

2005

Montana Individual Income Tax Return

Form 2

Montana

For the year Jan 1 - Dec 31, 2005 or the tax year beginning _____, 2005, ending _____, 20_____

Amended Return, Your first name and initial, Last name, Deceased, Your social security number, Spouse's first name and initial, Last name, Deceased, Spouse's social security number, Home address (number and street), City, State, Zip+4

Filing Status (check only one box), 1 Single, 2 Married filing jointly, 3a Married filing separately on the same form, 3b Married filing separately on separate forms, 3c Married filing separately and spouse not filing, 4 Head of household, Spouse's SSN

Residency Status (check only one box), 5a Resident full year, 5b Nonresident full year, 5c Resident part-year, Date of change, State moved to, State moved from

Exemptions section with columns for Column A (for single, joint, separate, or head of household) and Column B (for spouse when filing separately using filing status 3a). Includes rows for 6a Yourself, 6b Spouse, and 6c Dependents.




Enter amounts corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.

Income section (lines 7-22) including Wages, Taxable interest, Dividends, Taxable refunds, Alimony, Business income, Capital gain, Other gains, IRA distribution, Pensions, Rental real estate, Farm income, Unemployment compensation, Social security benefits, and Other income.

Adjusted Gross Income section (lines 23-37) including Educator expenses, Business expenses, Health savings account deduction, Moving expenses, Self-employment tax, Self-employed SEP/SIMPLE, Self-employed health insurance deduction, Penalty on early withdrawal, Alimony paid, IRA deduction, Student loan interest deduction, Tuition and fees deduction, Domestic production activities deduction, and Adjusted Gross Income calculation.

Final Montana Adjusted Gross Income section (lines 37a-40) including Montana additions/subtractions and final Montana adjusted gross income calculation.

ATTACH WITHHOLDING STATEMENTS HERE

Form 2, Page 2 – 2005 Social Security Number: _____				Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)	
41	Enter here Montana adjusted gross income from line 40.			41	41	
Deductions				Check only one		
42	(A) Standard Deduction: (A) <input type="checkbox"/>		(B) Itemized Deductions (from Form 2A, Schedule III, line 30): (B) <input type="checkbox"/>	42	42	
43	Subtract line 42 from line 41 and enter amount here.			43	43	
Exemptions (all individuals are entitled to at least one exemption)						
44	Multiply \$1,900 by the number of exemptions on line 6d and enter result here.			44	44	
45	Subtract line 44 from line 43. Enter result here, but not less than zero. This is your taxable income.			45	45	
46	Enter tax from the tax table on page 9. If line 45 is less than zero, enter zero.			46	46	
47	Enter your 1% capital gains tax credit here.			47	47	
48	Subtract line 47 from line 46 and enter result here, but not less than zero. This is your resident tax after capital gains tax credit.			48	48	
48a	Non-resident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2A, Schedule IV, line 20, but not less than zero.			48a	48a	
49	Enter nonrefundable single-year credits from Form 2A, Schedule V, line 13.			49	49	
50	Enter nonrefundable carryover credits from Form 2A, Schedule V, line 26.			50	50	
51	Add lines 49 and 50 and subtract this total from line 48 or 48a and enter result here, but not less than zero. This is your total tax after nonrefundable credits...			51	51	
52	Enter family education savings account recapture tax.			52	52	
53	Enter endowment credit recapture tax.			53	53	
54	Enter rural physician's credit recapture tax.			54	54	
55	Add lines 52 through 54 and enter result here. This is your total recapture tax. ..			55	55	
56	Add lines 51 and 55 and enter result here. This is your total tax due.			56	56	
57	Combine amounts on line 56 columns A and B and enter result here. This is your combined total tax due.			57	57	
58	Enter Montana income tax withheld. Attach federal Form(s) W-2 and 1099.			58	58	
59	Enter estimated tax payments here.			59	59	
60	Enter extension payment here.			60	60	
61	Enter refundable credits from Form 2A, Schedule V, line 30.			61	61	
62	Add lines 58 through 61 and enter here. These are your total payments/offsets. 62			62	62	
63	Combine amounts on line 62 columns A and B. These are your combined payments and offsets.			63	63	
64	Interest on underpayment 64a)	Late file penalty 64b)	Late pay penalty 64c)	Interest 64d)	Enter the sum of 64a thru 64d here. 64	64
65	Enter other penalties here.			65	65	
66	 Nongame wildlife program 66a)	 Child abuse prevention 66b)	 Agriculture in schools 66c)	Check-off Contribution Total 66	66	66
67	Add lines 57, 64, 65, and 66 and enter result here. This is the sum of your total tax, penalties, interest and contributions.			67	67	
68	If line 67 is more than line 63, enter the difference here. This is the amount you owe. Make check payable to MONTANA DEPARTMENT OF REVENUE or visit our website at www.mt.gov/revenue to pay by credit card or E-check.			68	68	
69	If line 67 is less than line 63, enter the difference here.			69	69	
70	Enter the amount of line 69 you want applied to your 2006 estimated tax.			70	70	
71	Subtract lines 70 from line 69 and enter result here. This is your refund.			71	71	
If you wish to use direct deposit enter your RTN# and ACCT # below. See instructions.				<input type="checkbox"/> checking		
RTN#		ACCT#		<input type="checkbox"/> savings		
If applicable, check appropriate box.		Name, address and telephone number of paid preparer.		<input type="checkbox"/> Extension – Check this box and attach a copy of your federal Form 4868 to receive your Montana extension.		
2/3 rd farming gross income <input type="checkbox"/>						
Annualized estimated payments <input type="checkbox"/>						
Do not mail 2006 forms and instructions <input type="checkbox"/>		SSN or FEIN:				
May the DOR discuss this return with your tax preparer? Yes <input type="checkbox"/> No <input type="checkbox"/>				Questions? Call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired		
X		X				
Your signature is required		Date	Daytime telephone number	Spouse's signature		
				Date		
I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.						