They are: ● Elderly F	Iome	owner/Re	enter Credi	it See Form		• Child	d's Incor	me Exclusion	Pages 6 & 13
Planned	Gift	Credit		Page 10		• 100%	Medica	ll Insurance Premium	Page 8
<ul><li>Family E</li><li>Medical</li></ul>	duca	tion Savir	igs Accoui	nt Pages 6 & 13 Pages 6 & 13	3	• Scan	nable Pa	yment Coupon	Pages 8 & 14
• Medical	Savii	igs Accou	JIII	Pages 0 & 1.	5				
				TABLE	OF CO	NTENI	ГS		
eneral				Page				d Part Year Residents	Page
Who Must Fil									
Which Form								Use	
When and W									
Late Filing ar Jnderpayme								nstructions	3
Filing & Res									11&12
Exemptions .								nts	
Line-by-Line	e Inst	ructions					eductior		
						No	nresider	nts	7-9
assive/Renta ax Benefit R									
ax benefit R									
Old Fund Lia									
Deductions-									
Ailitary									
Estimated Inc			e Tax	8					
Credits Again			C	10					
			States						
8,	- <b>)</b>								
Mail To: Income Ta Dept. of Ro PO Box 63	x Div event 608	vision ue	PAYMENT	INCLU Income Dept. of PO Box		EFUND: sion e	S Mail 7	To: DIRECTO	SISTANCE SEE DRY ON COVER IIS BOOKLET
Mail To: Income Ta Dept. of Re	x Div event 608	vision ue	3	INCLU Income Dept. of PO Box Helena,	DING R Tax Divi Revenu 6577 MT 596	EFUND sion e 504-6577	S Mail 7	To: DIRECTO	ORY ON COVER
Mail To: Income Ta Dept. of Ro PO Box 63	x Div event 608 T 59	vision ue 9604-6308	3	INCLU Income Dept. of PO Box Helena,	DING R Tax Divi Revenu 6577 MT 596 ided in	EFUNDS sion e 504-6577 Tax Bo	S Mail 7 7 oklet	To: DIRECTO	ORY ON COVER
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M	x Div event 608 T 59 T	vision ue 0604-6308 o order f	3	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ	EFUNDS sion e 504-6577 Tax Bo	S Mail 7 v oklet as from	Го: DIRECTC OF TH	ORY ON COVER
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M	x Div event 608 T 59 T	vision ue 9604-6308 0 order fo	orms call a	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ	EFUND sion e 504-6577 Tax Bo lest forn	S Mail 7 v oklet as from	Fo: DIRECTO OF TH http://www.mt.gov	DRY ON COVER IIS BOOKLET
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M	x Div evenu 608 T 59 T vised	vision ue 2604-6308 o order fo	orms call a	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ	EFUND sion 604-6577 Tax Bo lest forn <u>1 No. R</u>	S Mail 7 ooklet ns from evised	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u>	DRY ON COVER IIS BOOKLET
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M	x Div evenu 608 T 59 T vised	vision ue 0604-6308 0 order fe 1 Individual 1 Individual 1	orms call a Description	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n teturn Short Form	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ	EFUND sion 604-6577 Tax Bo lest forn No. R SS	S Mail 7 oklet ns from evised 97 97	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u> Social Security Workshee	ORY ON COVER IIS BOOKLET
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M <u>rm No. Re</u> 28 2	x Div evenu 608 T 59 T vised 97 97	vision ue 0604-6308 0 order fe 1 Individual 1 Individual 1	orms call a Description Income Tax R	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n teturn Short Form	DING R Tax Divi Revenu 6577 MT 590 ided in 0 or requ Forn	EFUNDS sion e 504-6577 Tax Bo lest forn l No. R SS OFLT 2A-Page 3	S Mail 7 oklet as from evised 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u> Social Security Workshee Old Fund Liability Tax Other State Credits & Inv	ORY ON COVER IIS BOOKLET
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M rm No. Re 28 2 2A	x Div event 608 T 59 Tr vised 97 97 97	vision ue 0604-6308 0 order fe 1 1ndividual 1 Individual 1 Itemized f	orms call f Description Income Tax R Deductions &	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n teturn Short Form Tax Credits Forms A bable at banks,	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ Form	EFUNDS sion e 504-65777 Tax Bo lest forn No. R SS OFLT 2A-Page 3 e Upor ses, libro	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u> Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est est offices and grocery s	et vestment Credits
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M <u>rm No. Re</u> 28 2	x Div event 608 T 59 Tr vised 97 97 97	vision ue 0604-6308 0 order fo 1 Individual 1 Individual 1 Itemized f	orms call a Description Income Tax R Income Tax R Deductions &	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n teturn Short Form Tax Credits Forms A bable at banks,	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ Form Availabl	EFUNDS sion e 504-6577 Tax Bo lest forn No. R SS OFLT 2A-Page 3 e Upor ses, libra Form No	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u> Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est ost offices and grocery s Seed Description	et vestment Credits
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M rm No. Re 28 2 2A	x Div event 608 T 59 Tr vised 97 97 97	vision ue 0604-6308 0 order fo 1 1ndividual 1 Individual 1 Itemized F Forms ma vised	orms call Description Income Tax R Income Tax R Deductions & Description	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n teturn Short Form Tax Credits Forms A bable at banks,	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ Form Availabl	EFUNDS sion e 504-65777 Tax Bo lest forn No. R SS OFLT 2A-Page 3 e Upor ses, libro	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u> Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est est offices and grocery s	et vestment Credits
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M rm No. Re 2S 2 2A <u>Form No.</u>	x Div event 08 T 59 T vised 97 97 97 97	vision ue 0604-6308 0 order fo 1 1ndividual 1 1temized f Forms ma vised Individual	orms call Description Income Tax R Income Tax R Deductions & Description	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n teturn Short Form Tax Credits Forms A able at banks, of iption eturn Short Form	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ Form Vailabl courthou	EFUNDS sion e 504-6577 Tax Bo lest forn No. R SS OFLT 2A-Page 3 e Upor ses, libra Form No	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u> Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est other State Credits & Inv est offices and grocery s sed <u>Description</u>	et vestment Credits
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M cm No. Re 2S 2 2A Form No. 2S	x Div evenu 608 T 59 <u>vised</u> 97 97 97 1 <u>Rev</u> 97	vision ue 0604-6308 0 order fo 1 1ndividual 1 1ndividual 1 1temized f Forms ma vised 1ndividual 1ndividual	orms call Description Income Tax R Income Tax R Deductions & ay be availa Descri Income Tax R	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n Return Short Form Tax Credits Forms A able at banks, a iption eturn Short Form eturn Short Form	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ Form Vailabl	EFUNDS sion e 504-6577 Tax Bo lest form No. R SS OFLT 2A-Page 3 e Upor ses, libra Form No	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u> Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est other State Credits & Inv est offices and grocery s sed <u>Description</u> Affidavit (North Dakota Resid Exemption under MT/ND Resid	et vestment Credits on ent's Claim for ciprocal Agreement). end Instructions
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M rm No. Re 2S 2 2A Form No. 2S 2 2A	x Div event 08 T 59 <u>vised</u> 97 97 97 1 <b>Re</b> 97 97	vision ue 0604-6308 0 order fo 1 1ndividual 1 1ndividual 1 1temized f Vised Individual 1ndividual 1ndividual 1ndividual	orms call Description Income Tax R Deductions & Ay be availe Deductions & Income Tax R Income Tax R Income Tax R Description	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n Return Short Form Tax Credits Forms A able at banks, a iption eturn Short Form eturn Short Form	DING R Tax Division Revenue 6577 MT 590 Ided in 0 or reque Form Vailable courthoue	EFUNDS sion e 504-65777 Tax Bo lest forn No. R SS OFLT 2A-Page 3 e Upor ses, libra Form No NR1 71D-3	S Mail 7 ooklet ns from evised 97 97 97 97 aries, po p. Revis 96 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est	et e
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M 28 2 2A Form No. 28 2 2A 2A 2A 2A 2A-Page 3 ENRG-B	x Div event 08 T 59 T vised 97 97 97 97 97 97 97 97 97	vision ue 0604-6308 0 order fo 1 1 ndividual 1 1 ndividual 1 1 temized 1 Forms ma vised 1 ndividual 1 ndividual 1 ndividual 1 ndividual 1 ndividual 1 ndividual 1 ndividual	orms call Description Income Tax R Deductions & Ay be availe Deductions & Income Tax R Income Tax R Income Tax R Description	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n teturn Short Form Tax Credits Forms A table at banks, of table at banks, of table at banks, of table at banks, of table at banks, of table at banks, of table	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ Forn Vailabl	EFUNDS sion e 504-6577 Tax Bo lest form 1 No. R SS OFLT 2A-Page 3 e Upor ses, libra Form No NR1 FID-3 2441M	S Mail 7 ooklet ns from evised 97 97 97 n Requ aries, po 96 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u> Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv es	et e
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M 28 2 2A Eorm No. 28 2 2A 2A 2A-Page 3 ENRG-B ENRG-C	x Div event 08 T 59 7 97 97 97 97 97 97 97 97 97 97 97 97	vision ue 0604-6308 0 order fo 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	orms call Description Income Tax R Income Tax R Deductions & Descri Income Tax R Income Tax R Income Tax R Deductions & T e Credits & Inv Geothermal Em	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n teturn Short Form Tax Credits Forms A table at banks, of table at banks, of table at banks, of table at banks, of table at banks, of table at banks, of table	DING R Tax Divi Revenu 6577 MT 590 Ided in 0 or requ Forn Availabl courthou	EFUND: sion e 504-65777 Tax Bo est form No. R SS OFLT 2A-Page 3 e Uport ses, libra Form No NR1 FID-3 2441M PR-1 20 HI	S Mail 7 ooklet ns from evised 97 97 97 97 97 96 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov <u>Description</u> Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv es	et  vestment Credits  topic constructions  txpenses edule
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M cm No. Re 2S 2 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2	x Div event 08 T 59 97 97 97 97 97 97 97 97 97 97 97 97 97	vision ue 0604-6308 0 order fo 1 1ndividual 1 1temized I Forms ma vised Individual Itemized I Other State Credit for 1 Elderly Ho	orms call Description Income Tax R Income Tax R Deductions & Descri Income Tax R Deductions & T Encome Tax R Deductions & T Credits & Inv Geothermal Encome Energy Conser Income or R	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-0290 n teturn Short Form teturn Form Tax Credits Forms A able at banks, of table at banks, of table at banks, of table at banks, of table at ban	DING R Tax Divi Revenu 6577 MT 590 ided in 0 or requ Form Vailabl courthou	EFUNDS sion e 604-65777 Tax Bo eest form No. R SS OFLT 2A-Page 3 e Upor ses, libra Form No NR1 FID-3 2441M PR-1 CC HI EST	S Mail 7 ooklet ns from evised 97 97 97 97 97 96 97 97 96 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est offices and grocery s sed Description Affidavit (North Dakota Resid Exemption under MT/ND Res Montana Fiduciary Return an Child and Dependent Care E Partnership Distribution Sche College Contribution Credit Health Insurance for Uninsur	et e
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M cm No. Re 2S 2 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2	x Div event 08 T 59 97 97 97 97 97 97 97 97 97 97 97 97 97	vision ue 0604-6308 0 order fo 1 1ndividual 1 1temized I Forms ma vised Individual Itemized I Other State Credit for 1 Elderly Ho	orms call Description Income Tax R Income Tax R Deductions & Descri Income Tax R Deductions & T Encome Tax R Deductions & T Credits & Inv Geothermal Encome Energy Conser Income or R	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 A A Acturn Short Form Tax Credits Forms A Able at banks, of Able at banks,	DING Ri Tax Divi Revenu 6577 MT 590 ided in 0 or requ Form Vailable courthou	EFUNDS sion e 604-65777 Tax Bo lest form No. R SS OFLT 2A-Page 3 e Upor Ses, libra Form No VR1 71D-3 2441M PR-1 2241M PR-1 225 HI 235 2441M	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est	et e
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M 28 2 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2	x Div event 08 T 59 97 97 97 97 97 97 97 97 97 97 97 97 97	vision ue 0604-6308 0 order fo 1 1ndividual 1 1ndividual 1 1temized 1 Forms ma vised Individual Individual Individual Individual Individual Individual Individual Individual Individual Credit for Credit for Elderly Ho Amended M Application	orms call Description Income Tax R Income Tax R Deductions & Deductions & Income Tax R Deductions & T e Credits & Inv Geothermal Energy Conser omeowner or R Montana Individ a for 4 Month E	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-0294 M Return Short Form Tax Credits Forms A able at banks, of iption eturn Short Form teturn Form Tax Credits vestment Credits regy Systems vation Installation enter Credit dual Income Tax Return	DING Ri Tax Divi Revenu 6577 MT 590 ided in 0 or requ Form Vailable courthou	EFUND: sion e 504-65777 Tax Bo lest form No. R SS OFLT 2A-Page 3 e Upor Ses, libra Form No NR1 71D-3 4411M PR-1 71D-3 4441M PR-1 70C H1 2ST OS-1 NOL-1	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est	et e
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M 28 2 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2	x Div event 08 T 59 97 97 97 97 97 97 97 97 97 97 97 97 97	vision ue 0604-6308 0 order fo 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	orms call Description Income Tax R Income Tax R Deductions & Deductions & Income Tax R Income Tax R Deductions & T e Credits & Inv Geothermal En Energy Conser Income or R Montana Individ of of 4 Month E tification	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 n eturn Short Form Tax Credits Forms A bable at banks, of iption eturn Short Form fax Credits vestment Credits ergy Systems vation Installation enter Credit dual Income Tax Retu	DING Ri Tax Divi Revenu 6577 MT 590 ided in 0 or requ Forn Vailabl	EFUNDS sion e 504-65777 Tax Bo lest form l No. R SS OFLT 2A-Page 3 e Uport ses, libra Form No VR1 71D-3 2441M PR-1 CC HI 2557 2441M PR-1 CC HI 2557 26541 26541 26541 26541 26541 26541 26541 26541 26541 26541 2655	S Mail 7 oklet ns from evised 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est	et et vestment Credits et vestment Credits ent's Claim for ciprocal Agreement). ind Instructions ixpenses edule red Montanans Credit a Tax Booklet Form 5 Form
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M 28 2 2 2A Form No. Re 28 2 2 2A 2A-Page 3 ENRG-B ENRG-C 2EC 2X EXT IND NR2	x Div event 08 T 59 97 97 97 97 97 97 97 97 97 97 97 97 97	vision ue 0604-6308 0 order fo 1 1ndividual 1 1ndividual 1 1temized I Forms ma vised Individual 1temized I Other State Credit for Elderly Ho Amended M Application Indian Cer Employee	orms call Description Income Tax R Income Tax R Deductions & Deductions & Income Tax R Deductions & T e Credits & Inv Geothermal Em Energy Conser omeowner or R Montana Individ for 4 Month E tification Certificate of	INCLU Income Dept. of PO Box Helena, Forms Inclu 1-406-444-0294 M Return Short Form Tax Credits Forms A able at banks, of iption eturn Short Form teturn Form Tax Credits vestment Credits regy Systems vation Installation enter Credit dual Income Tax Return	DING Ri Tax Divi Revenu 6577 MT 590 ided in 0 or requ Forn Vailabl courthou	EFUNDS sion e 504-6577 Tax Bo est form No. R SS OFLT 2A-Page 3 e Upor ses, libra Form No NR1 FID-3 2441M PR-1 C HI ST SS-1 NOL-1 SS EWPC	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Worksheet Old Fund Liability Tax Other State Credits & Inv Other State Credits & Inv est offices and grocery s sed Description Affidavit (North Dakota Resid Exemption under MT/ND Rec Montana Fiduciary Return an Child and Dependent Care E Partnership Distribution Sche College Contribution Credit Health Insurance for Uninsu Estimated Individual Income Disability Income Exclusion Montana Net Operating Loss Social Security Worksheet Credit for Wind Energy Produ	et e
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M 28 2 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2	x Div evenu 08 T 59 97 97 97 97 97 97 97 97 97 97 97 97 97	vision ne 0604-6308 0 order fo 1 1ndividual 1 1ndividual 1 1temized f Forms ma vised 1ndividual 1temized f Other State Credit for Elderly Ho Amended M Application 1ndian Cer Employee Elderly Ca	orms call Description Income Tax R Income Tax R Deductions & Deductions & Description Income Tax R Deductions & Credits & Inv Geothermal Env Energy Conser omeowner or R Montana Individ Infort 4 Month E tification Certificate of re Credit	INCLU: Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 A A Credits Forms A A Credits Forms A A ble at banks, of A ble at banks, of A credits Cast Credits Vestment Credits ergy Systems Vation Installation enter Credit dual Income Tax Retu Extension	DING Ri Tax Divi Revenu 6577 MT 590 ided in 0 or requ Forn Availabl courthou	EFUNDS sion e 604-65777 Tax Bo est form No. R SS OFLT 2A-Page 3 e Uport ses, libra Form No NR1 71D-3 2441M 741-1 52 441M 74-1 52 441M 74-1 52 441M 74-1 52 70 8 70 70 70 70 70 70 70 70 70 70	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est offices and grocery s sed Description Affidavit (North Dakota Resid Exemption under MT/ND Rec Montana Fiduciary Return an Child and Dependent Care E Partnership Distribution Sche College Contribution Credit Health Insurance for Uninsu Estimated Individual Income Disability Income Exclusion Montana Net Operating Loss Social Security Worksheet Credit for Wind Energy Produ	et e
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M 2S 2 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2	x Div evenu 08 T 59 97 97 97 97 97 97 97 97 97 97 97 96 96 96 97 96 96 97 96 97 96 97 97	vision ne 0604-6308 0 order fo 1 1ndividual 1 1ndividual 1 1temized f Forms ma vised Individual 1temized f Other State Credit for 1 Elderly Ho Amended M Application Indian Cer Employee Elderly Ca Dependent	orms call Description Income Tax R Income Tax R Deductions & Deductions & Descri Income Tax R Deductions & T e Credits & Inv Geothermal End Energy Conser oneowner or R Montana Individ of or 4 Month E tification Certificate of re Credit t Care Assistan	INCLU: Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 A A Credits Forms A A Credits Forms A A ble at banks, of A ble at banks, of A credits Cast Credits Vestment Credits ergy Systems Vation Installation enter Credit dual Income Tax Retu Extension	DING Ri Tax Divi Revenu 6577 MT 590 ided in 0 or requ Form Availabl courthou	EFUNDS sion e 604-65777 Tax Bo eest form No. R SS OFLT 2A-Page 3 e Upor ses, libra Form No VR1 FID-3 2441M PR-1 CC HI EST DS-1 VOL-1 SS EWPC RIC DFLT	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 96 97 97 97 96 97 97 97 96 97 97 97 96 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est	et  et  vestment Credits  fores on ent's Claim for ciprocal Agreement).  nd Instructions Expenses edule red Montanans Credit Tax Booklet Form Form Form Form Licers t
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M 28 2 2 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A	x Div evenu 08 T 59 97 97 97 97 97 97 97 97 97 97 97 97 97	vision ne 0604-6308 0 order fo 1 1ndividual 1 1temized 1 1 1temized 1 Forms ma vised 1 ndividual 1 1temized 1 0 ther state Credit for 1 Elderly Ho Amended M Application Indian Cer Employee Elderly Ca Dependent Credit for 1	orms call Description Income Tax R Income Tax R Deductions & Description Income Tax R Deductions & Description Income Tax R Deductions & T e Credits & Inv Geothermal Energy Conser Income Tax R Deductions & T e Credits & Inv Geothermal Energy Conser Income or R Montana Individ of or 4 Month E tification Certificate of re Credit t Care Assistan Recycling	INCLU: Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 A A Credits Forms A Able at banks, of Able at banks, of	DING Ri Tax Divi Revenu 6577 MT 590 ided in 0 or requ Form Availabl courthou	EFUNDS sion e 604-65777 Tax Bo est form No. R SS OFLT 2A-Page 3 e Uport ses, libra Form No NR1 71D-3 2441M 741-1 55 2441M 741-1 55 2441M 741-1 55 2441M 741-1 55 2441M 741-1 55 2441 7441 741-1 55 2441 745 7441 745 745 745 745 745 745 745 745	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est offices and grocery s sed Description Affidavit (North Dakota Resid Exemption under MT/ND Rec Montana Fiduciary Return an Child and Dependent Care E Partnership Distribution Sche College Contribution Credit Health Insurance for Uninsu Estimated Individual Income Disability Income Exclusion Montana Net Operating Loss Social Security Worksheet Credit for Wind Energy Produ	et  et  vestment Credits  fores on ent's Claim for ciprocal Agreement).  nd Instructions Expenses edule red Montanans Credit Tax Booklet Form Form Form Form Licers t
Mail To: Income Ta Dept. of Ro PO Box 63 Helena, M 2S 2 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2A 2	x Div evenu 08 T 59 97 97 97 97 97 97 97 97 97 97 97 96 96 96 97 96 96 97 96 97 96 97 97	vision ne 0604-6308 0 order fo 1 1ndividual 1 1temized 1 1 1temized 1 Forms ma vised 1 ndividual 1 1temized 1 0 ther state Credit for 1 Elderly Ho Amended M Application Indian Cer Employee Elderly Ca Dependent Credit for 1	orms call Description Income Tax R Income Tax R Deductions & Deductions & Descri Income Tax R Deductions & T e Credits & Inv Geothermal End Energy Conser oneowner or R Montana Individ of or 4 Month E tification Certificate of re Credit t Care Assistan	INCLU: Income Dept. of PO Box Helena, Forms Inclu 1-406-444-029 A A Credits Forms A Able at banks, of Able at banks, of	DING Ri Tax Divi Revenu 6577 MT 590 ided in 0 or requ Form Available courthou	EFUNDS sion e 604-65777 Tax Bo eest form No. R SS OFLT 2A-Page 3 e Upor ses, libra Form No VR1 FID-3 2441M PR-1 CC HI EST DS-1 VOL-1 SS EWPC RIC DFLT	S Mail 7 ooklet ns from evised 97 97 97 97 97 97 96 97 97 97 96 97 97 97 96 97 97 97 96 97 97 97 97 97 97 97 97 97 97	Fo: DIRECTO OF TH http://www.mt.gov Description Social Security Workshee Old Fund Liability Tax Other State Credits & Inv est other State Credits & Inv est	et e

INSTR

97

Instructions only for Individual Income Tax

## WHO MUST FILE

Refer to the table below to see if you are required to file.

Marital & Filing StatusAge as of December 31, 1997You must file if your federal gross income was:Single or Head of Household or Married FilingUnder 65\$2,910 or more65 or older\$4,460 or more	Refer to the table below to see if you are required to me.					
Single or Head of Household or Married FilingUnder 65 65 or older\$2,910 or more\$4,460 or more	Marital &		Age as of	You <b>must</b> file if your		
Head of Household or Married Filing 65 or older \$4,460 or more	Filing Status De		cember 31, 1997	federal gross income was:		
or Married Filing <b>5</b> 65 or older \$4,460 or more	Single or	٦				
Married Filing 65 or older \$4,460 or more	Head of Housel	nold	Under 65	\$2,910 or more		
		1	7			
	Married Filing		65 or older	\$4,460 or more		
Separate	Separate					
Married Both under 65 \$5,820 or more	Married		Both under 65	\$5,820 or more		
Filing a One spouse 65						
Joint or older \$7,370 or more	Joint		or older	\$7,370 or more		
Return Both spouses 65	Return					
or older \$8,920 or more						
Part-year and nonresidents see page 11.	Part-year and n	onres	idents see page 1	l.		

## Where's My Refund?

Taxpayers expecting refunds from current or back year returns will be able to check the status of those refunds by calling 1-406-444-9840. This is a 24 hour-a-day service, accessible from both touch tone and rotary dial telephones.

When calling to inquire about a refund you will need to provide the following information:

- The social security number corresponding to the first name shown on the return.
- The amount of the refund requested as shown on the return.

The status of a refund will only be available if the tax return has been added to the department's computer system.

### **Other Filing Information**

Generally the Montana statute of limitations is five years. Normally records should be kept during this time. Records for basis of property and carryforwards may need to be kept longer.

•**Statute of Limitations** - If you had a filing requirement, but did not file a return, there is no statute of limitation preventing the assessment of tax, penalties and interest. However, statutes of limitation do not allow for the payment of refunds if the delinquent return is filed more than five years after the due date of the return.

•Social Security Benefits - Part of your social security benefits may be subject to Montana tax. Complete the worksheet in this booklet to determine the taxable portion of social security. Attach the worksheet to your return.

•Deceased Taxpayers and Fiduciaries - If you're responsible for the financial affairs of a deceased person, you must file a return for the deceased if his/her income prior to death exceeds the minimum filing requirements. If the deceased taxpayer was married, a joint return can be filed. The return would include the income of the deceased spouse from the beginning of the year to the date of death and the income of the surviving spouse for the entire tax year. A Montana Fiduciary Return (Form FID-3) must be filed for the deceased person. This return would include income received from the date of death for the balance of the estate tax year. An estate or trust cannot be filed on Form 2.

#### •Montana and North Dakota Reciprocal Agreement

Montana residents whose only North Dakota income is wages don't have to pay North Dakota income tax. North Dakota requires that you file an information return (Form NW-R). You can obtain Form NW-R from:

Office of State Tax Commissioner

State Capitol

Bismarck, North Dakota 58505

North Dakota residents who had Montana state income tax withheld on income earned in Montana, can get a refund under the Montana-North Dakota Reciprocal Agreement. File a Montana income tax return (Form 2) with Montana NR-1 affidavit and a copy of your North Dakota return. You may obtain Form 2 and Form NR-1 from the Montana Income Tax Division.

•Electronic Filing - Participating tax preparers can electronically file your income tax return with the Montana Department of Revenue in conjunction with the electronic filing of your federal return. You will have the option of directly depositing your refund into your bank account. If your return is error-free, your refund will normally be processed within six to eight business days.

## **Residents of Montana (Full-Year)**

You are taxed on all income earned in 1997—**regardless of where** you earned it. You are a Montana resident if you live in Montana or if you maintain a permanent home in Montana. You do not lose your residency when you leave the state temporarily. You lose your Montana residency **only** when you establish permanent residence outside of Montana with no intention of returning.

You must file a 1997 Montana individual income tax return if you meet the minimum filing requirements. However, if you are generating a Montana net operating loss or have carryovers, you must file even if you do not meet the minimum filing requirement in order to perfect the losses.

•S Corporation Election - If you are a shareholder in a Montana corporation which has elected Federal S Corporation status, you are generally treated as a small business corporation for Montana income tax purposes. Shareholders must include the net income or loss in Montana adjusted gross income. (See page 5 of instructions for more information.)

•Amended Returns - If you made an error or want to change your original filing, file an amended return on Montana Form 2X. You can only receive a refund on an amended return if the amended return is filed within 5 years from the due date of the original return. The filing of an amended return will not reduce late penalties assessed on your original return.

•Tax Preparer Contact -To streamline resolving questions related to your return, we have included an area for you to authorize the department to contact your preparer. Your initials in the box(es) on the back of Form 2 and Form 2S significantly speed the processing of your return. If you are filing jointly or married filing separate on the same form, **both spouses** must initial the boxes. If you initial these boxes, the department may contact the preparer or you for additional information. You will however, continue to receive notification of any formal adjustments made to your tax liability. The department implemented this procedure at the request of the Montanans' for Improving Tax Administration (MITA).

#### Which form should I use? Short Form

You may file Form 2S (Short Form) if you answer "yes" to **all** of the following:

- You were a Montana resident for all of 1997.
- You are filing from a Montana address.
- You are filing single, head of household, or married filing a joint return.
- You wish to use **only** the standard deduction **or** federal income tax paid or withheld. (To itemize further use Forms 2 and 2A).
- The only tax credit you may have is Elderly Homeowner Renter Credit.
- Your only income is from one or more of the following: wages, pensions and annuities, interest and dividends, fees (such as jury duty), alimony, unemployment, winnings, prizes, awards, other miscellaneous income.
  - You made no estimated payments.

#### Long Form

You **must** file the Form 2 (Long Form), if you answer "yes" to **any** of the following:

- You were a resident of Montana for only part of 1997.
   You were a nonresident of Montana with income from
- Montana sources.
- You are married, filing a separate return.
- You are using an itemized deduction schedule.
- Your income includes any of the following:
- income from business or profession, rents, royalties, partnerships, trust or S corporation income, capital gain(s) or taxable social security.
- You are claiming tax credits.

NEW

You made estimated tax payments.

## When to File

Your return for calendar year 1997 must be postmarked by midnight April 15, 1998. If you operate on a fiscal year, your return must be postmarked by midnight the 15th day of the fourth month following the close of your fiscal year.

## Where to File

For RETURNS WITHOUT PAYMENTS For RETURNS WITH Including REFUNDS—Mail to: Income Tax Division Dept. of Revenue PO Box 6577 Helena, MT 59604-6577

PAYMENTS—Mail to: Income Tax Division Dept. of Revenue PO Box 6308 Helena, MT 59604-6308

Electronic filers see page 1.

## **Extension of Time to File**

A four month extension for filing may be obtained by submitting form EXT-97. A copy of Federal Form 4868 will not be accepted nor will telephone requests for extensions be accepted. You must use Form EXT-97 to report and remit the amount you and/or your spouse expect to owe. Attach your remittance to the Montana extension form.

A copy of Federal Form 2688 or Form 8800 is acceptable when requesting an additional 2-month extension.

The law provides that to be granted an extension of time for filing a return, you must have paid toward your current year's liability by estimated tax payments, withholding tax, or a combination of both, either: 1) 90 percent of your current year's total tax liability or 2) an amount equal to 100 percent of your previous year's total tax liability. Detailed instructions are provided on Form EXT-97.

An extension of time to file your return is not an extension of time to pay. When you file your return, if you still owe money after subtracting your withholding, estimated payments and 2EC credit and do not meet the above requirements, a late pay penalty of 10% of the unpaid tax (a minimum of \$5) will be assessed. When filing a tax return with an extension, interest must be added to any tax due at a rate of 3/4% per month. (.0075), computed from the original due date of the return.

When filing a calendar year return, your extension request must be postmarked by midnight April 15, 1998. For a fiscal year filer, extension requests must be postmarked by the 15th day of the fourth month following the close of your fiscal year. Montana law does not provide for an automatic two month extension from April 15th to June 15th for those persons outside the United States on the due date of the return.

## If You File or Pay Late

You will be subject to a late filing penalty of 5% of your unpaid tax (a minimum amount of \$5) on all late returns filed. In addition, you will be subject to a 10% late payment penalty on the unpaid tax (a minimum of \$5). When filing after the due date, you will be subject to interest charges at 3/4%per month (.0075) on the unpaid balance. The interest and penalty charges can be avoided by filing your return with full payment postmarked by midnight April 15, 1998. If you have a valid extension, the late filing penalty applies only if you file after the expiration of the extension.

Note: If you and your spouse file separately, penalties and interest are calculated on each separate tax liability. Income tax assessments issued by the Department of Revenue and not paid in full within 60 days are subject to a 5% deficiency penalty.

If a return is filed without full remittance, you are advised to make regular payments pending contact by our collection staff. Be sure to include your social security number and tax year on your payment.

## Underpayment Penalty of Estimated Tax

In 1997 you must have paid through estimated installments or a combination of withholding and estimated installments the smaller 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. Payments made with extensions are not considered estimated payments. If you do not meet this requirement, you may be subject to an underpayment penalty. You may use the short method to figure your penalty only if:

- 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.

If you cannot use the short method call the department at 1-406-444-0290 to request an underpayment penalty form (Form EST-P).

Note: A taxpayer who derives at least 2/3 of gross income from farming or ranching is not subject to estimated tax. Montana law does not provide for a "lookback" to the previous year when de-termining if a taxpayer is a qualifying farmer or rancher.

## Short Method

- Enter your 1997 tax from line 53 on Form 2 1. or line 31 on Form 2S. (Total liability if married filing separately on the same form).
- 2. Enter 90% (.90) of line 1 above.



#### Enter your total withholding, amount cred-3. ited from prior year's tax and Elderly Homeowner/Renter Credit from line 58 on Form 2 or line 34 on Form 2S. (If married filing separately enter the total payments).

- Subtract line 3 from line 1. If the result is 4 \$500 or less, do not complete the rest of the form. You do not owe the underpayment penalty.
- 5. Enter your 1996 tax (Line 52 of 1996 Form 2 or line 32 on 1996 Form 2S). If married filing separately enter the total tax.
- Enter the smaller of line 2 or line 5. 6.
- 7. Enter the amount from line 3 plus any estimated payments made.
- Total underpayment for the year. Subtract 8. line 7 from line 6. If zero or less, stop here. You do not owe the underpayment penalty.
- 9. Multiply line 8 by .05986. This is your Underpayment Penalty for 1997. Enter here and on line 63 of Form 2 or line 37 on Form 2S.

## Introduction Name, Address, and Social Security Number

Each year we mail Montana individual income tax forms to taxpayers who filed returns the previous year. If you have indicated you don't need forms and instruction booklets, you will receive a postcard with an address label.

If you didn't receive a booklet or a postcard with a removable label, print or type your name, address, and social security number in the appropriate spaces. If you are sending in a back year return or amended return, please use your most current address. If you move after you have filed your return, please notify us of your new address.

If married, fill in name and social security number for both you and your spouse. Montana law requires all individuals who file a tax return include their social security number. If you have questions on any tax forms call 1-406-444-3674.

## Filing Status (Check the appropriate box)

**Note:** Married persons with different residency statuses cannot file on the same form. For additional information please call the department.

#### Box 1 Single. Use Column A.

**Box 2** Married, Filing Joint Return. Use Column A. Note: Married couples who both have taxable income normally receive a tax benefit by filing separately. See box 3 or 4.

> You and your spouse can file a joint return even though one of you has no income or deductions. Your joint return must include all income and deductions for both spouses.

Box 3 Married, Filing Separate Returns on the Same Form. Use Columns A and B. If both you and your spouse had income in 1997,

you can file separate returns even if you filed a joint federal return. Each of you must claim your own income, deductions, and exemptions. If one spouse itemizes deductions, so must the other. Be sure each spouse signs the return.

Note: Married couples cannot file separate short forms.

## Exemptions

#### Line 1—Yourself

You may take one exemption. (Students: take one exemption even though you are claimed as a dependent on your parents' return.) Take one additional exemption if blind **or** 65 or over; take two additional exemptions if you are blind **and** 65 or over.

#### Line 2—Your Spouse

If you file a joint return you may take one exemption for your spouse. Take one additional exemption if your spouse is blind **or** 65 or over; take two additional exemptions if your spouse is blind **and** 65 or over. If married filing separately you must claim your own exemption(s).

#### Line 3—Children and Other Dependents

You're entitled to one exemption for each person who qualifies as a dependent. The dependent schedule on line 3 must be completed. Additional dependents must be listed on a separate sheet and attached to the return. To qualify as a dependent, a person must meet the following requirements:

#### Income

The dependent must have less than \$1,550 gross income. This requirement doesn't have to be met if your child was under 19 or a full-time student under age 24 for at least five months of the year.

#### Support

The dependent must have received over half of his or her support from you. If you file a joint return, the support can be from you or your spouse.

#### Married Dependent

The dependent must not have filed a joint return with his/her spouse.

Box 4 Married, Filing Separate Returns on Separate Forms. Use Column A.

If you and your spouse want to receive your own refund or pay your own tax or if you have different residency statuses, you must file separate returns on separate income tax forms.

### Box 5 Married, Filing Separate Return and Spouse is not Filing. Use Column A. A spouse who had any gross income or was claimed

as a dependent by another taxpayer can't be claimed as an exemption.

#### **Box 6** Head of Household: (Box 3 of Form 2S) If you qualify for federal purposes you may file your Montana return as head of household (Attach Federal Form 1040 or 1040A pages 1 and 2).

## **Residency Status (Check the appropriate box)**

#### Box 1 Full-Year Resident

Check this box if you were a Montana resident in 1997 (even though you may have been out of the state temporarily during the year). Include income from all sources, both inside and outside of Montana. Credit may be taken for taxes paid to other states.

#### Box 2 Full-Year Nonresident

Check this box if you were not a Montana resident for any part of the 1997 tax year. (See instructions pages 11 and 12.)

#### Box 3 Part-Year Resident

Check this box if you permanently established or ended your Montana residency during the tax year. Be sure to give the date you changed your residency. (See instructions pages 11 and 12.)

## Citizenship or Residence

The dependent must meet the federal requirement for citizenship or residence.

#### Relationship

The dependent must meet at least one of the requirements listed below:

•Be related to you (or your spouse if you are filing a joint return) in one of the following ways:

* Child	Stepbrother	Son-in-law
Stepchild	Stepsister	Daughter-in-law
Mother	Stepmother	or, if related by
Father	Stepfather	blood:
Grandparent	Mother-in-law	Uncle
Brother	Father-in-law	Aunt
Sister	Brother-in-law	Nephew
Grandchild	Sister-in-law	Niece
* Includes a chi	ild placed in your	home by an autho

- rized legal adoption agency.
- Must have lived in your home as a member of your household for the entire year.

#### Line 4—Handicapped dependent children

You're entitled to an additional exemption for a handicapped child provided the handicapped child is:

- Claimed as a regular exemption; and
- At least 50% permanently disabled as certified by a physician. The physician's certification must state that the child's handicap constitutes a disability of greater than 50% to the body as a whole. A copy of the physician's certification must be submitted with your return each year.

Line 5—Total number in boxes, columns A and B

## LINE - BY - LINE INSTRUCTIONS FOR FORM 2

Instructions for filing Form 2S - see pages 12, 13, & 14.

#### **Income Reported on Federal Return**

Lines 6 through 18—Enter all items of income you reported on your federal income tax return. This includes the portion of social security income that is taxable for federal purposes. Attach copies of applicable federal schedules and forms.

Note: Married persons filing separately must allocate income based on percentage of ownership.

#### Line 19—Adjustments to Income

Please specify the adjustment.

• Individual Retirement Account (IRA)—Enter the amounts from line 23 of Federal 1040, or line 15 of Federal 1040A on line 19 of Form 2.

You may have to adjust the total income you reported on line 20 to determine the amount you should report on line 35 and 36 as Montana adjusted gross income.

## **Additions to Income**

Line 21—Include interest income from bonds and obligations of other states or their political subdivisions. Interest income from Montana bonds is not taxable.

Line 22—If you received refunds, rebates, or reimbursements for any expense you previously deducted on Form 2A (itemized deductions), complete this worksheet to figure the amount to include in income. If you recovered amounts in the current year which are attributable to more than one prior year, (i.e. a federal income tax refund from 1996 and a reimbursement of long term care insurance premiums you deducted in 1993), complete a separate worksheet for each year. Use information from Form 2A for the year the expense was deducted.

If you and your spouse filed joint at the federal level and married filing separate at the state level, you must each complete a separate TBR worksheet. The federal refund must be prorated using the ratio of federal tax reported as an itemized deduction by each taxpayer to the total federal taxes reported.

#### Tax Benefit Rule Worksheet

- 1. Total of all federal income tax refunds received. Do not include EIC.
- 2. All rebates of previously deducted itemized deductions.
- 3. Add lines 1 and 2 above.
- 4. 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 AGI.
- 6. If you are filing single or married filing
- separately, multiply line 5 by 20% and enter here. If this amount is less than
- \$1,260, enter \$1,260. If more than
- \$2,840, enter \$2,840.

or

If you are filing a joint return or filing as head of household, multiply line 5 by 20% and enter here. If this amount is less than \$2,520, enter \$2.520. If more than \$5.680, enter \$5.680.

7. Subtract line 6 from line 4. If the result is zero,

- stop here. The amount on line 3 is not taxable.
- 8. Enter the smaller of line 3 or line 7. 9. Taxable income from prior year.
- 10. Enter the following amount on line 22.
  - If line 9 is: -0- or more, enter the amount from line 8.

Less than zero, add lines 8 and 9 and enter the net amount (but not less than zero) See note in next column.

**Note:** If your filing status on your federal return is married filing jointly, **and** on your Montana return you checked Box 3, 4 or 5, married and filing separately, see IRA instructions on page 5.

• Self Employment Tax—Enter amount from line 26 of Federal Form 1040.

 Self Employment Health Insurance Deduction— Enter the amount from line 27 of Federal Form 1040.

• Keogh/SEP—Enter amount from line 28 of Federal 1040. Penalty on early withdrawal of savings enter amount from line 29 of Federal 1040.

Alimony — Enter amount from line 30 of Federal 1040.

• Moving Expense — Enter amount from line 25 from Federal 1040 and attach Federal Schedule 3903 or 3903-F.

Line 20—Subtract line 19 from line 18 to arrive at your federal adjusted gross income. Total of columns A and B must agree with federal adjusted gross income.

#### Note:

- Do not enter more than amount deducted for the prior year.
- Prior year refers to the year in which the deduction(s) was claimed.

• If taxable income is a negative amount enter that amount in brackets. Do not enter zero unless your taxable income is exactly zero. Taxable income will have to be adjusted for any net operating loss carryover. • For example \$700+(\$400)=\$300.

**Ine 23**—Other Additions: **Medical Savings Account -** Amounts withdrawn for other than eligible medical expenses must be reported as income.

#### Social Security

To calculate the portion of your social security benefits taxable to Montana, complete the Social Security Worksheet in this booklet. Note: You must complete the pension and annuity worksheet on page 6 of this booklet before beginning the Social Security Worksheet. If the portion of your benefits taxable to Montana is greater than the portion taxable to federal, enter the difference on line 23, Form 2. Attach a copy of the social security worksheet to your return.

#### Passive and Rental Income and Losses

If you filed a joint federal return and are filing a separate Montana return, you must recompute allowable passive activity losses according to the federal passive activity rules for married filing separate status.

In general, you are allowed to deduct passive activity losses only from passive activity income. The special allowance for losses from rental real estate activities in which you actively participate, which is allowable if you file a joint return, is disallowed if you file married filing sepa**rately** and you lived with your spouse at any time during the year. For additional passive activity information, please refer to IRS Publication 925, Passive Activity and At-Risk Rules.

For each spouse, complete and attach a federal Form 8582, Passive Activity Loss Limitations, using married filing separate rules to determine your allowable passive activity losses for Montana purposes. Then, on line 23, enter the differ-ence between the passive losses reported on Form 2, line 12 under married filing joint rules and the allowable passive losses computed on Form 8582 under married filing separate rules. The unallowed losses added back on line 23 are carried forward to the following year or years until used. (see line 33 instructions in this booklet to claim unallowed losses).

#### **Independent Liability Funds**

If you received a distribution of principal from an independent liability fund, you must report the amounts received if you previously took a deduction for the contribution.

#### Capital Loss

If you and your spouse file separately, you must claim your own capital loss which is limited to \$1,500 each. If the capital loss claimed on line 10 is greater than \$1,500, report the ex-



S Corporation Income and Losses If you are a shareholder in a Federal S Corporation, and IF YOUR MONTANA INCOME IS:			If either category #1 or #2 applies to you <b>and</b> your S Corporation pays federal tax on excess capital gains, you are required to add to your Montana income your shareholder's percentage of the federal tax. Questions? Call 1-406-444-3674.		
1. Your corporation is a Federal S Corporation which is doing business in	$\Rightarrow$	Same as federal (no change)	Allocation of Income See special information on page 7, line 33.		
Montana. 2. Your corporation is a Fed- eral S Corporation which is doing business in Montana and elected C corporation status for Montana purposes	⇒	Report dividends received on line 23. Losses in- cluded on line 18 must be added back on line 23. In- come included on line 18 should be subtracted on	Montana Net Operating Losses To compute your Montana net operating loss, complete and attach Form NOL-1. If your net operating loss for federal and for Montana differ, add your federal net operating loss on line 23 and subtract your Montana net operating loss on line 33.		
<ul><li>3. Your S Corporation does not do business in Montana.</li></ul>	⇒	line 33. Same as federal (no change)	<b>Dependent Care Assistance Credit</b> —If you took dependent care assistance as a deduction on Federal Schedule C and will be taking the Montana dependent care assistance credit, you must add back the amount of assistance deduction that the federal credit is based on		

### **IRA Deductions**

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 either spouse was covered by a retirement plan at work, both spouses are considered covered and subject to IRA limitations for separate filers on their Montana income tax return. A spouse with federal adjusted gross income (line 20 of Montana Form 2) of \$10,000 or more is not allowed an IRA deduction and must add their IRA deduction on line 19 back to Montana income on line 23. Spouses with a federal adjusted gross income of less than \$10,000 will need to complete the worksheet below to determine the allowable Montana IRA deduction.

IRA Worksheet	Column A	Column B 🖌
1. Phase out amount		\$10,000
2. Enter your federal adjusted gross income before federal IRA contributions.	2	
3. Subtract line 2 from line 1	3	
4. Multiply line 3 by 20% (.20).	4. x.2	x .2
5. Maximum allowable IRA deduction. If the result is less than \$200, but more than zero,		-
enter \$200	5	
6. Enter IRA amount from line 19, Form 2	6	
7. Enter lesser of line 5 or line 6	7	
8. Subtract line 7 from line 6 and enter this amount on line 23, Form 2.	8.	

This is the nondeductible portion of your IRA for Montana purposes.

If you are married, filing separate returns and lived apart from your spouse the entire year, you will be treated as single individuals.

%

**Reductions to Income** 

æ

Note: Montana adjusted gross income may not be reduced by non-Montana income

Line 26—If you had an installment sale(s) of a capital asset(s) which you entered into before January 1, 1987 you may be able to take a capital gain exclusion of 40%. Compute your exclusion on the worksheet below.

## **Capital Gain Exclusion Worksheet**

If Federal Schedule D line 18 is negative, you are not allowed a capital gain exclusion. Do not proceed any further.

- 1. Combine the amounts from Federal Schedule D lines 12 and 13 which pertain to installment sales entered into before January 1, 1987, and enter here.
- 2. Combine the amounts from Federal Schedule D lines 7(g) and 16(g) and enter here.
- 3. Divide line 1 by line 2.
- 4. Enter the amount from line 18 of Federal Schedule D, but not less than zero.
- 5. Multiply the amount on line 4, times the % on line 3:

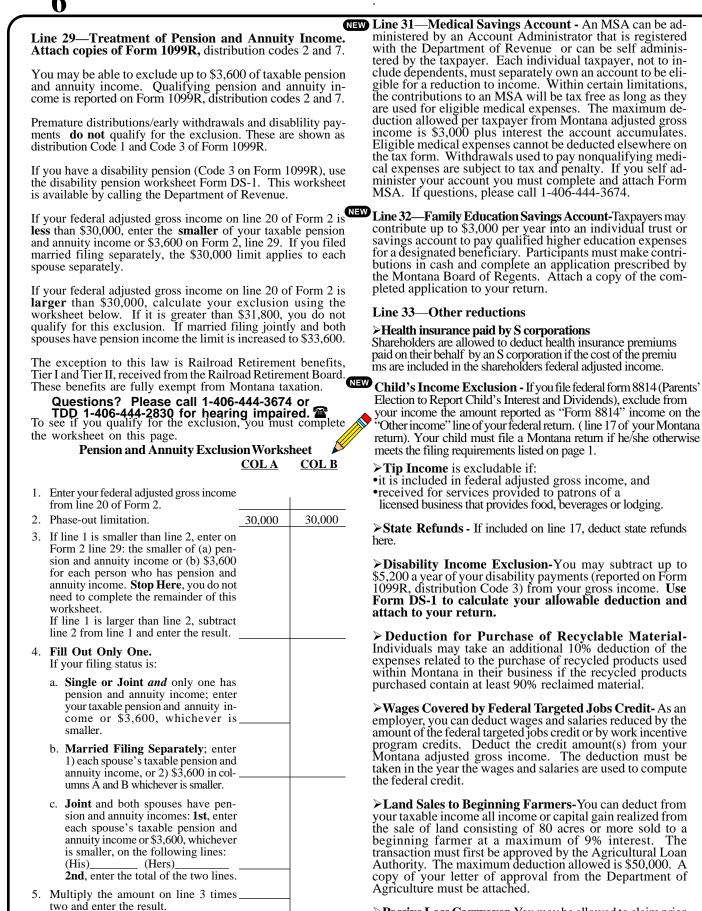
\_ x \_\_\_\_\_ % =

- 6. Multiply amount on line 5 times 40% . <u>x</u>.40
- 7. This is your Montana capital gains deduction. Enter on line 26 of Montana Form 2.

Line 27—Interest Exclusion for Elderly—If you're 65 or older, and filing single, separate, or head of household, you may exclude up to \$800 of interest income. You may deduct up to \$1,600 if filing jointly.

**Note:** If you're married filing separately, only the spouse 65 or older can exclude up to \$800 interest. However, if you file a joint return you're allowed to exclude up to \$1,600 even if only one of you is 65 or older. If you're married and both 65 or older, you're each allowed to exclude up to \$800 interest when filing separately or jointly. **The amount on line 27 cannot exceed the total amounts reported on line 7 and line 21.** 

Line 28—Interest Income received on obligations of the United States Government is exempt from Montana income tax if the following conditions are met: the instruments must be written documents, bear interest, and contain a binding promise by the United States to pay specified sums at specified dates. They must also contain specific Congressional Authorization which pledges the full faith and credit of the United States in support of the promise to pay. If any one of these conditions is not met, the interest from the obligation is taxable to Montana. Obligations that are taxable include GNMA's and FNMA's. Mutual fund dividends derived from qualifying U.S. Government interest, is also exempt from Montana income tax. See your annual Mutual Fund statement (1099-DIV) to determine what percentage of your dividends qualifys for this exemption.



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 ex-

clusion. If the number is positive, this is your exclusion. Transfer this num-

Line 30-State Unemployment Benefits are not taxable

ber to line 29 on Form 2.

6.

to Montana.

➢ Passive Loss Carryover-You may be allowed to claim prior year disallowed passive activity losses if you have current year passive activity income or if you sell or exchange your entire interest in the activity in a fully taxable transaction to an unrelated party. Previously disallowed losses may also be claimed in the current tax year if you file a joint return. Please complete federal Form 8582, Passive Activity Loss Limitations, to determine the amount of passive loss carryover you can claim. If you qualify, enter the allowable passive loss carryover on Line 33 and attach copies of Form 2, page 1, from previous years on which you reported unallowed losses on line 23.

## Indian Reservation Income

66

Beginning January 1, 1994, Native American Indians who do not reside and work on the reservation of the tribe in which they are enrolled will be subject to Montana tax on all income whether earned on or off the reservation.

Native American Indians working in Montana are required to file a Montana tax return even if the income earned is exempt from Montana tax. Any loss incurred on the reservation cannot be used to offset taxable income. Certification of enrollment (Form IND) and proof the income was earned on the reservation must be attached to the return each year.

#### Exempt Military Pay

Military wages earned as a result of active duty service performed under the authority of USC Title 10 is exempt from Montana taxation. Pay earned as a result of service performed under any other authority (i.e.. Title 32, Title 5, etc.) is subject to Montana tax. If you are claiming exempt military wages, you need to attach verification, such as a copy of your orders, which specify that you are serving under the authority of Title 10. Note: Separation pay and early out incentive payments are not wages and are fully taxable on your state return. Residents of Montana who wish to maintain their Montana residency are required to file Montana income tax returns.

For more detailed information on filing requirements for military personnel and on what income is taxable to Montana, contact the Department of Revenue at 1-406-444-3674.

<b>Deductions</b> Note: If husband and wife file separate returns, both must itemize deductions or both must claim the standard deduction.	•
Line 37—Standard Deduction Worksheet	
Column A Column B	
1. Enter amount from line 36 of Form 2.         2. Enter 20% of line 1.         3. Enter the amount from below that corresponds to your filing status: Joint or Head of Household (filing status 2 or 6):\$5,820	
Single or separate (filing status 1,3,4, or 5): \$2,910	
<ul> <li>4. Enter the amount from line 2 orline 3, whichever is smaller.</li> <li>5. Enter the amount from below that corresponds to your filing status:</li> </ul>	
Joint or Head of household (filing status 2 or 6): \$2,580	
Single or separate(filing status 1,3,4 or 5): \$1,290 6. Enter the amount from line 4 or line 5, whichever is <b>larger</b> . This is your standard deduction. Transfer this amount to line 37, Form 2.	
<b>Line 38—Exemptions</b> Multiply <b>\$1,550</b> by the number of exemptions in box 5 on the front of Form 2.	

Part year and nonresidents must now turn to page 11 to determine income reportable to Montana.

## **Tax Computation**

**Line 41**—Compute the tax using the table on the back of Form 2.

Line 42—Tax on lump-sum distributions which haven't been included in adjusted gross income. Enter 10% of the federal tax you paid on lump-sum distributions. Attach a copy of Federal Form 4972. Part year residents must calculate the tax on all lump sum distributions received while residing in Montana.

Line 44—Credits - Enter the total from Form 2A, Schedule II, line 107.

Line 46—Recapture investment credit. Attach Form RIC.

#### Social Security

Complete the social security worksheet in this booklet after completing the pension and annuity worksheet on page 6. If the portion of your social security benefits that is taxable to Montana is less than the federal taxable amount, enter the difference. Attach the Social Security Worksheet to your return.

#### Allocation of Income to Proprietor's Spouse

If your spouse regularly performs substantial personal services in operating the business for which he or she is not paid a salary or wage, you can assign to your spouse reasonable pay for the services. Compensation must be determined on the basis of the reasonable rate of pay appropriate in your area for the particular type of personal services performed. Services performed by operating a household or services which are incidental to the operation of the business may **not** be used as a basis for this allocation.

Attach an explanation sheet to the return showing how the allocation of income was determined. The allocation of income must appear on line 33 as a reduction of your income and on line 23 as an addition to your spouse's income. Transfer allocations are subject to OFLT.

#### Montana Net Operating Losses

If your net operating loss for federal and for Montana differ, add your federal net operating loss on line 23 and subtract your Montana net operating loss on line 33. Complete and attach the MT NOL Worksheets.

Line 47—Old Fund Liability Tax - There is an Old Fund Liability Tax (OFLT) assessed on income received from self-employment and the ordinary income (passive and nonpassive) from partnerships, S corporations, estates, trusts and limited liability companies.

Additionally, OFLT is assessed on members and managers of limited liability companies. (Does not include publicly traded LLC's). Allocated income is subject to OFLT. Attach Form OFLT and copies of all K-1'S from partnerships, S corporations, estates, trusts, and limited liability companies to your Montana income tax returns. If you do not have income from one of the above activities you do not need to complete the OFLT forms.

The tax rate is 0.2% (multiplier of .002). The tax is calculated on a per activity basis (each partnership, each Schedule C business, each S corporation, etc.).

Schedule E rental income is not subject to the tax. The OFLT is assessed on the wages of employed persons, however, the tax is deducted directly from their wages. Income derived from the performance of work or services for which compensation is received but no W-2 is issued, is also subject to OFLT. Examples of this type of income would include director's fees, administrator's fees, non-employee compensation, etc., reported on a 1099 statement, commodities paid in lieu of wages, etc. Only income earned in Montana is subject to the tax.

**Line 48**—You can contribute any amount to the program(s) of your choice. A contribution will increase your existing tax liability. If you itemize deductions, the contribution may be claimed in the tax year being filed or the year paid.

Line 49—Nongame Wildlife Program

Contributions will be used to ensure the well-being of many of Montana's watchable wildlife species, such as eagles, herons, bluebirds, great horned owls, loons, chipmunks, pikas, flying squirrels, and painted turtles.

f Contributions will fund services and neglect.

**Line 51**—Agriculture in Montana Schools Program Contributions will fund the development and presentation of educational programs. This program ensures Montana's young people have a better understanding of agriculture in our state and the rest of the world.

Line 54—Enter the amount of Montana income tax withheld as shown on your withholding tax statements. Do not include OFLT withheld. Attach withholding statement(s) (W-2's and 1099R's) to your return.



NEW

NEW

Line 55—Enter your total Montana estimated tax payments and payments sent with extension for 1997. Include overpayments from 1996 which were credited to 1997. If you paid tax for a previous year, that amount cannot be claimed as an estimated tax credit on line 55.

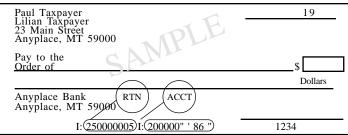
New Line 56—Elderly Homeowner or Renter Credit To determine if you qualify see detailed instructions on Form 2EC.

## **Refund or Balance Due**

Line 59—Amount Overpaid If line 58 is larger than line 53, enter the difference. This is your overpayment. You can choose to have all or part of this amount refunded to you (line 61). The remainder, if any, can be applied to your estimated tax for 1998 (line 60). Only overpayments of more than \$1 will be refunded.

**Line 60**—Enter the amount from line 59 which you want applied to 1998 Estimated Tax.

Line 61—Enter the amount of line 59 you want refunded to you. If you wish to use direct deposit, enter your RTN# and ACCT# in the appropriate spaces below line 61 on your tax return. See sample below:



Line 62—Tax Due If line 53 is larger than line 58, enter the difference. This is your tax due. Make your check or money order payable to the Department of Revenue. Be sure your social security number and tax year is on your check or money order. Send your payment with the coupon provided in this booklet along with your tax return.

Schedule I Form 2A Itemized Deductions If you itemize deductions, you must mark box B on line 37, Form 2, and attach a copy of Form 2A to your return. If you fail to do either, you will only be allowed the standard deduction.

**Line 68- Medical Insurance Premium.** 100% of qualifyiing medical insurance premiums are now deductible. Do not include amounts reported on lines 19, 33 or 72. Please read the following conditions to determine if insurance premiums you pay qualify:

The premiums must be paid for health/medical insurance coverage (life insurance does not qualify).

➤ You must pay the premium expense. Premiums paid by your employer or someone else do not qualify unless the cost of the premium is included in taxable income.

Premiums paid through a medical savings account (MSA) are not deductible.

The premiums must have been paid with after-tax dollars. Insurance premiums deducted from wages, but not subject to federal and state withholding tax or social security tax do not qualify for the deduction because the premium is paid with pretax dollars. Earnings used to pay pre-tax premiums are not included as taxable wages in box 1 or box 3 of your W-2.

Most employers who have a health insurance plan for employees deduct insurance premiums from wages on a pre-tax basis. You may need to check with the employee benefits/ payroll office where you work to determine if insurance premiums are deducted on a pre-tax or after-tax basis.

Self employed persons and S corporation shareholders who claim insurance deductions on lines 19 and 33, must reduce their total premiums by these amounts.

Medicare B insurance premiums deducted from your social security benefits may be used to calculate the deduction

NEW Include your payment and coupon with your return. If a return is filed without full remittance you are advised to make regular payments pending contact by our collection staff. Unpaid tax will be subject to penalty and interest assessments. Be sure to include your work or home phone number next to your signature on the tax form.

#### **Income Tax Withholding for 1998**

If the amount you owe (line 62) or the amount you overpaid (line 59) is excessive, see your payroll office. Ask about filling out a new Form W-4 for Montana purposes to change the amount of income tax to be withheld from your state wages. Your federal withholding can remain unchanged. Line 63—If you were required to make estimated tax payments and did not remit the required amounts, you must pay an underpayment penalty. See page 2 of the instruction booklet to calculate the penalty.

**Line 64**—If you file your return late, you must pay a late file penalty of 5% on any unpaid tax. A minimum penalty of \$5 is assessed on refunds and tax less than \$100.

Line 65—A 10% penalty will be assessed on any tax not paid by the due date of your return. The minimum penalty is \$10.

**Line 66**—Interest will be assessed on any tax not paid by April 15th of the year your return is due. Interest is 9% per year or 3/4% per month.

## 1998 Declaration & Payment of Estimated Tax

If you expect to owe at least \$500 additional tax after subtracting withholding and tax credits, you may need to make estimated tax payments in 1998. Call 1-406-444-3647.

Medicare A premiums do not qualify for this deduction. Medicare tax withheld from wages or paid as part of self-employment tax are not deductible.

Line 69-71—Medical and Dental Expenses On line 69, enter your deductible medical expenses. Montana statute allows the same items to be deducted as are deductible for federal income tax purposes. You must subtract from your federal medical expenses any amounts included on lines 19, 33, or 68. Medical expenses paid through a medical savings account are not deductible. Calculate allowable medical expense deduction on line 70 and 71. Medical expenses on line 69 must be reduced by 7.5% of your Montana adjusted gross income (line 36).

#### Line 72—Long Term Care Insurance

Enter total amount of qualifying premium payments made for long term care insurance. You may include the premiums you paid for yourself, your dependents, your parents or your grandparents provided that the beneficiary of the insurance coverage is a Montana resident. Premiums deducted elsewhere on your return may not be claimed on this line. If you are claiming the Montana credit for elderly care (Form ECC; line 94 of the Montana return), you may not claim this deduction.

Premiums are deductible if they are paid for long term care insurance that provides benefits that meet or exceed the minimum standards established by the Montana State Auditors Office (Insurance Commission Division). Call the Income and Miscellaneous Tax Division for more information.

Line 73a.—Enter the amount of federal tax withheld from your wages and/or your pensions and annuities. Be sure to attach copies of your W-2's and 1099's to your return to verify the amounts claimed.

**Line 73b.**—Enter the amount of federal estimated tax payments made in 1997. Attach copies of pages 1 and 2 of your federal return (Form 1040 or 1040A). Failure to attach a copy of your federal return may make it necessary for the Department of Revenue to request this information from you at a later date. Line 74—Enter the balance of your 1996 federal income tax paid in 1997. Do not include self-employment taxes paid.

Line 75—Enter any additional federal income tax paid in 1997 for years prior to 1996.

Line 76—Enter any taxes you paid on real estate and personal property.

Line 77—Enter your motor vehicle taxes paid. You cannot deduct new car taxes, state income tax paid or withheld, OFLT, federal excise taxes, gasoline tax, social security tax (FICA), tax on alcoholic beverages or tobacco or selective and general sales taxes. Accommodation tax or license fees (hunting, fishing, driving, etc.) are also nondeductible.

Line 78—Enter only home mortgage interest and deductible points allowed on your federal return. If you pay interest to an individual, please provide his/her name, social security number and address.

**Line 79**—Enter deductible investment interest (attach Federal Form 4952). If you file separately, the deduction must be computed for each taxpayer.

Note: Interest expense related to exempt income is not deductible.

#### Line 80—Contributions

You can deduct what you gave to qualified organizations as authorized by federal tax laws. Limitations are based on **Montana adjusted gross income from line 36**, not on the federal adjusted gross income. Do not include amounts used in calculating the credit for planned gifts.

#### Line 81—Child and Dependent Care Expense

Payments you made for child or disabled dependent care while you and your spouse both worked or looked for work may qualify for a deduction. To qualify you must maintain a home that included a child under 15 or dependent or spouse unable to care for himself/herself. You must also meet certain income requirements. The deduction **must** be divided equally between spouses when filing separately on the same form. If married filing on separate forms, you cannot take the credit. If you are a licensed and registered day care operator providing day care for your own child and one additional child, please contact the department.

If the total of both spouses income (line 36, columns A & B):

IS UNDER	AND YOU HAVE _	
\$22,800	1 child	
\$25,200	2 children	You do qualify
\$27,600	3 or more	

If you qualify, call the Department for Form 2441M.

#### Line 82—Casualty or Theft Loss Attach Federal Form 4684

You may deduct casualty and theft losses subject to the limitations established by federal tax laws. Use Montana adjusted gross income, line 36, in your computation on Schedule 4684. If you file separately, the deduction must be computed for each taxpayer.

### **Miscellaneous Deductions**

## Line 83—Unreimbursed Business Expenses Attach Federal Form 2106.

Line 84—You may deduct other miscellaneous items of expense subject to the limitations of federal tax laws. Only expenses which exceed 2% of your Montana adjusted gross income (line 36) are deductible. Figure your limitation and allowable expenses on lines 86 and 87.

**Line 88**—Enter miscellaneous deductions not subject to 2% of adjusted gross income from your federal return. In addition to those miscellaneous deductions allowed for federal income tax purposes, Montana statute now provides a deduction for the expense of purchasing organic fertilizer and inorganic fertilizer (produced as a by-product of mining or industrial operations in Montana). *"continued on next column"...* 

You may only include expenses not deducted elsewhere on your tax return. For additional information regarding this deduction, contact the Department of Revenue at 406-444-3674.

**Line 89b.**—People with higher incomes may not be able to deduct all of their itemized deductions. If the amount on Form 2, line 36, is more than \$121,200 (\$60,600 if married filing separately), use the worksheet below to figure the amount you may deduct.

Itemized Deduction Worksheet	<u>Col A</u>	<u>Col B</u>
1. Enter the amount from Form 2A, line 89a (Total itemized deductions).	1	
<ol> <li>Add the amounts on Form 2A, lines 68, 71, 72, 73a, 73b, 74, 75, 79, 81 and 82,</li> </ol>	1	
plus any gambling losses included on line 88.	2	
3. Subtract line 2 from line 1. (If the result is zero, enter the amount from line 1 above		
on Form 2, line 37. You do not need to complete this worksheet. <b>Stop Here</b> )	3	
<ol> <li>Multiply amount on line 3 above by 80% (.80).</li> </ol>	4 5.	
5. Enter the amount from Form 2, line 36.		
6. Enter \$121,200 (\$60,600 if married fil-		
ing separately, even if filing on the same form)	6	
7. Subtract line 6 from line 5. (If the result is zero or less, enter the amount from line 1 above on Form 2, line 37. You do		
not need to complete this worksheet.	7	
Stop Here.)	8	
8. Multiply line 7 by 3% (.03).		
<ol> <li>Compare the amount on lines 4 and 8 above. Enter the smaller of the two amounts here and on Form 2A, line 89b.</li> </ol>	9	

## **Credits Against Tax**

Line 91—Rural Physicians Credit—A physician who commences practice in an area without a 60 bed hospital located within 30 miles, may claim a credit against individual income tax. The credit may be claimed for each of four consecutive years beginning with the year in which his/her practice starts in a qualifying area. Effective date of this credit is January 1, 1991. In order to qualify for the credit, a physician must have commenced rural practice after this date. The physician must maintain the practice for at least 9 months of the taxable year in which the credit is claimed. Credit may not be used for any taxable year in which the physician ceases to practice in an area described above.

If a physician ceases to practice in the rural area within 4 years following the taxable year in which the credit is allowed, the physician shall repay to the state the amount of the credit claimed for that taxable year.

Include with your return, a statement providing the following information:

- Date your practice began
- Location of your practice (street address and town)
- Nature (medical area of your practice)
- Nearest hospital.

The credit is \$5,000 a year and may be used only to offset tax liability. Enter credit amount on line 91, Form 2A Schedule II.

Q

NEW

Line 92—College Contribution Credit—See Form CC for instructions. You may be entitled to a credit for deductible contributions made during 1997 to a general endowment fund of the Montana university system foundations or to a general endowment fund of a private Montana college or its foundation. The credit is 10% of the contribution with a maximum of \$500 and is non-refundable. To be eligible for the credit the college must offer a baccalaureate degree level education program. The contribution may also be claimed as an itemized deduction on Form 2A, subject to the normal limitations.

Line 93—Planned Gift Credit—Montana statute provides a credit for "planned gifts". Planned gifts are defined as irrevocable contributions to a permanent endowment held by or for a tax-exempt organization. The gifts must be made in the form of a trust, annuity, life estate agreement or paidup life insurance policy. A qualified endowment is a permanent, irrevocable fund held by a Montana incorporated organization that is tax exempt or a bank or trust company holding the fund on behalf of a tax exempt organization.

Taxpayers are allowed a credit of 50% of the present value of qualifying gifts. The maximum credit is \$10,000 and the credit is not refundable. Unused credits cannot be carried to other tax years. Contributions used in calculating the planned gift credit cannot be claimed as an itemized deduction. Attach statement from endowment fund.

Line 94—Elderly Care Credit—see Form ECC for instructions.

You may be eligible to receive a credit for paying certain expenses of an elderly family member who is 65 or older or has been determined disabled for Social Security purposes.

#### Line 95—Credit Allowed for Income Tax Paid to Other States or Countries. (Full year or part-year resident) Taxpayers who previously were required to pay income tax to another state on pension income should call the Income Tax Division for special information.

Residents are entitled to a credit for income tax liability paid to another state or country. Part-year residents who have income that was taxed in another state while a Montana resident may take the credit if the income from the other state(s) is included in Montana total income on Schedule III.

Part-year residents please complete Schedule VII, Form 2A, page 3 to compute the credits. Residents may compute the credit on Schedule V, Form 2A page 3.

Enter the credit on line 95, Schedule II, Form 2A. The credit claimed must be supported by a copy of your tax return filed with the other state or country. A separate computation must be made for each state or country for which a credit is claimed. Your total credit cannot exceed your tax liability.

#### Line 96—Contractor's Gross Receipts Tax Credit

You are allowed a credit against Montana income tax liability for the public contractor's gross receipts tax you paid. If you report your income from contracts on a percentage-ofcompletion basis, the credit must be pro-rated accordingly. The allowable credit is the actual gross receipts tax paid after taking the personal property tax credit. The credit cannot be in excess of your tax liability. Attach schedule to return showing the contractor's name, date and amount of contract, primary contractor, subcontractor, and location of job.

#### Line 97—Qualified Investment Credit

You may claim a credit of 5% of your 1997 federal investment tax credit. The property claimed for credit must have been placed in service in Montana and used in the production of Montana income. To take the credit, complete Schedule VI, Form 2A page 3, and attach a copy of Federal Form 3468 which shows a computation of the federal credit.

Credit for the taxable year may not exceed \$500. Unused portion of the credit earned in 1997 may not be carried back or forward to other years. For limitations applying to carryforwards of years prior to 1983 call the Income Tax Division at 1-406-444-3674.

If you have a combination of current year investment tax credit and carryforward credit from years prior to 1983, apply the current year credit first. Then apply the carryforward credit. Please attach a copy of your carryforward/carryback computations.

The credit may not be allocated to your spouse if he or she is not a partner in the business, partnership or a shareholder in the S corporation.

If the property is used both inside and outside the state, the credit is pro-rated according to the number of days the property is used in Montana and the length of time owned during the year.

#### No investment credit is allowed for rehabilitation property.

#### Line 98—Credit for Installation of Geothermal Energy Systems (Only residents of Montana can claim this credit.) See instructions on Form ENRG-B which must be completed and attached to the return.

### Line 99—Credit for Energy Conservation Installations

You may claim a credit against your tax liability for some of the cost of an investment for energy conservation purposes in a building. Montana law defines an eligible expense as "the installed cost of materials and equipment which reduce the waste or dissipation of energy or reduce the amount of energy required to accomplish a given amount of work."

The maximum credit for residential purposes is \$150 and \$300 for commercial purposes. Form ENRG-C must be completed and attached to the return.

#### Line 100—Credit for Wind-Energy Producers

You may claim a credit against your Montana income tax for a qualified investment of \$5,000 or more. The commercial wind-powered electrical generation system must be located in Montana. Complete Form 2 WPC and attach it to the return.

Line 101—Recycling Credit—You may claim a credit for investments in depreciable equipment or machinery used to collect, process or manufacture a product from reclaimed material. Complete Form RCYL and attach it to your return.

Line 102—Alternative Fuel Credit—You may claim a credit against your tax liability for conversion of a motor vehicle to an alternative fuel in 1997. See instructions on Form AFCR. Form AFCR must be completed and attached to the return.

Line 103—Montana Capital Company Credit—You may claim an income tax credit for investments in Montana capital companies. The company must be certified by the Montana Department of Commerce and privately capitalized at \$200,000 or more. The credit is limited to 50% of the investment up to a maximum of \$150,000 per taxpayer. The total amount of tax credits authorized for one capital company may not exceed \$1,500,000. Attach a copy of the certification.

A capital company that fails to make qualified investments must pay a penalty equal to all the tax credits allowed to taxpayers investing in that company. The penalty must be paid to the Montana Department of Revenue. Attach a detailed explanation of your claim for the credit.

#### Line 104—Dependent Care Assistance Credit (DCAC)

An employer may claim a credit against personal income taxes for amounts paid or incurred during the taxable year for dependent care assistance provided to employees. **Complete and attach Form DCAC available from the Income Tax Division.** 

Line 105—Credit for Health Insurance for Uninsured Montanans —The credit is available to employers who make disability insurance available to employees. Complete and attach Form HI from the Income Tax Division.

Line 106—Infrastructure Users Fee Credit - This provides a tax credit for new businesses located in Montana which create at least 50 jobs in the primary sector of the economy of a local community. The credit is calculated based on the infrastructure fees paid by the new business to the local government. Call the Income Tax Division for additional information.

Line 107—Add credits and enter total on line 44, Form 2.

## PART-YEAR RESIDENT AND NONRESIDENT RETURNS

 Refer to the table below to see if you are required to file.

 Marital & Age as of
 You must file if your

 Filing Status
 December 31, 1997
 gross income from

 Montana sources was:
 Montana sources was:

NEW Si	ngle or		
	of Household	Under 65	\$1,550 or more
	or	L	
Marri	ed Filing	65 or older	\$3,100 or more
Se	eparate		
M	arried	Both under 65	\$3,100 or more
Fi	iling a	One spouse 65	
J	oint	or older	\$4,650 or more
R	leturn	Both spouses 65	
		or older	\$6,200 or more

Part-year and nonresident filers must file on the Montana long form (Form 2) and attach the following items to the Montana return when filing:

- Copy of your federal income tax return, all forms & schedules.
- Copies of W-2's from <u>all</u> states.
- Completed Montana Schedules III and IV.
- Copies of tax returns filed in other states.

Part-year residents and nonresidents must complete lines 1 through 40 of Montana Form 2 using the instructions on pages 3-10 of this booklet. Report the total income from all sources as shown on your Federal income tax return. Line 20 of Form 2 must agree with the Federal adjusted gross income reported on your Federal income tax return. You are allowed to claim either the standard deduction or itemized deductions and at least one personal exemption. Once you have completed Form 2 through line 40, you must go to Schedules III and IV on page 2 of Form 2A to prorate your Montana tax liability.

The computation of the tax liability of part year residents and nonresidents is based on a proration of the tax liability computed on the total income shown on line 40 Form 2. The percentage of the total tax you are required to pay is based on the ratio of Montana income to total income for the year. For example, if 50% of your total income is attributable to Montana, your tax liability will be 50% of the tax computed on the total taxable income from line 40, Form 2.

You are not paying tax on income attributable to sources outside of Montana; however, the total income must be reported to compute your correct Montana tax liability.

## How Do I Determine My Legal Residence (Domicile) for Montana Tax Purposes?

Under Montana law enacted by the 1997 State Legislature, a person who claims Montana residency for any purpose is considered a Montana resident for all other purposes.

If you have two or more residences, you cannot choose to make your home in one place for the general purposes of life and in another for tax purposes.

Your legal residence is usually the place where you maintain your most important family, social, economic, political and religious ties. A change of legal residence will not be accomplished by a temporary or prolonged absence from a place; you must have the intention not to return.

**Nonresident** A nonresident of Montana is a person who did not consider Montana to be his home at any time during 1997, although he may have been temporarily living here. Examples are: students going to school in Montana and military personnel stationed in Montana.

**Part-Year Resident** A part-year resident is a person who moved into or out of Montana during 1997 with the intention of establishing a new residence.

## Instructions For Nonresidents/Part-Year Residents Income

Refer to resident instructions beginning on page 4 for entries on lines 6 through 40 of Form 2.

**Line 41** - Complete Schedules III and IV to calculate your tax liability. See instructions for Schedules III and IV later on this page.

#### Lines 42 through 67 - See full year resident instructions.

Nonresident individuals are subject to Montana income tax on all income included in federal gross income which is derived from or connected with Montana sources. Intangible income related to a Montana business or from the sale of real property is taxable.

Part-year residents are subject to Montana tax on all income included in federal gross income which is received while residing in Montana and on all income which is derived from or connected with Montana sources.

## **INSTRUCTIONS FOR SCHEDULE III & IV**

#### Income Reportable to Montana-Schedule III, Form 2A, Pg.2

Lines 108-119 If you have income from Montana and from another source shown on the same schedule, you must attach a statement to the Montana return to identify the Montana income.

The following line by line instructions are for nonresidents and part-year residents with income reportable to Montana.

#### Line 108-Wages, Salaries and Tips

Enter the amount of wages, salaries and/or tips that were derived from Montana sources. These amounts should be shown on your W-2(s) from Montana employer(s). Be sure to attach the W-2(s) to the front of Form 2.

#### Line 109-Interest Income

If you are filing as a part-year resident enter the amount of interest income related to the time you were Montana resident(s). Include amounts from lines 7 and 21 from Form 2.

#### If you are a nonresident, you must report interest income from installment sale(s) of real property or tangible commercial or business property located in Montana.

Nonresident income from interest on bank deposits, notes, dividends on capital stock of corporations, royalties from patents and copyrights and all other income from intangible property is not taxable to Montana.

#### Line 110-Dividend Income

Enter the amount of dividend income received while you were a Montana resident. As an example, if you were a resident for one half of the year, and you receive a 1099 from an account, 50% of the reported dividend income would be taxable to Montana and reportable here.

#### Line 111-Business Income

Business income is the amount of net income or loss from a business, trade, or profession carried on in Montana. If you have more than one business, you may need to complete a separate Federal Schedule C to show the Montana business activities.

If you are a nonresident, the income received from any trade, business, profession or occupation carried on in Montana is taxable to Montana and reportable here. Attach completed Form OFLT.

#### Line 112-Capital Gain or Loss

Enter the amount of gain or loss related to the sale(s) of Montana properties or assets. Remember, the gain from installment sales of Montana property is includable here and taxable to Montana. Gains and losses from sources outside Montana must be reported on this line if they occurred while you were a Montana resident.

#### Line 113-Supplemental Gain or Loss

Enter here any supplemental gain or loss attributed to Montana property(s). If you are filing as a part-year resident, report any supplemental gain received while you were a resident or any gain related to Montana property(s).

#### Line 114-Taxable Portion of Social Security

If you are a part-year resident, a portion of your social security benefits may be taxable to Montana. *continued on next page...* 

Complete and attach the Social Security Worksheet to determine the amount of social security that is taxable for Montana. The amount taxable for Montana may differ from the taxable amount for federal.

**Line 115-Taxable Pensions, Etc.** If you are a partyear resident, enter the amount of pension income attributed to the time you resided in Montana. Remember, you must complete the retirement pension worksheet. See line 29.

#### Line 116-Rents, Royalties, Partnerships, Etc. Note: In the following paragraphs, income refers to profit or loss.

**Rental income** is the net amount derived from or connected with real or tangible Montana property.

**Partnership income** is your share of any partnership income and deductions derived from Montana. Income is one of two types—passive or nonpassive. The type of income depends upon whether or not you materially participated in the activities of the partnership. If the income is passive, you are required to fill out a separate Form 8582 for Montana purposes. Your share of the partnership income includes income, capital gain and deductions from the partnership whether you actually received it or not. Attach completed Form OFLT and K-1(s).

**S Corporation income** is the shareholders' percentage of the corporation's net income and deductions derived from Montana. Attach completed Form OFLT and K-1(s).

**Estate and trust income** is the beneficiary's share of the income and deductions from a trust with nexus in Montana. Attach completed Form OFLT and K-1(s)

Partnerships and S corporations may be eligible to file a Montana composite tax return on behalf of nonresident partners and shareholders. For more information a representative of the partnership or S corporation can call 1-406-444-3674.

## INSTRUCTIONS FOR FORM 2S Introduction

#### Name, Address, and Social Security Number

Only full year Montana residents can file on Form 2S.

If you're married, fill in name and social security number for both you and your spouse. Montana law requires that all individuals who file a tax return include their social security number.

If you did not receive a booklet or a postcard with a removable label, print or type your name, address and social security number in the appropriate spaces.

#### Tax Preparer Contact

The department may have questions regarding your return. Your initials, in the appropriate box near your signature will allow us to contact your preparer. This may significantly speed the processing of your return.

## Line 117-Farm Income or Loss

Report the farm income or loss attributed to Montana, following the same instructions as shown for line 16. Please attach a separate Schedule F if necessary, showing only the Montana farm activities. Attach completed Form OFLT.

#### Line 118-Other Income or Loss

Enter any other income attributed to Montana that is not identified on lines 108 through 117 here. This includes lottery winnings, state and federal refunds, nonemployee compensation, passive and capital loss addback, etc. If you claimed any federal taxes paid or withheld on your 1996 Montana return, your federal refund is includable in your total Montana income to the extent the deduction resulted in a reduction of Montana income tax liability.

#### Line 119-Montana Total Income

Add lines 108 through 118.

#### Tax Computation — Schedule IV, Lines 120-125

Line 120-Enter the amount from line 119, Schedule III.

Line 121-Total Income-Enter the total of lines 18 and 24, Form 2.

**Line 122-**Divide the amount on line 120 by the amount on line 121. If your Montana total income is smaller than your federal total income, you will arrive at a percent amount. Carry decimal to 4 places.

If your Montana total income is larger than your federal total income, and the computed amount on line 122 is larger than 100%, use only 100%.

Line 123-Enter the amount from Form 2, line 40.

Line 124-Compute the tax on the amount shown on line 123, using the tax table on page 2, Form 2. Enter the tax on line 124.

#### Line 125-Nonresident/Part-Year Resident Tax

Multiply the percentage on line 122 by the amount on line 124. Enter the amount from line 125 on line 41, Form 2. This is your Montana tax liability. Go to Form 2 and complete lines 42-67.

You will however, continue to receive notification of any formal adjustments made to your tax liability. The Montana Income Tax Division implemented this procedure at the request of the Montanans' for Improving Tax Administration (MITA).

#### Filing Status (Check the appropriate box)

#### Box 1 Single

#### Box 2 Married, Filing Joint Return

You and your spouse can file a joint return even though one of you has no income or deductions. Your joint return must include all income and deductions for both spouses.

#### Box 3 Head of Household

If you qualify for federal purposes, you may file your Montana return as head of household (Attach Federal Form 1040 or 1040A, pages 1 & 2).

## LINE-BY-LINE INSTRUCTIONS—FORM 2S - Full Year Residents Only

Note: Married persons cannot file separate short forms.

#### **Income Reported on Federal Return**

Lines 6 through 10—Enter all items of income you reported on your federal income tax return (Attach copies of applicable schedules.)

Line 12—Individual Retirement Account (IRAs) Enter the IRA deduction you and/or your spouse computed on your Federal IRA Worksheet. If you did not make payments to an IRA, do not make an entry on this line. Payroll contributions to employer sponsored retirement or profit sharing plans are not deductible.

**Line 13**—Subtract line 12 from line 11 to arrive at your federal adjusted gross income. This amount must be the same as the federal adjusted gross income you reported on your federal return.

## LINE-BY-LINE INSTRUCTIONS—FORM 2S

## **Modifications to Income Additions to Income**

Line 14—Include interest income from bonds and other obligations of other states or their political subdivisions. Interest income from Montana bonds is not taxable.

Your federal refund is income in 1997 if you:

- Used federal income taxes paid or withheld on line 23(B) of 1996 Form 2S.
- Itemized deductions on Montana return last year using federal withholding/estimates as a deduction.

Use the Tax Benefit Rule Worksheet on page 4 to determine the taxable portion of your refund.

#### Caution: Do not include any portion of your federal refund that is due to earned income credit.

#### **Reductions to Income**

Line 15—Pension and Annuity Exclusion—Attach copy of 1099R. Compute your retirement exclusion using the following worksheet and enter it on line 15 of Form 2S.

#### **Taxation of Pension and Annuity Income**

You may be able to exclude up to \$3,600 of taxable pension and annuity income. Qualifying pension and annuity income is reported on Form 1099R, distribution codes 2 and 7.

Premature distributions/early withdrawals and disability payments do not qualify for the exclusion. These are shown as distribution Code 1 and Code 3 of Form 1099R.

If you have a disability pension (Code 3 on Form 1099R), use the disability pension worksheet Form DS-1. The worksheet is available by calling the Income Tax Division.

If your federal adjusted gross income on line 13 of Form 2S is less than \$30,000, enter the smaller of your taxable pension and annuity income or \$3,600 on Form 2S, line 15.

If your federal adjusted gross income on line 13 of Form 2S is larger than \$30,000, calculate your exclusion using the worksheet below. If it is greater than \$31,800, you do not qualify for this exclusion.

Line 16-Interest Exclusion-If you're 65 or older, and filing single or head of household, you may exclude up to \$800 of interest income. If filing jointly, you may exclude the interest amount up to \$1,600; only one spouse must be 65. The amount on line 16 may not exceed the amounts on line 7 and 14.

Line 17-Exempt Interest Income-Interest income received on obligations of the United States Government is exempt from Montana income tax if all of the following conditions are met: the instruments must be written documents, bear interest, and contain a binding promise by the United States to pay specified sums at specified dates. It must contain specific congressional authorization which pledges the full faith and credit of the United States in support of the promise to pay. If any one of these conditions are not met, the interest from the obligations is taxable to Montana. Obligations that are taxable include GNMA's and FNMA's.

Line 18—Unemployment Benefits are not taxable to Montana.

#### Line 19—Other Reductions

NEW

Medical Savings Account - An MSA can be administered by an Account Administrator that is registered with the Department of Revenue or can be self administered by the taxpayer. Each individual taxpayer, not to include dependents, must separately own an account to be eligible for a reduction to income. Within certain limitations, the contributions to an MSA will be tax free as long as they are used for eligible medical expenses.

<b>Retirement Pension and Annuit</b>	00. y Worksheet
<ol> <li>Enter your federal adjusted gross incom line 13.</li> </ol>	e from 1
2. Phase-out limitation	2. <u>30,000</u>
3. If line 1 is smaller than line 2, enter or 2S, line 15: the smaller of either (A) t pension and annuity income or (B) \$3,6 each person who has retirement incon <b>Stop Here.</b> You do not need to compl remainder of this worksheet.	axable 500 for ne and
If line 1 is larger than line 2, subtract from line 1 and enter the result.	line 2 3
<ul> <li>4. Fill Out Only One. If your filing status is:</li> <li>a. Single or Joint and only one has p and annuity income; enter your taxab sion and annuity income or \$3,600, v ever is smaller.</li> <li>b. Joint and both spouses have pensio annuity incomes: 1st, enter each sp taxable pension and annuity inco \$3,600, whichever is smaller, on the f ing lines: (Upro)</li> </ul>	le pen- which- 201 and bouse's me or
(His) (Hers) 2nd, enter the total of the two lines	. 4b
5. Multiply the amount on line 3 times tw and enter the result.	5
<ol> <li>Exclusion. Subtract line 5 from line 4a whichever applies to you. If the result or negative, you are not eligible for an sion. If the number is positive, this i exclusion. Transfer this number to line</li> </ol>	is zero exclu- s your

The maximum deduction allowed per taxpayer from Montana adjusted gross income is \$3,000 plus interest the account accumulates. Eligible medical expenses cannot be deducted elsewhere on the tax form. Withdrawals used to pay nonqualifying medical expenses are subject to tax and penalty. If you self administer your account you must complete and attach Form MSA. If questions, please call 1-406-444-3674.

These same eligible medical expenses cannot be deducted elsewhere on the tax form. If you self administer your account you must complete and attach Form MSA.

#### Tip Income is excludable if:

•it is included in federal adjusted gross income, and •received for services provided to patrons of a licensed business that provides food, beverages or lodging.

Montana State Refund-If included on line 10, deduct it here.

- NEW >Family Education Savings Account-Taxpayers may contribute up to \$3,000 per year into an individual trust or savings account to pay qualified higher education expenses for a designated beneficiary. Participants must make contributions in cash and complete an application prescribed by the Montana Board of Regents. Attach a copy of the completed application to your return.
- NEW Child's Income Exclusion - If you file federal form 8814 (Parents' Election to Report Child's Interest and Dividends), exclude from your income the amount reported as "Form 8814" income on the "Other income" line of your federal return ( line 10 of your Montana return). Your child must file a Montana return if he/she otherwise meets the filing requirements listed on page 1.

# 14

## Exempt Military Pay

Military wages earned as a result of active duty service per-formed under the authority of USC Title 10 is exempt from Montana taxation. Pay earned as a result of service per-formed under any other authority (i.e. Title 32, Title 5, etc.) is subject to Montana tax. If you are claiming exempt military wages, you need to attach verification, such as a copy of your orders, which specify that you are serving under the authority of Title 10. Note: Separation pay and early out incentive payments are not wages and are fully taxable on your state return. Residents of Montana who wish to maintain their Montana residency are required to file Montana income tax returns.

For more detailed information on filing requirements for military personnel and on what income is taxable to Montana, contact the Department of Revenue at 1-406-444-3674.

#### >Indian Reservation Income

Indians who do not reside on the reservation of the tribe in which they are enrolled will be subject to Montana tax on all income earned on or off the reservation.

Native American Indians working in Montana are required to file a Montana tax return even if the income earned is exempt from Montana tax.

Any loss incurred on the reservation cannot be used to offset taxable income. Certification of enrollment (Form IND) and proof that the income was earned on the reservation must be attached to the return each year.

> Disability Income Exclusion-You may subtract up to \$5,200 a year of your disability payments (reported on Form 1099R, distribution Code 3) from your gross income.

Use Form DS-1 to calculate your allowable deduction and attach to your return.

Line 21—Add line 13 to line 14 and subtract line 20. This is your Montana adjusted gross income.

## **Tax Computation**

NEW

Line 26—Enter the tax from the table on the back of this booklet.

Line 27—Enter total contributions from lines 28, 29 and 30. You and/or your spouse can each give any amount to the program(s) of your choice. The contributions are added to your tax liability.

## Line 28—Nongame Wildlife Program

Contributions will be used to ensure the well-being of many of Montana's watchable wildlife species, such as eagles, herons, blue-birds, great horned owls, loons, chipmunks, pikas, flying squirrels and painted turtles.

#### Line 29—Child Abuse and Neglect Prevention Program

Contributions will fund services and activities which relate to the prevention of child abuse and neglect.

#### Line 30—Agriculture in Montana Schools Program

Contributions will fund the development and presentation of edu-cational programs. This will ensure Montana's young people will have a better understanding of agriculture in our state and the rest of the world.

Line 31—Add amounts on lines 26 and 27 for total tax.

Line 32—Enter the amount of Montana income tax withheld as shown on your withholding tax statements. Attach withholding statement(s) (W-2's, 1099R's, etc.) to return.

Enter only Montana tax withheld from wages or pensions and annuities. Attach copies of W-2 and 1099R statements. Do not report estimated tax payments on this line. If you made estimated tax payments, you must file on the long form (Form 2).

Line 33-Elderly Homeowner or Renter Credit - To determine if you qualify see detailed instructions on Form 2EC.

## Line 22—Deductions Standard Deduction (If not claiming federal withholding) Column A

- 1. Enter amount from line 21 of Form 2S. 2. Enter 20% of line 1 above.
- 3. Enter the amount from below that corresponds to your filing status:

Joint or Head of Household (filing status 2 or 3):\$5,820

Single (filing status 1): \$2,910

- 4. Enter the amount from line 2 or line 3, whichever is **smaller**.
- 5. Enter the amount from below that corresponds to your filing status:

Joint or Head of household (filing status 2 or 3): \$2,580

Single (filing status 1): \$1,290

6. Enter the amount from line 4 or line 5,

whichever is **larger**. This is your standard deduction.

Transfer this amount to line 22, Form 2S.

## • Federal Income Tax

#### (If not claiming standard deduction)

You may use your federal income taxes withheld in tax year 1997, if greater than your allowable standard deduction. Check appropriate box. If you check Box B, you may want to consider itemizing deductions on Form 2 and 2A.

### Line 23—Exemptions

Multiply \$1,550 by the number of exemptions in box 5 at top of Form 2S and enter.

## **Refund or Tax Due**

Line 35—Amount Overpaid (If line 34 is greater than line 31) Subtract line 31 from line 34. Only overpayments of more than \$1 will be refunded. If you wish to use direct deposit, enter your RTN# and ACCT# in the appropriate spaces below line 35 on your tax return. See sample below.

Paul Taxpayer Lilian Taxpayer 23 Main Street Anyplace, MT 59000	19
Pay to the Order of	\$ Dollars
Anyplace Bank (RTN) (ACCT) Anyplace, MT 59000	Dollars
( <u>1:250000005</u> )I:( <u>200000" ' 86</u> "	1234

Line 36—Tax Due (If line 31 is larger than line 34) Subtract line 34 from line 31. This is the amount you owe, if the balance is \$1 or more. If payment is due, make your check or money order payable to the Department of Revenue. Be sure your social security number is on your check or money order. Include your payment and coupon with your return. If a return is filed without full remittance you are advised to make regular payments pending contact by our collection staff. Unpaid tax will be subject to penalty and interest assessments.

#### Income Tax Withholding for 1998

If the amount you owe (line 36) or the amount you overpaid (line 35) is excessive, see your payroll office. Ask about filling out a new Form W-4 to change the amount of withholding.

#### **Declaration and Payment of Estimated Tax**

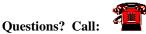
If in 1998 you expect to owe at least \$500 additional tax after subtracting withholding and tax credits, you must make estimate tax payments for 1998 and will need to file on Form 2. Instructions and forms for 1998 are available from the Income Tax Division. Failure to make required estimated payments may result in an underpayment penalty.

#### TAX TABLE

lf Taxabl	e Income is:				If Taxable	ncome is:	
Over	But not over	Multiply by	and Subtract = Tax	Over	But not over	Multiply by	and Subtract = Tax
\$ 0	\$ 1,900 X		\$ 0	\$15,500	\$19,400	X7%	\$ 407
\$ 1,900	\$ 3,900 X		\$ 19	\$19,400	\$27,200	X	\$ 601
\$ 3,900	\$ 7,800 X		\$ 58	\$27,200	\$38,800	X	\$ 873
\$ 7,800	\$11,600 X		\$ 136	\$38,800	\$67,900	X 10%	\$1,261
\$11,600	\$15,500 X	6%	\$ 252	\$67,900		X 11%	\$1,940
		Exa	mple = taxable income	\$2.000 x 3% (	03) = \$60 subtract \$19 =	- \$41 tax	

Wanted

We are committed to insuring everyone pays the correct amount of tax owed; no more and certainly no less. If you can establish that someone is paying less than their share call 1-406-444-3674.



ŀ
)
)
,

Extension Requests ...... (406) 444-3647 TDD (Telephone Device for the Deaf) ..... (406) 444-2830 Fax Number—Income Tax ...... (406) 444-1505 Employer Business Tax Questions ...... (406) 444-3388 (These are not toll free numbers)

or request forms from http://www.mt.gov

**Income Tax Division Montana Department of Revenue** Post Office Box 5805 Helena MT 59604-5805

BULK RATE U.S. POSTAGE PAID MONTANA DEPARTMENT OF REVENUE

Not For Return Mail

Do not use this label if your marital status has changed.