	2007 Calend	dar year	Montana In income tax return for						f househo	Id. Form 2M
	Amended Return	Your first	t name and initial	La	ist na	me		Deceased	Your socia	l security number
	Check the box above if this is	Spouse's	s first name and initial	La	ist na	me		Deceased	Spouse's s	social security numbe
	an amended return.	Mailing a	address	·		С	ity		State	Zip+4
	Filing Status (ch	-		1. Single			ed filing jointly			Household
_	4. ⊠Resident full <u>y</u> a. ⊠Yourself		ly to be used by full-year or older				residents and			must use Form 2.)
									ł	
5r	Den en den Na fin		or older Bli	ind			r checked			
	Dependent's firs	st name	Last name			SSN	Relations	nip L	Disabled	
5/	r Total dependent	s If addi	itional dependents, se	e instructiv	one				50	
			enter total exemption							
00			onding to your fede							ank.
F		-	c. Attach federal Form					-	-	
			federal Schedule B or							
			not include on line 7a							
			ch federal Schedule B						8a.	
k	o. Qualified divider	nds					8b.			
ę	9. Capital gain or (	loss). Att	tach federal Schedule	D if requir	ed	. <u></u>			9.	
								ole amount	10b.	
							Taxat	ole amount		
			sation						12.	
	•							ole amount		
			or offsets of state and							
			far right column.) <b>This</b>						15.	
	•									
			duction							
	9. Tuition and fees									
			and enter the result h					lcome	20	
		•	e 15 and enter the res		-	-				
22	2. Interest and mu	nicipal fu	ind dividends state, co	ounty, or m	nunici	ipal bonds fro	om other			
			wner property tax refu							
			le social security/railro							
26	<ol> <li>Niedical care sa</li> <li>Add lines 22 thr</li> </ol>	vings aco	count nonqualified wit and enter the result h	indrawal Pere <b>Thie i</b>	is vo	ur Montana	additions to	federal ad	iusted	
1 ک										
28			dends from federal bo							
			compensation							
			uity income exemption							
31	1. Partial interest e	exemption	n for taxpayers 65 and	d older			31.			
			ked tips and gratuities							
			vings account deposit		-					
			xable social security/T							
			axable Tier II Railroad							
36	6. Federally taxabl	e refunds	s, credits or offsets of	state inco	me	taxes				
31			and enter the result h							
			n subtract line 37. <b>Th</b> i							

140

_												
	39. Montana adjusted gross income from line 38											
e	Deductions (Check only one box)											
Ĕ	40. (A) Standard Deduction (see Worksheet V on page 18): (A)											
Taxable Income	(B) Itemized Deductions (from Form 2M, Schedule I, line 31): (B) $\Box$ 40.											
e	41. Subtract line 40 from line 39 and enter amount here41.											
ab	Exemptions (All individuals are entitled to at least one exemption.)											
Tax	42. Multiply \$2,040 by the number of exemptions on line 5d and enter result here											
	43. Subtract line 42 from line 41 and enter the result here. If zero or less, enter zero. This is your taxable											
	income											
	44. Tax from the tax table on page 4 of this form. If line 43 is zero, enter zero											
Тах	45. 2% capital gains tax credit45.											
Ë	46. Subtract line 45 from 44 and enter the result here. If zero or less, enter zero. This is your resident tax											
	after capital gains tax credit											
	47. Nonrefundable single-year credits from Form 2M, Schedule II, line 547.											
Credits	48. Nonrefundable carryover credits from Form 2M, Schedule II, line 8											
rec	49. Add lines 47 and 48 and enter the result here. This is your total nonrefundable credits											
C	50. Subtract line 49 from line 46 and enter the result here. If zero or less, enter zero. This is your total tax											
	after nonrefundable credits											
ē	51. Montana income tax withheld. Attach federal Form(s) W-2 and 1099											
sar	52. 2007 estimated tax payments and amounts applied from your 2006 return											
Payments and Offsets	53. 2007 extension payment from Form EXT-07											
Off	54. Refundable credits from Form 2M, Schedule II, line 11											
<sup>o</sup> ay	55. Add lines 51 through 54 and enter the result here. This is your total payments/offsets											
	56. Subtract line 55 from line 50. This is your net tax due or <overpayment></overpayment>											
	57. Interest on underpayment of estimated taxes. (See instructions on page 10.)											
, it	58. Late file, late payment penalties and interest. (See instructions on page 10.)											
ere	59. Medical Care Savings Account 10% penalty											
uti	60. Enter in boxes 60a through 60d your voluntary check-off contributions.											
trib , Ç	Nongame Child abuse Agriculture in End-stage renal Sum of 60a											
Penalty, Interest, Contributions	wildlife programpreventionschoolsdisease programthrough60a.60b.60c.60d.60d.60d.											
a O	61. Add lines 57 through 60 and enter the result here. This is your total penalties, interest and											
	contributions											
	62. If the amount on line 56 is a net tax due, add lines 56 and 61 and enter the result here. This is the											
L	amount you owe											
e or	Visit our website at mt.gov/revenue to pay by credit card or E-check or make a check payable to											
Amount You Owe Your Refund	MONTANA DEPARTMENT OF REVENUE.											
You Ow Refund	63. If the amount on line 56 is an overpayment of tax, reduce the overpayment by the amount (if any) reported											
₹ K	on line 61 and enter the result here as a positive number											
no,	65. Subtract line 64 from line 63 and enter the result here. This is your refund.											
e C												
∢	If you wish to use direct deposit, enter your RTN# and ACCT# below. See instructions.											
		Savings										
_	applicable, check appropriate box. Name, address and telephone number of paid preparer.	w and attach										
		r federal Form										
Г		ve your Montana										
	instructions. SSN, FEIN or PTIN: extension.	-										
		a la a suita se force d'a di										
Ma	ay the DOR discuss this return with your tax preparer? 🗋 Yes 🛛 No Questions? Call (406) 444-6900 or TDD (406) 444-2830 fo	r nearing impaired.										
		1										
<u>X</u>												
	Your signature is required Date Daytime telephone number Spouse's signature I declare under penalty of false swearing that the information in this tax return and attachments is true, correct an	Date										

	Schedule I - Montana Form 2M Itemized Deductions Enter your itemized deductions on the corresponding line.							
	This schedule should be filed with your Montana Form 2M.							
s	1. Medical and dental expenses1.							
Medical and Dental Expenses	2. Enter amount from Form 2M, line 392.							
	3. Multiply line 2 by 0.075 (7.5%)							
	4. Subtract line 3 from line 1 and enter result here but not less than zero. This is your deductible							
tal	medical and dental expense subject to 7.5% of Montana AGI.							
≥ No	5. Medical insurance premiums not deducted elsewhere on your tax return							
	6. Long term care insurance premiums not deducted elsewhere on your tax return							
	Complete lines 7a through 7d reporting your total federal income tax paid in 2007 before completing line 7d	ə.						
	7a. Federal income tax withheld in 2007							
Taxes You Paid	7b. Federal estimated tax payments paid in 2007							
	7c. 2006 federal income taxes paid in 20077c.							
Yor	7d. Other back year federal income taxes paid in 20077d.							
es	7e. Add lines 7a through 7d and enter result here, but not more than \$5,000 if you are filing single, or head of household, or \$10,000 if filing a joint return with your spouse. This is your federal income tax deduction	70						
Гах	8. Real estate taxes paid in 2007.							
	9. Personal property taxes paid in 2007.							
	10. Other deductible taxes. List type and amount:         11. Home mortgage interest and points reported to you on federal Form 1098	_ 10. 						
Paid	12. Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom							
Interest You Pa	you bought the house, provide name, SSN, and address:							
		12.						
	13. Points not reported to you on federal Form 1098	13.						
	14. Qualified mortgage insurance premiums	14.						
<u> </u>	15. Investment interest. Attach federal Form 4952	15.						
(0	16. Contributions made by cash or check during 2007	16.						
Gifts	17. Contributions made other than by cash or check	17.						
0	18. Contribution carryover from the prior year	18.						
	19. Child and dependent care expenses. Attach Montana Form 2441M	19.						
	20. Casualty and theft loss(es). Attach federal Form 4684	20.						
L S	21. Unreimbursed employee business expenses. Attach federal Form 2106 or 2106EZ .21.							
nd Certain eductions	22. Other expenses. List type and amount:							
	22							
	23. Add lines 21 and 22 and enter the result here23.							
sа sD	24. Enter the amount on Form 2M, line 39 here24.							
eou	25. Multiply line 24 by 0.02 (2%) and enter the result here25.							
ane	26. Subtract line 25 from line 23 and enter the result here, but not less than zero							
Job Expenses and Miscellaneous Dec	27. Political contributions (limited to \$100 per taxpayer)	27.						
Job Nis(	28. Other miscellaneous deductions not subject to 2% of Montana AGI. List type and amount:	-						
, 2		_ 28.						
0	29. Add lines 4 through 6; 7e through 20; and 26 through 28 and enter the result here	29.						
ize	If the amount on Form 2M, line 39 is more than \$156,400 complete Worksheet VI - Itemized Deduction							
em ctio	Worksheet, otherwise enter zero on line 30. 30. Enter the amount from the itemized deduction Worksheet VI, line 11. <b>This is the amount of your</b>							
Total Itemized Deductions		30.						
De	31. Subtract line 30 from line 29 and enter the result here and on Form 2M, line 40. These are your allows							
-	itemized deductions.							

Form 2M, Page 4 - 2007

	Social	Security	Numbe
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Schedule II - Montana Form 2M Tax Credits							
Enter your Montana tax credits on the corresponding line.							
File Schedule II with your Montana Form 2M.							
Nonrefundable credits that are single-year credits and HAVE NO carryover provision.							
1. College contribution credit. Attach Form CC							
2. Energy conservation installation credit. Attach Form ENRG-C.							
3. Elderly care credit. Attach Form ECC							
4. Developmental disability account contribution credit							
5. Add lines 1 through 4 and enter the result here and on Form 2M, line 47. These are your total nonrefundable single-year credits							
Nonrefundable credits that HAVE a carryover provision that allow you to carry forward the unused portion							
of your credit to future tax years.							
6. Alternative energy systems credit. Attach Form ENRG-B.							
7. Adoption credit. Attach federal Form 88397.							
8. Add lines 6 and 7 and enter the result here and on Form 2M, line 48. These are your total nonrefundable							
carryover credits							
Refundable credits are applied against your income tax liability with any remaining balance refunded to							
you.							
9. Elderly homeowner/renter credit. Attach Form 2EC							
10. \$140 Homeowner income tax credit for property taxes. See instructions on page 16							
11. Add lines 9 and 10 and enter the result here and on Form 2M, line 54. These are your total refundable credits							

## **Montana Tax Credits**

We have listed eight credits that can be used when filing Montana Form 2M. However, the Montana legislature has authorized 30 different income tax credits. See Montana Form 2, Schedule V for a list and description of these 30 tax credits that are available. If you are eligible for any of the other credits not listed above, you will have to file Montana Form 2 instead of Form 2M.

There are three categories of credits available to you on your Montana individual income tax return. With the exception of the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2M, line 45) you are not required to apply any of these eight tax credits against your income tax liability in any particular order.

• Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2007 resident tax after capital gains credit and cannot reduce

your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2007 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credits. Your nonrefundable carryover credit can be used to offset your 2007 resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credit that is not applied against your 2007 income tax liability can be carried over and used to offset future year tax liabilities.
- **Refundable credits.** Your refundable credits are applied against your income tax liability with any unused credit refunded to you.

2007 Montana Individual Income Tax Table										
If your taxable income is over	but not over	Multiply your taxable Income by	and subtract	equals your tax		If your taxable income is over	I DUI NOI OVEL	Multiply your taxable Income by	and subtract	equals your tax
\$0	\$2,500	0.010	\$0			\$9,000	\$11,600	0.050	\$225	
\$2,500	\$4,400	0.020	\$25			\$11,600	\$14,900	0.060	\$341	
\$4,400	\$6,600	0.030	\$69			\$14,900 or more		0.069	\$475	
\$6,600	\$9,000	0.040	\$135							

For example: Taxable income \$4,500 X 0.030 (3%) = \$135. \$135 minus \$69 = \$66 tax.