

MONTANA Form W Rev. 8-00

2000 Individual Income Tax Worksheets Attach This Form To Your Return

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Worksheet I - IRA Deduction

If you filed jointly on your federal tax return and separately (filing status 3, 4, or 5) on your Montana return, your deductible IRA for Montana purposes may be less than the amount allowed on your federal return.

If during the tax year, neither spouse was covered by a retirement plan where they worked, Montana and federal IRA deductions will be the same (maximum \$2,000 per spouse). If part of your IRA deduction is attributable to the IRA of a nonworking spouse, that amount must be added back on line 23 in the column of the nonworking spouse.

If during the tax year, both spouses were covered by a retirement plan where they worked, complete both columns of the worksheet below to determine if there is a difference between allowable federal and Montana IRA deductions.

Beginning in 1998, if one spouse was covered by a retirement plan at work and the other spouse was not covered by a plan during the tax year, complete the column of the worksheet below corresponding to the spouse that was covered by a retirement plan. The spouse who was not covered by a retirement plan does not need to complete the worksheet and may deduct his or her IRA contributions not to exceed \$2,000.

contributions not to exceed \$2,000.						
IRA Worksheet		Colu	ımn A	Colum	n B	
Phase out amount	2. –	\$10,00	00	\$10,000		<u> </u>
3. Subtract line 2 from line 1		Χ.	. 20	X	.20	
5. Enter IRA amount from line 19, Form 2	. — 5.					—
6. Enter lesser of line 4 or line 5						
This is the nondeductible portion of your IRA for Montana purposes.	•					
If you are married, filing separate returns and lived apart from your						
Worksheet II - Tax Benefit Rule (Taxable Refunds and Reimburseme	nts)	Colu	ımn A	Colum	n B	
Total of all federal income tax refunds received. Do not include EIC	1					
2. All refunds and reimbursements of previously deducted itemized deductions	2					
Example: In 1999 you deducted medical expenses not covered by insurance. In 2000 your insurance company determines that a portion of the denied expenses should have been	-					
paid by them. They send you a check. This amount may be taxable because you claimed						
it as an expense paid by you in the prior tax year.						
3. Add lines 1 and 2 above	3					
4. Montana Itemized deductions for prior year. If you took the standard deduction, stop here.						
None of the refund is taxable						
5. Enter prior year's MT Adjusted Gross Income	5					
6. If you are filing single or married filing separately, multiply line 5 by 20% (.20) and						
enter here. If this amount is less than \$1,340, enter \$1,340. If more than \$3,020, enter \$3,000, enter \$3,000 in the state of the state						
If you are filing a joint return or filing as head of household, multiply line 5 by 20% and enter	er					
here. If this amount is less than \$2,680, enter \$2,680. If more than \$6,040, enter \$6,040	6. —					
7. Subtract line 6 from line 4. If the result is zero, stop here. The amount on line 3 is not taxable	7. —					
8. Enter the smaller of line 3 or line 7						
9. Montana taxable income from prior year	9					
10. Enter the following amount on Form 2, line 22.						
If line 9 is: Zero or more, enter the amount from line 8. If less than zero,	10					
add lines 8 and 9 and enter the net amount (but not less than zero)						=
Worksheet III - Qualifying Capital Gain Exclusion						
Capital Gain Exclusion Worksheet - If you had an installment sale(s) of a capital asset(s) whin 1987 you may be able to take a capital gain exclusion of 40%. Compute your exclusion on the works			into before	January 1,		
1907 you may be able to take a capital gail exclusion of 40%. Compute your exclusion on the works	i icci be	JOVV.				
If Federal Schedule D line 17 is negative, you are not allowed a capital gain exclusion.						
Do not proceed any further.	_	Col	umn A	Column	В	
1. Add the amounts from Federal Schedule D lines 11 and 12 which pertain to						
installment sales entered into before January 1, 1987, and enter here	. 1					
2. Add the amounts from Federal Schedule D lines 7(f) and 16(f) and enter here	2					
3. Divide line 1 by line 2	3 <u></u> .		<u>%</u>			%
4. Enter the amount from line 17 of Federal Schedule D, but not less than zero	4					
5. Multiply the amount on line 4, times the % on line 3:						
x%	5					
6. Multiply amount on line 5 times 40% (40). This is your Montons						
Multiply amount on line 5 times 40% (.40). This is your Montana capital gains exclusion. Enter on line 26 of Montana Form 2	6	X	.40	X		40
Capital gains exclusion. Litter on line 20 of Wortland Form 2	0					

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Wo	rksheet IV - Pension and Annuity Exclusion	Column A	Column B
	Short Form filers use column A only.		
1.	Enter your federal adjusted gross income from line 20 of Form 2		
2.	Phase-out limitation	30,000	30,000
3.	If line 1 is smaller than line 2, enter on Form 2 line 29: the smaller of (a) pension and annuity income or (b) \$3,600 for each person who has pension and annuity income. Stop Here, you do not need to complete the remainder of this worksheet. If line 1 is larger than line 2, subtract line 2 from line 1 and enter the result		_
4.	Fill Out Only One. If your filing status is:		
	a. <u>Single or Joint and</u> only one has pension and annuity income; enter your taxable pension and annuity income or \$3,600, whichever is smaller	a	_
	b. Married Filing Separately; enter 1) each spouse's taxable pension and annuity income, or 2) \$3,600 in columns A and B whichever is smaller	b	_
	c. <u>Joint</u> and both spouses have pension and annuity incomes: <u>1st</u> , enter each spouse's taxable pension and annuity income or \$3,600, whichever is smaller, on the following lines: (His); <u>2nd</u> , enter the total of the two lines 46	c	-
5.	Multiply the amount on line 3 times two and enter the result		_
6.	Pension and annuity exclusion. Subtract line 5 from line 4a, 4b or 4c, whichever applies to you. If the result is zero or negative, you are not eligible for an exclusion. If the number is positive, this is your exclusion. Transfer this number to line 29 on Form 2 6.		

Worksheet V - Standard Deduction	Column A	Column B
Note: Short Form filers use column A only. 1. Enter amount from line 37 of Form 2. (Line 21 of Form 2S)		
2. Enter 20% (.20) of line 1	2. ———	
3. Enter the amount from below that corresponds to your filing status:		
Joint or Head of Household (filing status 2 or 6):\$6,260		
Single or separate (filing status 1,3,4, or 5): \$3,130	3. ———	
4. Enter the amount from line 2 or line 3, whichever is smaller.	4	
5. Enter the amount from below that corresponds to your filing status:		
Joint or Head of Household (filing status 2 or 6): \$2,780		
Single or separate (filing status 1,3,4 or 5): \$1,390	5	
6. Enter the amount from line 4 or line 5, whichever is <u>larger.</u> This is your standard deduction. Transfer this amount to line 38, Form 2. (line 22a, Form 2S)	6. ———	

If Taxable Income is:		TAX	TABLE If Taxable Income is:
Over Bu	ıt not over	Multiply by and Subtract = Tax	Over But not over Multiply by and Subtract = Tax
\$ 0	\$ 2,100.	X 2 %\$ 0	\$16,700 \$20,800 X 7 % \$ 438
\$ 2,100	\$ 4,200.	X 3 %\$ 21	\$20,800 \$29,200 X 8 % \$ 646
\$ 4,200	\$ 8,300.	X 4 %\$ 63	\$29,200 \$41,700 X 9 % \$ 938
\$ 8,300	\$12,500 .	X 5 % \$ 146	\$41,700 \$73,000 X 10 % \$ 1,355
\$12,500	\$16,700 .	X 6 % \$ 271	\$73,000 X 11 % \$ 2,085
		Evenne tovoble income \$2 400 v	20/ / 02\

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Worksheet VI - Itemized Deduction Worksheet			Column A	Column B	
Enter the amount from Form 2A, line 90a (Total itemized deduction)	ns)	1.—			
2. Add the amounts on Form 2A, lines 68, 71, 72, 73a, 73b, 74, 75, 81, 82, and 89	79, 	2			
 Subtract line 2 from line 1. (If the result is zero, enter the amount from lin 38.) Stop Here. You do not need to complete this worksheet 					
4. Multiply amount on line 3 above by 80% (.80). · · · · · · · · ·		4			
5. Enter the amount from Form 2, line 37		5			
6. Enter \$128,950 (\$64,475 if married filing separately, even if filing	on the sar	me form) 6			
 Subtract line 6 from line 5. (If the result is zero or less, enter the ar on Form 2, line 38. <u>Stop Here</u>. You do not need to complete this 					
8. Multiply line 7 by 3% (.03)		8			
9. Compare the amounts on lines 4 and 8 above. Enter the smaller of and on Form 2A, line 90b.	of the two	amounts here			
and on Form 2A, line 300.			 -		
Failure to Make Estimated Payments	3. Er	nter vour total with	nolding, amount cred	I -	
Underpayment Penalty of Estimated Tax In 2000 you must have paid through estimated installments or a combination of withholding and estimated installments the smaller	ite m	Enter your total withholding, amount credited from prior year's tax and Elderly Homeowner/Renter Credit from line 58 on Form 2 or line 34 on Form 2S. (If married			
of 1) 90% of your current year's tax liability after credits, or 2) an amount equal to 100% of your previous year's total tax liability.			r the total payments		
Payments made with extensions are not considered estimated payments. If you do not meet this requirement, you may be subject to			line 1. If the result i complete the rest of		
an underpayment penalty. You may use the short method to figure your penalty only if:	th	e form. You do not c enalty.			
 You made no estimated tax payments (or your only payments were Montana withholding); or You paid estimated tax in four equal amounts by the due dates. 	2		Line 53 of 1999 Forr Form 2S). If marrie r the total tax.		
If you cannot use the short method call the department at	6. Er	nter the smaller of I	ine 2 or line 5.		
(406) 444-6900 to request an underpayment penalty form (EST-P). Note: A taxpayer who derives at least 2/3 of gross income from		nter the amount from			
farming or ranching is not subject to estimated tax. Montana law does not provide for a "lookback" to the previous year when determining if a taxpayer is a qualifying farmer or rancher.	line	e 7 from line 6. If ze	or the year. Subtracter or less, stop here derpayment penalty.		
Short Method 1. Enter your 2000 tax from line 53 on Form 2 or line 31 on Form 2S. (Total liability if married filing separately on the same form).	<u>de</u> he	rpayment Penaltre and on line 63	986. This is your <u>Un</u> y for 2000. Enter 3 of Form 2 or line	•	
2. Enter 90% of line 1 above.	37	on Form 2S.			

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Worksheet VIII - Taxable Social Security

The portion of your social security benefits taxable to Montana may be different than what is taxable to federal.

NOTE: N	<u>lone of</u>	your	<u>benefit</u>	s are	<u>taxab</u>	<u>le to</u>	<u>Montan</u>	<u>a if:</u>

The only retirement you receive is Railroad Retirement income, or

В	1. \$32,000 if you are filing a joint return;	ocial s	ecurity income is less than:		
	 \$25,000 if you file a single/head of household return \$16,000 if you are filing married filing separate. 				
If ve	ou fall into one of the above categories, enter any benefits taxable to	fodora	Lon line 34 of Form 2 Do n	ot fill out this form	
ii ye	Filing Status Check One 1 Single 2 Married filing joint return 3 Married and separate returns for the difference of the above categories, enter any benefits taxable to	ooth filing	4 Married and both filing separate returns on separate forms	5 Married filing separate return and spouse is not filing	6 Head of Househol
			COLUMN A	COLUMN E	3
			(For single, joint, separate or head of household)	(For spouse only w separate and box 3	
1.	Federal adjusted gross income	1.	nodd o'r rioddorioldy	Soparate and box of	1
	Subtractions				
2.	Enter social security and/or railroad retirement included in				
	federal adjusted gross income	2.			2
3.	Capital gain(s) exclusion, interest exclusion for elderly, tips,				
	State income tax refund (if included in other income)				3
4.	Enter exempt retirement income for Montana purposes	4.			4
	(Complete Retirement Worksheet on Form W-Page 2.)	_			
	5. Total reductions—Add lines 2, 3 & 4			_	5
6.	Sub-total—subtract line 5 from line 1	6.			6
	Additions				
7	Enter total interest on all state and county municipal bonds	- F			-
7. 8.	Enter federal refund received				7 8
0.	9. Total additions: Add lines 7 and 8		9		9
10	Modified adjusted gross income—Add lines 6 and 9				10
	Enter one-half (50%) of the social security benefits received during				11
	12. Add lines 10 and 11				12
	\$25,000 in Column A if you checked Box 1 or 6				
13.	Enter \$32,000 in Column A if you checked Box 2		13.		13
	\$16,000 in Column A and B if you checked Box 3, 4 or 5				
14.	Subtract line 13 from line 12. (If zero or less, stop here, none of you	ır socia	ıl		
	security benefits are taxable to Montana. Enter amount from line 2	above			
	on Form 2, line 34.)		14.		14
15.	If line 14 is greater than zero, divide by 2 and enter amount		15.		15
	Enter the amount from line 15 or line 11, whichever is smaller				16
17.	Enter 85% of the social security benefits received in 2000		17.		17
	a. Enter amount from line 16.				18a
18.	b. Enter \$6,000 if Box 2 is checked. \$3,000 if Box 3, 4 or 5 is checked.	ked an	d 18b.		18b
	\$4,500 if Box 1 or 6 is checked.				
	Enter the lesser of line 18a. or line 18b.				19
	Enter amount from line 12.	•••••	20.		20
21.			0.4		0.1
	Enter \$44,000 if Box 2 is checked		21.		21
22	\$22,000 if Box 3, 4 or 5 is checked		22	_	200
	Subtract line 21 from line 20 (if less than zero, enter zero)			_	22
	Add lines 19 and 23			_	23 24
	Enter the lesser of line 17 or line 24			_	25
	Enter the amount of social security that is taxable on your federal re			_	26
	a. If line 26 is greater than line 25, enter difference here and on line				
	b. If line 25 is greater than line 26, enter the difference here and on line				
	c. No adjustment is necessary if lines 25 & 26 are the same				27