0.0	0.0	
	12	Business income or (loss). Include federal Sch			edule C or C-EZ. NAICS:				12	0.0	00	
	13	Capital gain or (loss). Include federal Schedule D if required							13	0.0	00	
					hedule 4797				14	0.0	0.0	
		IRA distributions.		15a	00	0.0	Taxable amoun		15b	0.0	0.0	
			and annuities.	16a	00	0.0	Taxable amoun		16b	0.0	0.0	
					S corporations, trus	ts. Include fe			17	0.0	0 0	
			-		edule F				18	0.0	0.0	



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

	i	Form 2, Page 2 – 2016 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 on page 5)	. 24	00	00
	25	Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ		00	00
	26	Health savings account deduction. Include federal Form 8889		00	00
	27	Moving expenses. Include federal Form 3903		00	00
4.	28	Deductible part of self-employment tax. Attach federal Schedule SE	. 28	00	00
ome	29	Self-employed SEP, SIMPLE, and qualified plans	. 29	00	00
s Inc	30	Self-employed health insurance deduction		00	00
iros	31	Penalty on early withdrawal of savings		00	00
ed G	32a	Alimony paid		00	0.0
Federal Adjusted Gross Income	32b	Recipient's SSN			
A Ad	33	IRA deduction	. 33	00	00
der	34	Student loan interest deduction	. 34	00	00
æ	35	Tuition and fees (Caution – see instructions on page 6)	. 35	00	0.0
	36	Domestic production activities deduction. Include federal Form 8903		00	0.0
	37	Add lines 24 through 36 and enter the result here.	. 37	00	0.0
	38	Subtract line 37 from line 23 and enter the result here	. 38	00	00
	38a	Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross		38a	00
	39	Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I,			
PG		line 16	. 39	00	00
Montana AGI	40	Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 36	. 40	00	00
_	41	Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income	. 41	00	00
Taxable Income	42	Deductions Must mark one box. Standard Deduction (see Worksheet V on page 46) OR Itemized Deductions (from Form 2, Schedule III, line 30)	. 42	00	00
e III	43	Subtract line 42 from line 41 and enter the result here		00	00
xabl	44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,380 by the			
ā	77	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,			
<u>e</u>		enter zero		00	00
aptr	47	2% capital gains tax credit	. 47	00	00
Ind Rec	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	. 48	00	00
Tax, Nonrefundable Credits and Recapture	48a	Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2, Schedule IV, line 25, but not less than zero	. 48a	00	00
S	49	Tax on lump-sum distributions. Include federal Form 4972	. 49	00	00
ndab	50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax.	. 50	00	00
ırefur	51	Enter the amount from Form 2, Schedule V, line 23, but do not enter an amount larger than the	F.4		
Š		amount on line 50. This is your total nonrefundable credits.		00	00
Tax,	52	Recapture taxes (see instructions on page 7) 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 2016 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, Page 3 – 2016	Social Security Num	per:								
	. •	<u>_</u> , . 							Column A (for single, j separate, or head of household)		Column B (for spou when filing separate using filing status 3	ely
	54	Your 2016 tax liabili	ity from line 53					54		00		00
its	55	Montana income ta	x withheld. Include federal Fo	rms W-2 a	nd 1099			55		00		00
Cred	56	Montana mineral roy	alty tax withheld. Include federa	al Forms 1099-MISC and Montana Schedules K-1				56		00		00
ple	57	Montana pass throu	ugh entity withholding. Include	e Montana	Schedules	K-1		57		00		00
nuga	58	2016 estimated tax	payments and amount applie	ed from you	ır 2015 reti	urn		58		00		00
Payments and Refundable Credits	59	2016 extension pay	ments from Form EXT-16							00		00
and	60	,								00		00
ents	61	, ,								00		00
aym	62	,								00		00
<u> </u>	63	_	h 61. Subtract line 62, enter	-				00		00		
	64	If line 54 is greater	than line 63, subtract line 63	from line 54	4. This is y	our tax due).	64		00		00
	65	•	than line 54, subtract line 54		•		-			00		00
ns L	66	•	ayment of estimated taxes (se		. •	,				66		00
Penalties, Interest and Contributions		If applicable, mark a		2/3 farming	-		- '		were made using th		ualization method	
ntrib Trib			te payment penalty and intere	•						67		00
္ဌ		. ,	e instructions on page 10)							68		00
t and	69	•	ck-off contribution programs f		_					69		00
eres		•	ildlife Program	\$5		\$10	0.0		r amount			
, Int		69b Child Abuse		\$5		\$10	0.0		r amount			
Ities		-	iteracy in Montana Schools	\$5		\$10	0.0		r amount			
ena			itary Family Relief Fund	\$5		\$10	0.0		r amount			
_		_	h 69 and enter the result. Th		-	=				70		00
υ	71	and it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are										
o d		amounts on lines 64 and 65, see instructions on page 12										00
r Re		Pay online at revenue.mt.gov. Or make checks payable to MONTANA DEPARTMENT OF REVENUE.										
Amount You Owe or 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
	73	73 Enter the amount from line 72 that you want applied to your 2017 estimated taxes							73		00	
	74	74 Subtract line 73 from line 72 and enter the result here								74		00
		ect Deposit ur Refund	1. RTN#			2. ACC						
		ete 1, 2, 3 and 4 ctions on page 12).	3. If using direct deposit, yo	•				ecking	Savings			
			4. Is this refund going to an									10
		s of false swearing, I declar ture is Required	are that I have examined this retum Date			schedules and one Number				eliet, it i	is true, correct and com Date	
Χ							X					
Paid P	repar	rer's Signature		Paid	d Preparer	s PTIN/SSN		Fir	m's FEIN			
											Mark this box	
-					Third Party Designee's Printed Name						if you do not	
		to allow another perso return with us (see pag	on (such as a paid preparer) to	want forms and								
uiocuos	0 0 110 1	Yes N	,	Third Party Designee's Phone Number instructions mailed to you next year.								

