		2006		Montana	Individ	dual Incon	ne Tax Re	eturn		MONTANA		
		Calen	dar year	income tax return	for a Monta	ana resident filin	g as single, joir	ntly, or hea	ad of househo	old. Form 2M		
		Amended	Your firs	t name and initial		Last name		Decea	sed Your socia	al security number		
		Return 	Snouse'	s first name and initi	al	Last name		Decea	sed Snouse's	social security number		
		Check the box	Spouse	s ili st riarrie ariu il ilu	ai	Last Hame		Decea	Sed Topouse's	social security flumber		
		above if this is an amended	Home a	ddress (number and	street)		City		State	Zip+4		
		return.		`	,		,			·		
			ck only o	one box) 1. \Box	Single	2. Married	filing jointly	3 □ 1	Head of Hous	ehold		
	4		-	· ·	-					must use Form 2.)		
		Yourself			Blin		r number check					
					☐ Blin		r number check					
S	OD.	Dependent's firs				SSN	Relation		Disabled			
Exemptions		Beperidente ino	triamo	Last Hame		0011	rtolatio	лоттр	Dioabica			
Ĕ												
Ж												
	5c.	Total Dependents	. If additi	onal dependents,	see instruct	tions			5c.			
	5d.	Add lines 5a thru	5c and e	nter total exemption								
		Enter amounts co			ıl return.		Round	to neares	st dollar. If no	entry, leave blank.		
		Wages, salaries,										
		Taxable interest.				•			7a.			
<u> </u>		Tax-exempt intere							0.0			
		•	dinary dividends. Attach federal Schedule B or federal Schedule 1 if required									
Gross Income		Capital gain or (lo	q									
SS	0. 10a.	IRA distributions	10a	Tax		unt 10b.						
2	11a.	IRA distributions										
De	12.	Unemployment co										
JST	13a.	Social security benefits										
ğ							14.					
e a		Penalty on early v										
-ederal Adjusted		IRA deduction										
T 0		Student loan inter										
		Jury duty pay you Add lines 15 throu			10	1						
		Subtract line 19 fr										
		Interest and muni						g. 000 mic	2020.			
	-	other states						١				
		Taxable federal re										
E		Addition to federa										
္ပ		Medical care savi										
⊒ s	25.	Add lines 21 throu		1								
SO	26	Exempt interest a		ands from federal l					25.			
Montana Adjusted Gross Income		Exempt unemploy										
Stec		Partial pension ar										
'nſ		Partial interest ex										
ĭ		Exemption for cer										
ala	31.	Exempt medical of	Exempt medical care savings account deposits and earnings									
OLL		Subtraction to fed										
Ĕ		Subtraction for fee										
	34.	Add lines 26 throu								1		
	35	Add lines 20 and		subtract line 34. T								
	JJ.	Auu IIIIES ZU allu	ے, uitil	Subtract IIIIE 34. I	ma ia your	wontana aujus	steu gruss iili	t				

	Form	2M, Page 2 – 2006	Social Se	ecurity Number:									
	36.	Montana adjusted gross income	from line 35							36.			
	00.	Deductions			·								
ne	37	(A) Standard Deduction (see Wo	orksheet on nage 4	4 of this form):	Check only (A)	, 0110							
Ö	07.	(B) Itemized Deductions (from F		· ·	(B)	37.				\neg			
Ξ	38	Subtract line 37 from line 36 and		•	` '	· L				38.			
Taxable Income	50.	Exemptions (all individuals are er								JO			
xat	30	Multiply \$1,980 by the number of			ocult boro	30 F							
<u>na</u>		Subtract line 39 from line 38 and	•					r					
	7 0.	taxable income.					-			40.			
	41.	Tax from the tax table on page 4											
×		42. 1% capital gains tax credit											
Тах		Subtract line 42 from 41 and enter					ır res	sider	nt				
		tax after capital gains tax credi								43.			
	44.	Nonrefundable single-year credits											
ts	45.	Nonrefundable carryover credit fr	om Form 2M, Sch	edule II line 6		45.							
Credits	46.	Add lines 44 and 45 and enter the	e result here. This	s is your total no	nrefundab	le credits	S			46.			
ວັ	47.	Subtract line 46 from line 43 and	enter the result he	ere. If zero or les	s, enter					_			
		zero. This is your total tax after								47.			
s ts	48.	Montana income tax withheld. At	tach federal Form((s) W-2 and 1099		48.							
Payments and Offsets	49.	2006 estimated tax payments and	d amounts applied	I from your 2005	return	49.							
Ĕδ	50.	2006 extension payment from Fo											
Pa nd	51.	Elderly Homeowner/Renter Credit from Form 2M, Schedule II, line 7											
	~ —.	Add lines 48 through 51 and ente								52.			
		Interest on underpayment of estir											
St,		Late file, late pay penalties and interest. (See instructions on page 12.)54.											
		5. Medical Care Savings Account 10% penalty											
enalty, interest, Contributions	56.	Enter in boxes 56a through 56d y											
_ - = -		Nongame Child abuse			nal Sum o	f 56a							
on		wildlife program prevention	schools	disease prog						\neg			
<u>ာ</u> လ	E7	56a. 56b. Add lines 47, 53, 54, 55 and 56 a	56c.	56d.		56.	tox		oltico				
	57.	interest and contributions								57 🗀			
	58	If line 57 is more than line 52, en											
ō	00.	Make check payable to MONTAN			_								
ام کا		to pay by credit card or E-check.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0. 1121211021	, viole out 11	obolio ai	9		,,,,,,				
Sefund Sefund	59.	If line 57 is less than line 52, enter	er the difference he	ere						59.			
_		Enter the amount of line 59 you v								60.			
Your	61.	Subtract line 60 from line 59 and	enter the result he	ere. This is your	refund					61.			
Amount Your		If you wish to use direct deposit,	enter your RTN# a	and ACCT# belov	v. See instru	ictions.				$\overline{\Box}$	Checking		
₹		RTN#	ACCT#								Savings		
	lf opp							┰╙━			- Cavings		
	<u> </u>		Name, address and	a telephone num	per of paid p	oreparer.			Check	this bo	ox and attach		
	Ц	Annualized estimated payments.									ır federal Form		
		Do not mail 2007 forms and						4868 to receive your Montana					
	_		SSN, FEIN or PTIN	۸٠					extens	ion.			
	May t	he DOR discuss this return with your t) 444-6900	0 or T	DD (4	406) 444-	·2830 fo	or hearing impaired					
	, .	, ,			1	,		`	,		J		
	<u>X</u>				x								
		Your signature is required		Daytime telephone		•		sign			Date		
		I declare under penalty of false	swearing that the	intormation in thi	s return and	attachm	ents	is tru	ie, corre	ct and	complete.		

Form 2M, Page 3 - 2006 Social Security Number: Schedule I: Montana Form 2M Itemized Deductions Enter your itemized deductions on the corresponding line. This schedule should be filed with your Montana Form 2M. Medical and dental expenses 4. Subtract line 3 from line 1 and enter result here but not less than zero. This is your deductible medical and dental expense subject to 7.5% of Montana AGI.4. Complete lines 7a through 7d reporting your total federal income tax payments made in 2006 before completing line 7e. **Faxes You Paid** 7e. Add lines 7a through 7d and enter 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. This is your federal income 8. Real estate taxes paid in 2006. Other deductible taxes. List type and amount:______ 12. Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the house, provide name, SSN, and address: 13. Points not reported to you on federal Form 109813. 17. Contribution carryover from the prior year17. 20. Unreimbursed employee business expenses, Attach federal Form 21. Other expenses. List type and amount: 27. Other miscellaneous deductions not subject to 2% of Montana AGI. List type and amount:

If the amount on Form 2M, line 35 is more than \$150,500 your deductions may be limited. Complete the itemized deduction Worksheet VI, found on page 51 of the Form 2M instruction booklet and then

non-allowed itemized deductions.

allowable itemized deductions.

29. Enter the amount from the itemized deduction Worksheet VI, line 9. This is the amount of your

Subtract line 29 from line 28 and enter the result here and on Form 2M, line 37. These are your

continue to line 29; otherwise, go to line 30 below.

Form 2M, Page 4 – 2006	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.

		File Schedule II with your Montana Form 2M.							
ts	Noi	Nonrefundable credits are single-year credits and HAVE NO carryover provision.							
able Sredi	1.	College contribution credit. Attach Form CC.							
ਨੂੰ ਭੂ	2.	Energy conservation installation credit. Attach Form ENRG-C							
efun year	3.	Elderly care credit. Attach Form ECC							
e-y		Developmental disability account contribution credit4							
S g	5.	Add lines 1 through 4 and enter the result here and on Form 2M, line 44. These are your total							
Si		nonrefundable single-year credits5							
_									

Nonrefundable credits HAVE a carryover provision that allows you to carry forward the unused portion of your credit to future tax years.

Refundable credits are applied against your income tax liability with any remaining balance refunded to you.

Montana Tax Credits

We have listed 6 credits that can be used when filing Montana Form 2M. However, the Montana legislature has authorized 28 different income tax credits. See Montana Form 2, Schedule V for a list and description of these 28 tax credits that are available. If you are eligible for any of the other credits not listed above, you will have to file Montana Form 2 instead of Form 2M.

There are three categories of credits available to you on your Montana individual income tax return. With the exception of the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2M, line 42) you are not required to apply any of these 6 tax credits against your income tax liability in any particular order.

 Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident tax after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credits. Your nonrefundable carryover credit can be used to offset your 2006 resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credit that is not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable elderly homeowner/ renter credit is applied against your income tax liability with any unused credit refunded to you.

	Standard Deduction Worksheet for Form 2M		
1.	Enter your Montana adjusted gross income from Form 2M, line 35 here.	1.	
2.	Multiply the amount on line 1 by .20 (20%) and enter the result here.	2.	
3.	Enter the amount below that corresponds to your filing status here.	3.	
	 If your filing status is single (filing status 1) enter \$3,710. This is your maximum standard deduction. 	•	
	 If you filing status is joint (filing status 2) or head of household (filing status 3) enter \$7,420. This is your maximum standard deduction. 		
4.	Enter the amount from line 2 or 3, whichever is smaller.	4.	
5.	Enter the amount below that corresponds to your filing status.	5.	
	 If your filing status is single (filing status 1) enter \$1,650. This is your minimum standard deduction. 	•	
	 If your filing status is joint (filing status 2) or head of household (filing status 3) enter \$3,300. This is your minimum standard deduction. 		
6.	Enter here and on Form 2M, line 37, the amount from lines 4 or 5, whichever is larger.		

	2006 Montana Individual Income Tax Table													
	If you	ur Taxable me is Over	but	not Over	Multiply your Taxable Income by	_	ind otract	equals your Tax		If your Taxable Income is Over	but not Over	Multiply your Taxable Income by	and Subtract	equals your Tax
ſ	\$	0	\$	2,400	0.010	\$	0]	\$ 8,800	\$ 11,300	0.050	\$ 220	
	\$	2,400	\$	4,300	0.020	\$	24			\$ 11,300	\$ 14,500	0.060	\$ 333	
	\$	4,300	\$	6,500	0.030	\$	67			\$ 14,500	or more	0.069	\$ 464	
	\$	6,500	\$	8,800	0.040	\$	132							

This is your standard deduction.

For example: Taxable income $4.500 \times .03(3\%) = 135$.

\$135 minus \$67 = \$68 tax