

1999 Montana Individual Income Tax Return Form 2

OR FISCAL year beginning _____, 1999 and ending _____, 2000.

Enter your telephone number in box below **99**

Last Name		First Name & Middle Initial		DECEASED	Your Social Security No.																							
Spouse's Last Name if Different		Spouse's First Name & Middle Initial			Spouse's Social Security No.																							
Mailing Address				City	State	Zip Code+4																						
Filing Status Check One	1 <input type="checkbox"/> Single	2 <input type="checkbox"/> Married filing joint return	3 <input type="checkbox"/> Married and both filing separate returns on this form	4 <input type="checkbox"/> Married and both filing separate returns on separate forms	5 <input type="checkbox"/> Married filing separate return and spouse is not filing	6 <input type="checkbox"/> Head of Household (see instructions)																						
Residency Check One	1 <input type="checkbox"/> Resident Full Year	2 <input type="checkbox"/> Nonresident Full Year	3 <input type="checkbox"/> Resident Part Year	Give date of change State moved to: State moved from:																								
				month	year																							
EXEMPTIONS			Regular	65 or Over	Blind																							
1. Yourself			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter number checked																						
2. Spouse			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter number checked																						
3. Dependents			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Full Name Do Not Claim Yourself or Spouse</th> <th>Check if under age 1</th> <th>If age one or over, dependent's social security number</th> <th>Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Full Name Do Not Claim Yourself or Spouse	Check if under age 1	If age one or over, dependent's social security number	Relationship																	3. Dependents		
Full Name Do Not Claim Yourself or Spouse	Check if under age 1	If age one or over, dependent's social security number	Relationship																									
4. Handicapped Dependent Attach Doctor's Certification																												
5. Add lines 1,2,3 and 4 (if additional dependents, see instructions).....			Total Exemptions																									

INCOME REPORTED FROM FEDERAL RETURN	Enter amounts reported on federal return		ROUND TO NEAREST DOLLAR IF NO ENTRY LEAVE BLANK	
	6. Wages, salaries, tips, etc.	Attach copies of W-2(s) from all states	6.	
	7. Taxable interest income	Attach Federal Schedule if over \$400	7.	
	8. Dividend income	Attach Federal Schedule if over \$400	8.	
	9. Net business income (loss)	Attach Federal Schedule C or C-EZ	9.	
	10. Capital gain (or loss)	Attach Federal Schedule D	10.	
	11. Supplemental gains (or losses)	Attach Federal Form 4797	11.	
	12. Rents, royalties, partnerships, estates, trusts, etc.		12.	
	13. Total IRA distributions a.	13b. Taxable amount } Attach all 1099R's	13b.	
	14. Total pensions and annuities a.	14b. Taxable amount }	14b.	
	15. Social Security Benefits a.	15b. Taxable amount }	15b.	
	16. Net farm income	Attach Federal Schedule F	16.	
	17. Other income: State refund _____ alimony _____ unemployment _____ other (specify) _____		17.	
	18. Total of lines 6 thru 17	Total =>	18.	
	19. Adjustments to income. Allowable IRA _____ Keogh/SEP _____ 1/2 SE Tax _____ SE Health _____ Student Loan Int. _____ Moving Expenses (Attach Federal Form 3903) _____ Other _____		19.	
	20. FEDERAL ADJUSTED GROSS INCOME (subtract line 19 from line 18)	=>	20.	
	Note: Line 20 must match your federal adjusted gross income			

ADDITIONS	21. Interest and dividends on state, county, or municipal bonds (Non-Montana)	21.	
	22. Federal income tax refunds/overpayment (see instructions for this line)	22.	
	23. Other additions, transfer allocation of income (see instructions for this line) Specify _____	23.	
	24. Total additions to income (add lines 21 thru 23)	TOTAL =>	24.
	25. Add lines 20 and 24, enter result	=>	25.

REDUCTIONS	26. Capital gains exclusion - Attach Form W, Page 1	26.	
	27. Interest exclusion for elderly	27.	
	28. Interest exclusion for savings bonds, etc. Specify _____	28.	
	29. Exempt pension & annuity income, (not social security/disability) Attach Form W, Page 2.	29.	
	30. Unemployment	30.	
	31. Medical Savings Account	Attach Form MSA	31.
	32. Family Education Savings Account (Attach name and social security number(s) of beneficiary).	32.	
	33. First Time Home Buyers Account (see instructions for line 33) Attach Form FTB	33.	
	34. Other reductions, state income tax refund, transfer allocation of income, recycling, tip income (see instructions for this line) Specify reductions _____	34.	
	35. Total reductions to income (add lines 26 thru 34).....	TOTAL =>	35.
36. Subtract line 35 from line 25. Enter here and on line 37, page 2.....	=>	36.	

ATTACH WITHHOLDING STATEMENTS HERE

COLUMN A (for single joint, separate, or head of household)

COLUMN B (for spouse only when filing separate, and box 3 is checked)

DEDUCTIONS
EXEMPTIONS

37. MONTANA ADJUSTED GROSS INCOME (From line 36) 37.

DEDUCTIONS **Check only one**

38. (A) Standard Deduction: (A) } Montana's standard and itemized deductions are different than federal deductions. See instructions for this line.

 (B) Itemized Deductions: (B) }

39. Subtract line 38 from 37 and enter balance. ⇒ 39.

EXEMPTIONS (All filers are entitled to at least one exemption)

40. Multiply \$1,610 times the number of exemptions on line 5 40.

41. TAXABLE INCOME. Subtract line 40 from line 39 ⇒ 41.

TAX COMPUTATION

STOP Nonresidents and Part-Year Residents complete and attach Schedules III & IV Form 2A, before proceeding

42. Tax from table below. Non/part year residents enter the amount from line 129, Schedule IV. If line 41 is less than zero, enter zero here. 42.

43. Tax on lump sum distributions (see instructions for this line). Attach Federal Form 4972 43.

44. Subtotal—Add lines 42 & 43 SUBTOTAL ⇒ 44.




45. Credits from Form 2A, line 111, Schedule II 45.

46. Balance—Subtract line 45 from 44 and enter difference (but not less than zero). ⇒ 46.

47. Investment credit recapture Attach Form R.I.C. 47.

The Old Fund Liability Tax was repealed by the 1999 Montana Legislature. For tax years beginning 1999 there is no OFLT.

48. For each of the programs below enter any amount you and your spouse want to contribute. Enter totals in boxes. (see instructions for details)

	Nongame Wildlife Program		Child Abuse Prevention		Agriculture in Schools	Enter total amount in boxes.....
49.	<input type="text"/>	50.	<input type="text"/>	51.	<input type="text"/>	48.

52. TOTAL TAX—Add lines 46, 47, and 48..... TOTAL ⇒ 52.

53. Combine amounts shown on line 52 columns A & B..... ⇒ 53.

PAYMENTS & CREDITS

54. Montana tax withheld Attach withholding statements 54.

55. Payments of 1999 estimated tax, amounts credited from previous year and/or payments made with extension 55.

56. Elderly Homeowner/ Renter Credit Attach Form 2EC and receipts 56.

57. Total of lines 54 thru 56 TOTAL 57.

58. Combine amounts shown on line 57 columns A & B ⇒ 58.

REFUND OR AMOUNT YOU OWE

59. If line 58 is larger than line 53 enter the difference. This is your OVERPAYMENT 59.

60. Amount on line 59 to be applied to 2000 estimate 60.

61. Enter the amount on line 59 you want refunded to you (refunds more than \$1.00 will be issued) REFUND..... 61.

REFUND RETURNS: Mail to Dept. of Revenue, PO Box 6577, Helena, MT 59604-6577

If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions on page 6.

RTN# _____ ACCT# _____ Checking Savings

62. If line 53 is larger than line 58 enter TAX DUE (If you owe see instructions for this line) TAX DUE 62.

Include your check or money order and the payment coupon provided in this booklet.

TAX DUE RETURNS: Make check payable and remit to: Dept. of Revenue, PO Box 6308, Helena, MT 59604-6308

- Check this box if at least 2/3 of your gross income is from farming.
- Check here if estimated payments were made using the annualization method. (Attach Montana Form EST-P)
- Check here if you do not need state income tax forms and instructions mailed to you next year.

Underpayment penalty See Worksheet VII, Schedule W..... 63.

Late filing penalty-See page 2..... 64.

Late payment penalty-See page 2.... 65.


Interest 3/4% (.0075) per month..... 66.

Total of lines 62 through 66..... 67.

NEW NEW EXTENSION LAW - Check this box and attach copies of federal extensions(s) to receive a valid Montana extension. See Page 2 of instructions for details

PLEASE SIGN HERE

Name, address & telephone number of preparer

My/our initials authorize the State to contact the preparer regarding this return. Questions? Please call 1-406-444-6900 or TDD 1-406-444-2830 for hearing impaired. 

I/we waive my/our constitutional right of privacy for this limited purpose.

X _____ X _____

Your signature Date Daytime Telephone Number Spouse signature Date

I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.

TAX TABLE				TAX TABLE			
If Taxable Income is:		If Taxable Income is:		If Taxable Income is:		If Taxable Income is:	
Over	But not over	Multiply by	and Subtract = Tax	Over	But not over	Multiply by	and Subtract = Tax
\$ 0	\$ 2,000	X 2 %	\$ 0	\$ 16,100	\$ 20,100	X 7 %	\$ 422
\$ 2,000	\$ 4,000	X 3 %	\$ 20	\$ 20,100	\$ 28,200	X 8 %	\$ 623
\$ 4,000	\$ 8,000	X 4 %	\$ 60	\$ 28,200	\$ 40,200	X 9 %	\$ 905
\$ 8,000	\$ 12,100	X 5 %	\$ 140	\$ 40,200	\$ 70,400	X 10 %	\$ 1,307
\$ 12,100	\$ 16,100	X 6 %	\$ 261	\$ 70,400		X 11 %	\$ 2,011

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$20 = \$52 tax