No Staples				201	7 Montana Indiv	idual	Income Tax	k Reti	ırn		F	orm 2	
	For t	the year Ja	n 1 – Dec 31	, 2017 or the tax	vear beginning	D 2	0 1 7 and	ending	Μ	M D D 2 0 1	YY		
	If this is an		Name and I	nitial	Last Name			Social S	Securi	y Number	Dece	eased? Date of Death	
	amended return, che	ock										/  D D 2 0 Y Y	
	this box.	Spor	Spouse's First Name and Initial		Last Name S		Spouse	Spouse's Social Security Number		Deceased? Date of Death			
		Maili	ng Address		City		City		State Zip		/  D   D   2   0   Y   Y		
		Iviali	ng Address			City					J+4		
	Filing Status1SingleSingle2Married filing jointly3aMarried filing separatMark only one3bMarried filing separat3cMarried filing separat3cMarried filing separat4Head of household			ely on separate forms		3b and 3c)	File online at revenue.mt.go						
	Residenc	;y	5a Resid	ent full-year	Resident Part-Y	Resident Part-Year Required Information							
	Status 5b Nonresident full-year			-	Date of change M M D D Y Y Y Y			YY	North Dakota re				
	Mark only box.	one	5c Resid	ent part-year	State moved to	ate moved to State moved from			(see in:		structions on page 3)		
		First Name	à		Last Name		Social Security Nur	mber		Relationship		Mark if Disabled	
6			-										
Dependents													
Denc													
Der													
									-				
										Column A (for single joint, separate, or he of household)		Column B (for spouse	
	6a X Yourself 65 or older			65 or older	Blind Enter number marked				6a	ornouoonoluj		when filing separately using filing status 3a)	
Exemptions		Spouse		65 or older	Blind		ter number marked.		6b				
pdme		•			more than 4 dependents, s				6c				
Ĕ				-	xemptions here				6d				
	00 /100		•										
					ough 38 corresponding to				arest	dollar. If no entry,			
	•		•		Form(s) W-2				1		00	00	
					e B if required				8a		00	00	
		•		not include on lir		00							
		-			dule B if required				9		00	00	
					te and local income taxes				10		00	00	
		•							11		00	00	
ы						AICS:			12		00	00	
lcon	13 Capi	ital gain or	(loss). Incl	lude federal Sch	nedule D if required				13		00	00	
Federal Income	14 Othe	er gains or	(losses). Ir	nclude federal S	chedule 4797				14		00	00	
ede	15a IRA	distributio	ns.	15a	00	00	Taxable amoun	t	15b		00	00	
ш		sions and	annuitias	16a	00	00	Taxable amoun	t	16b		00	00	
	16a Pens		annunies.	100							- E		
					, S corporations, trusts. In	clude fe	deral Schedule E		17		00	00	
	17 Rent	tal real est	ate, royaltie	es, partnerships	, S corporations, trusts. In hedule F				17 18		00	00	
	17 Rent 18 Farn	tal real est n income o	ate, royaltie or (loss). Ine	es, partnerships clude federal So									
	17 Rent 18 Farn 19 Uner	tal real est n income o	ate, royaltie or (loss). In t compense	es, partnerships clude federal So	hedule F				18		00	00	
	17 Rent 18 Farn 19 Unei 20a Soci	tal real est n income o mploymen	ate, royaltie or (loss). In t compense benefits.	es, partnerships clude federal So ation	hedule F			 	18 19		00	00	



		Form 2, Page 2 – 2017 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 6)				24	00	00		
	25	Certain business expenses of reservist, etc. Include federal Form	n 2106 or 2	106-EZ		25	00	00		
	26	Health savings account deduction. Include federal Form 8889				26	00	00		
	27	Moving expenses. Include federal Form 3903				27	00	00		
ē	28	Deductible part of self-employment tax. Attach federal Schedule S	28	00	00					
ted Gross Income	29	Self-employed SEP, SIMPLE, and qualified plans	29	00	00					
	30	Self-employed health insurance deduction	30	0 0	00					
	31	Penalty on early withdrawal of savings	31	0 0	00					
	32a	Alimony paid		32a	0 0	00				
snlp	32b	Recipient's SSN 32b								
Federal Adjusted	33	IRA deduction				33	0 0	00		
edel	34	Student loan interest deduction				34	0 0	00		
Ĺ	35	Reserved for future use				35	0 0	00		
	36	Domestic production activities deduction. Include federal Form 89	903			36	0 0	00		
	37	Add lines 24 through 36 and enter the result here.	Federa	l write-ins.		37	0 0	00		
	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 incom					<b>38a</b> 00			
a AG	39	Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 16					00	00		
Montana AG	40	D Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 36					00	00		
<	41	Add lines 38 and 39; subtract line 40. This is your Montana adjus	41	00	00					
	42	Deductions Must mark one box. Standard Deduction (see Worksh								
ncor			Itemized Deductions (from Form 2, Schedule III, line 30) 4							
axable income	43	Subtract line 42 from line 41 and enter the result here		43	00	00				
capture	44	Exemptions (All individuals are entitled to at least one exemption 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 yo		45	00	00				
	46	Tax from the tax table on page 7 or from Form 2, page 4. If line 4 enter zero		46	00	00				
	47	2% capital gains tax credit		47	00	00				
	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					00	00		
redits a	48a		esident, part-year resident tax after capital gains tax credit. Enter here the amount fro 2, Schedule IV, line 25, but not less than zero			48a	00	00		
C e	49	Tax on lump-sum distributions. Include federal Form 4972	49	00	00					
dabr	50	Add lines 48 or 48a and 49 and enter the result here. This is you	50	00	00					
onretur	51	Enter the amount from Form 2, Schedule V, line 23, but do not er amount on line 50. This is your total nonrefundable credits	51	00	0.0					
X, X	52	Recapture taxes (see instructions on page 7)	Code		Code	52	00	00		
0	53	Add lines 50 and 52, then subtract the amount on line 51 and ent This is your 2017 tax liability.				53	00	00		

Questions? Call us at (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.

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aspectate specific and the spec		Fo	m 2, Page 3 – 2017 Social Security Number:				
S5       Montana innexed nex withheid. Include federal Forms W-2 and 1099					separate, or hea		Column B (for spouse when filing separately using filing status 3a)
S6       Montana mineral royably tax withheid. Include Montana Schedules K-1		54	Your 2017 tax liability from line 53	54		00	00
op       Add lines 30 intologin 01: Counder line 52, cline 31 from line 54. This is your tax due	lits	55	Montana income tax withheld. Include federal Forms W-2 and 1099	00	00		
op       Add lines 30 intologin 01: Counder line 52, cline 31 from line 54. This is your tax due	Crec	56	Montana mineral royalty tax withheld. Include federal Forms 1099-MISC and Montana Schedules K-1	00	00		
op       Add lines 30 intologin 01: Counder line 52, cline 31 from line 54. This is your tax due	ble	57	Montana pass through entity withholding. Include Montana Schedules K-1	57		00	00
op       Add lines 30 intologin 01: Counder line 52, cline 31 from line 54. This is your tax due	epur	58	2017 estimated tax payments and amount applied from your 2016 return	58		00	00
op       Add lines 30 intologin 01: Counder line 52, cline 31 from line 54. This is your tax due	Refi	59	2017 extension payments	59		00	00
op       Add lines 30 intologin 01: Counder line 52, cline 31 from line 54. This is your tax due	and	60	Refundable credits from Form 2, Schedule V, line 27		00	00	
op       Add lines 30 intologin 01: Counder line 52, cline 31 from line 54. This is your tax due	ents			00	00		
op       Add lines 30 intologin 01: Counder line 52, cline 31 from line 54. This is your tax due	aym	62	If filing an amended return: Previous overpayment (see instructions on page 9)	00	00		
65       If line 63 is greater than line 54, subtract line 54 from line 63. This is your tax overpaid	<b>D</b>	63					00
Solution       66       Interest on underpayment of estimated taxes (see instructions on page 10)		64					00
If applicable, mark appropriate box:       2/3 farming gross income       Estimated payments were made using the annualization method         67       Late file penalty, late payment penalty and interest (see instructions on page 10)       67         68       0       0         69       0 ther penalties (see instructions on page 11)       68         69       0 that voluntary check off contribution programs from lines 69a through 69d       69         69       0 off contribution programs from lines 69a through 69d       69         69       0 off contribution programs from lines 69a through 69d       69         69       0 off contributions       69         70       70       70       70         71       Hyou have tax due (amount on line 63, and 70 OR, fly on have atax overpayment (amount on line 65) and it is greater than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are amount to no submact line 65 and it is greater than line 70, subtract line 65 and enter the result here.       71         Pay online at revenue.mt.gov. Or make checks payable to MONTANA DEPARTMENT OF REVENUE.         71       Yu have tax due companton line 65) and it is greater than line 70, subtract line 73 fro		65					00
10       Add lines bo through og and enter the result. It is is the sum or your total penalties, interest and contributions	us	66					00
10       Add lines bo through og and enter the result. It is is the sum or your total penalties, interest and contributions	outio	~ <del>-</del>			•		
10       Add lines bo through og and enter the result. It is is the sum or your total penalties, interest and contributions	ntrik						00
10       Add lines bo through og and enter the result. It is is the sum or your total penalties, interest and contributions	о q С						00
10       Add lines bo through og and enter the result. It is is the sum or your total penalties, interest and contributions	it an	69				69	00
10       Add lines bo through og and enter the result. It is is the sum or your total penalties, interest and contributions	eres			- 41			
10       Add lines bo through og and enter the result. It is is the sum or your total penalties, interest and contributions	s, Int						
10       Add lines bo through og and enter the result. It is is the sum or your total penalties, interest and contributions	altie						
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 amounts on lines 64 and 65, see instructions on page 12	Pena					70	00
and it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are amounts on lines 64 and 65, see instructions on page 12				10	00		
amounts on lines 64 and 65, see instructions on page 12       This is the amount you owe.       71         Pay online at revenue.mt.gov. Or make checks payable to MONTANA DEPARTMENT OF REVENUE.       72         12       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         73       Enter the amount from line 72 that you want applied to your 2018 estimated taxes.       73         74       Subtract line 73 from line 72 and enter the result here.       74         Direct Deposit Your Refund         Complete 1, 2, 3 and 4 (see instructions on page 12).       1. RTN#       2. ACCT#         1. RTN#       2. ACCT#       1. Bit is the amount provide and belief. It is the correct and the result is located outside of the United States or its territories?       Yes       N         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 cor		11					
73       Enter the amount from line 72 that you want applied to your 2018 estimated taxes       73         74       Subtract line 73 from line 72 and enter the result here	Dwe		amounts on lines 64 and 65, see instructions on page 12 This is th	71	00		
73       Enter the amount from line 72 that you want applied to your 2018 estimated taxes       73         74       Subtract line 73 from line 72 and enter the result here	fou ( Refu		Pay online at revenue.mt.gov. Or make checks payable to MONTANA DE	IE.			
73       Enter the amount from line 72 that you want applied to your 2018 estimated taxes       73         74       Subtract line 73 from line 72 and enter the result here	nount '	72		72	0 0		
Direct Deposit Your Refund Complete 1, 2, 3 and 4 (see instructions on page 12).       1. RTN#       2. ACCT#         4. Is this refund going to an account that is located outside of the United States or its territories?       Yes       N         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 com 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       For Department Use O         Third Party Designee       Third Party Designee's Printed Name       Third Party Designee's Phone Number       Third Party Designee's Phone Number	¥ °	73	Enter the amount from line 72 that you want applied to your 2018 estimated taxes	73	00		
Your Refund Complete 1, 2, 3 and 4 (see instructions on page 12).       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       N         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 com       Yes       N         Your Signature is Required       Date       Daytime Telephone Number       Spouse's Signature       Date         Yaid Preparer's Signature       Paid Preparer's PTIN/SSN       Firm's FEIN       For Department Use Or         Third Party Designee       Third Party Designee's Printed Name       Third Party Designee's Phone Number       Third Party Designee's Phone Number		74	Subtract line 73 from line 72 and enter the result here	This is	your refund. 🕨	74	00
(see instructions on page 12).       4. Is this refund going to an account that is located outside of the United States or its territories?       Yes       N         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 com       Yes       N         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       For Department Use Or         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 (see page 13)?       Third Party Designee's Phone Number       Third Party Designee's Phone Number       Third Party Designee's Phone Number		Υοι	r Refund				
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 correct and correct <b>X</b> and <b>X</b> are a paid Preparer's PTIN/SSN <b>Firm's FEIN</b> For Department Use Of the Party Designee <b>Third Party Designee's Printed Name</b> Do you want to allow another person (such as a paid preparer) to discuss this return with us (see page 13)? Third Party Designee's Phone Number	(see instructions on page 12).						Yes No
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       For Department Use Or         Third Party Designee       Third Party Designee's Printed Name       Third Party Designee's Phone Number       Third Party Designee's Phone Number	Under nei	nalties				helief it	
Paid Preparer's Signature       Paid Preparer's PTIN/SSN       Firm's FEIN       For Department Use O         Third Party Designee       Third Party Designee's Printed Name       Image: Compare the second sec						oonon, n	Date
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 (see page 13)?       Third Party Designee's Phone Number	X		X				
Do you want to allow another person (such as a paid preparer) to discuss this return with us (see page 13)? Third Party Designee's Phone Number	Paid P	repar	er's Signature Paid Preparer's PTIN/SSN	Fi	rm's FEIN	F	or Department Use Only
discuss this return with us (see page 13)? Third Party Designee's Phone Number	Third F	Party	Designee Third Party Designee's Printed Name				
	discuss this return with us (see page 13)? Third Party Designee's Phone Number						

