		Your First Name & Middle Initial	□ g	Your Social Security No.	Full ` Resi
Spouse's Last Name	if Different	Spouse's First Name & Middle Initial	Deceased	Spouse's Social Security No.	ON
Spouse's Last Name	II DIIIGIGIII	Spouse's First Name & Middle Illitial		Spouse's Social Security No.	Filing f
Mailing Address	(Montana Addresses Only)	City		Zip Code + 4	Montana
		1		M 59	All Other F
Filing Status Check One	Single 2. Married filing joint return	3. Head of Household (see Instructions)	For <u>Tax Due</u> r	mail to: Dept. of Revenue PO Box 6308	and Refunds Dept. of Re
Everentiana	Denvier	C5 as Over	20. 17	Helena, MT 5960	<u>)4-6</u> 308 PO Box
Exemptions	Regular		ers are entitled to	at least one exemption	Helena, MT 5
1. Yourself	X	📙	i	Enter number checked	1. File on or Bet
2. Spouse				Enter number checked	2. April 15, 20
3. Dependents	Name Do Not Claim Yourself or Spouse	check if If age one or over, dependents under age 1 social security number	Relationship	3. Dependents	3. April 2002 1 2 3 4 5
				Handicapped Dependent Attach Doctor's Certification	4. 7 8 9 10 11 12
				<u> </u>	14 15 16 17 18 19
					21 22 23 24 25 26 28 29 30
5. Add lines 1,	2, 3 and 4 (if additional de	ependents, see instructions)	Total Nu	umber Exemptions	5.
6. Wages, sala	ries, tips, etc	Atta	ch W-2 (s) 6.		
_		Attach Federal Schedule if			ROUND TO
		Attach Federal Schedule if			NEAREST DOLLAR
		ons, annuities Attac			If no entry leave blank
		c, specify			
		ony, student loan interest, etc., specify_			
		act line 12 from line 11)			
14. Add ●		nunicipal bonds (non-Montana) <u>and/or</u> fe			
15.Subtract ●	(cap inetructions)	ty income - see Worksheet IV, page 13.			
16.		y			
17.		ngs bonds, etc. (specify)			
18.					
19.	Other reductions (including	tips, medical savings account,			
	family education savings ad	ccount, etc. specify)	19)	
	•	ng income (add lines 15 thru 19)			
		s 13 and 14, subtract line 20)		21.	
22. (A) Standard	deduction see Worksheet income taxes paid or withhe	V, page 13 (A)	22.		
(B1) Federal Adva	nce Payment-Subtract (B1)	from (B). Enter amount on line22 (B1)			
		otions in Box 5 above			
25. Taxable incor	23 Add lines 22 and 23 ne. Subtract line 24 from 21	(If less than zero enter zero)			
		n back of this form		20.	
		d your spouse would like to contribute.	See instructions	Z0. 3.	
	ife Program MONTANA Child Abus				
28.	CHILDREN'S 29.	👸 [30.]	_	amounts in boxes 27.	
		7			
		Attach withholding statements vv-2(s), edit- Attach Form 2EC with your receipts.	. ,		
აა. ⊑I0	•	and 33			
35. If	ine 34 is larger than line 31 e	enter difference (refunds of more than \$.00 will be issu	ed) Refund 35.	
If you wish to use d	rect deposit enter your RTN	# and ACCT# below. See instructions	Direct Dec	oosii aa 🗔	
RTN#				Checking Savings	
NIIN#	ACC	1#			
	•	enter difference		Tax Due 36.	
37. Po	enalties (see instructions for	calculation of penalties)			
	v Den	J-1- B-1	root	Total of Davis 27	
Under Pa			rest	Total of Boxes 37.	
38. TC		 Attach check or money order for full ar 			
Include vou	Payable to the Department r payment with the payment coup	of Revenueoon provided in this booklet.		38.	
ii lolado you				stoot the a	ou do not need state income
molado y oc		My/our initials authorize	e tne State to cor	itact the II v	ou do noi need state income
	ess & Telephone Number of Pre	preparer regarding thi	s return. I/we wai	ve my/our tax	ou do not need state income forms and instructions mailed you next year, check box.

MONTANA

REP YO INCO



If Taxable Income is:			<u>TAX TABLE</u>		If Taxable Income is:	
Over	But not over	Multiply by and Subtract =	Гах Over	But not over	Multiply by and Subtr	act = Tax
\$ 0	\$ 2,200	X 2 %\$ 0	\$17,200	\$21,500 2	X 7 % \$	452
\$ 2,200	\$ 4,300	X 3 %\$ 22	\$21,500	\$30,200 2	X 8 %\$	667
\$ 4,300	\$ 8,600	X 4 %\$ 65	\$30,200	\$43,100 2	X 9 % \$	969
\$ 8,600	\$12,900	X 5 %\$ 151	\$43,100	\$75,400 2	X 10 % \$ 1,	400
\$12,900	\$17,200	X 6 % \$ 280	\$75,400		X 11 % \$ 2,	154
Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$22 = \$50 tax						

Standard Deduction Worksheet



1. Enter amount from line 21 of Fo	1	
2. Enter 20% of line 1.		2
3. Enter the amount from below		
	Joint or head of household (filing status 2 or 3):\$6,460	
	Single (filing status 1): \$3,230	3
4. Enter the amount from line 2	4	
5. Enter the amount from below		
	Joint or head of household (filing status 2 or 3): \$2,860	
	Single (filing status 1) \$1,430	5
6. Enter the amount from line 4	6	

Questions? Please call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.

