

Full Year Resident - Short Form 2S - Individual Income Tax Return

MONTANA
2003
Full Year Resident ONLY
Filing from a Montana Address

| | | | | | | |
|------------------------------------------|--|----------------------------------------|------|-----------------------------------|------------------------------|--|
| Last Name | | First Name and Middle Initial | | <input type="checkbox"/> Deceased | Social Security No. | |
| Spouse's Last Name if Different | | Spouse's First Name and Middle Initial | | | Spouse's Social Security No. | |
| Mailing Address (Montana Addresses Only) | | | City | | Zip Code + 4 | |

MT

| | | | |
|-------------------------|------------------------------------|---------------------------------------------------------|------------------------------------------------------------------|
| Filing Status Check One | 1. Single <input type="checkbox"/> | 2. Married Filing Joint Return <input type="checkbox"/> | 3. Head of Household (see Instructions) <input type="checkbox"/> |
|-------------------------|------------------------------------|---------------------------------------------------------|------------------------------------------------------------------|

File on or Before April 15, 2004

All other returns and refunds mail to:
 Dept. of Revenue
 PO Box 6577
 Helena, MT 59604-6577
 For tax due mail to:
 Dept. of Revenue
 PO Box 6308
 Helena, MT 59604-6308

Exemptions All filers are entitled to at least one exemption

| Regular | 65 or Over | Blind | | | | | | | | | | | | | |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------|--------------|--|--|--|--|--|--|--|--|--|--------------------------|
| 1. Yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 2. Spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 3. Dependents | <table border="1"> <thead> <tr> <th>Dependent's Name</th> <th>Dependent's Social Security Number</th> <th>Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | Dependent's Name | Dependent's Social Security Number | Relationship | | | | | | | | | | <input type="checkbox"/> |
| Dependent's Name | Dependent's Social Security Number | Relationship | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 4. Handicapped Dependent | | | <input type="checkbox"/> | | | | | | | | | | | | |
| 5. Add lines 1, 2, 3 and 4 (if additional dependents, see instructions) | | | <input type="checkbox"/> | | | | | | | | | | | | |

Total Number Exemptions

Round To nearest dollar. If no entry leave blank

REPORT YOUR INCOME



| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|
| 6. Wages, salaries, tips, etc. Attach W-2(s) | 6. | |
| 7. Taxable interest income Attach Federal Schedule if over \$1,500 | 7. | |
| 8. Dividend income Attach Federal Schedule if over \$1,500 | 8. | |
| 9. Federal taxable pensions, IRA distributions, annuities Attach 1099R's | 9. | |
| 10. Unemployment, alimony, state refund, etc. specify | 10. | |
| 11. Total of lines 6 thru 10 Total | 11. | |
| 12. Adjustments: moving expense, IRA, alimony, student loan interest, etc., specify | 12. | |
| 13. Federal adjusted gross income (subtract line 12 from line 11) Total | 13. | |
| 14. Add: Interest on state and county municipal bonds (non-Montana) and/or federal refund (see instructions) | 14. | |
| Subtract: | | |
| 15. Exempt pension and annuity income - see Worksheet IV, page 13 | 15. | |
| 16. Interest exclusion for elderly | 16. | |
| 17. Interest exclusion for savings bonds, etc. specify | 17. | |
| 18. Unemployment | 18. | |
| 19. Other reductions (including tips, etc.) Refer to page 5 of instructions | 19. | |
| 20. Total adjustments decreasing income (add lines 15 thru 19) Total | 20. | |
| 21. Montana adjusted gross income (add lines 13 and 14, subtract line 20) Total | 21. | |
| 22. a. Standard deduction - see Worksheet V, page 13. a. <input type="checkbox"/> | 22a. | |
| b(i) Federal income taxes paid or withheld in 2003. b. <input type="checkbox"/> | 22b. | |
| NEW b(ii) 2003 Federal Advance Child Credit b(ii) <input type="checkbox"/> | 22b. | b(i) - b(ii) = 22b. |
| 23. Multiply \$1,780 times the number of exemptions | 23. | |
| 24. Add lines 22 and 23 Total | 24. | |
| 25. Taxable income. Subtract line 24 from 21 (If less than zero enter zero) Total | 25. | |
| 26. Tax on amount on line 25 from tax table on back of this form | 26. | |
| 27. In boxes below, enter any amount you and your spouse would like to contribute. See instructions. | | |
| Nongame Wildlife Program <input type="checkbox"/> 28. <input type="checkbox"/> | | |
| Child Abuse Prevention <input type="checkbox"/> 29. <input type="checkbox"/> | | |
| Agriculture in MT Schools <input type="checkbox"/> 30. <input type="checkbox"/> | | |
| Enter amounts in boxes Total | 27. | |
| 31. Total tax - add lines 26 and 27 Total | 31. | |
| 32. Montana tax withheld Attach withholding statements W-2(s), 1099(s) etc. | 32. | |
| 33. Elderly Homeowner/Renter Credit Attach Form 2EC 33. | 33. | |
| 34. Add lines 32 and 33 Total | 34. | |
| 35. If line 34 is larger than line 31 enter difference (refunds of more than \$1.00 will be issued) Refund | 35. | |
| If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> | | |
| RTN# <input type="text"/> | ACCT# <input type="text"/> | |
| 36. If line 31 is larger than line 34 enter difference Tax Due | 36. | |
| If you chose to pay your tax due by credit card visit our website at www.discoveringmontana.com/revenue and enter your confirmation number here. See instructions on page 11. | | |
| 37. Penalties (see instructions for calculation of penalties) | | |
| Under Pay <input type="checkbox"/> Late File <input type="checkbox"/> Late Pay <input type="checkbox"/> Interest <input type="checkbox"/> | Total of Boxes | 37. |
| 38. Add lines 36 and 37. Attach check or money order for full amount if \$1.00 or more. | | |
| Payable to the Department of Revenue Total Due | 38. | |
| Include your payment with the payment coupon provided in this booklet. | | |

ATTACH WITHHOLDING STATEMENTS

SIGN YOUR RETURN

| | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Name, address and telephone number of preparer | May the DOR discuss this return with the preparer shown? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Check box if you do not need state income tax forms and instructions mailed to you next year. |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

Your signature is required _____ Date _____ Telephone number _____ Spouse signature (if filing jointly, both must sign) _____ Date _____
 I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.

Tax Table

| 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 | \$ 2,200 | X ... 2 % | \$ 0 | \$17,800 | \$22,200 | X ... 7 % | \$ 466 |
| \$ 2,200 | \$ 4,400 | X ... 3 % | \$ 22 | \$22,200 | \$31,100 | X ... 8 % | \$ 688 |
| \$ 4,400 | \$ 8,900 | X ... 4 % | \$ 66 | \$31,100 | \$44,500 | X ... 9 % | \$ 999 |
| \$ 8,900 | \$13,300 | X ... 5 % | \$155 | \$44,500 | \$77,800 | X ...10 % | \$1,444 |
| \$13,300 | \$17,800 | X ... 6 % | \$288 | \$77,800 | | X ...11 % | \$2,222 |

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$22 = \$50 tax

Standard Deduction Worksheet



1. Enter amount from line 21 of Form 2S. 1. _____
2. Enter 20% of line 1. 2. _____
3. Enter the amount from below that corresponds to your filing status:
 - Single (filing status 1)=\$3,330
 - Joint or head of household (filing status 2 or 3)=\$6,6603. _____
4. Enter the amount from line 2 or line 3, whichever is smaller. 4. _____
5. Enter the amount from below that corresponds to your filing status:
 - Single (filing status 1)=\$1,480
 - Joint or head of household (filing status 2 or 3)=\$2,9605. _____
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. 6. _____

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