| 2005 | M | ontana Ind | | al Incom | | | | - Sho | ort Form | | Form 25 | | |
|--|---|---|------------|------------------------|----------|--------------|------------|------------|---------------------|-----------|--|--|--|
| Amended Return | Your first | name and initial | | st name | <u> </u> | | Deceased | | | er | | | |
| rtotam | Spouse's | first name and initia | l Las | st name | | 1 | Deceased | Spouse' | s social security r | number | | | |
| | Home address (number and street) City State Zip | | | | | | | | | | | | |
| Filing Status (| check only | one box) 1 | Single | 2 | Ma | rried filing | ı iointly | 3 | Head of Househo | old | | | |
| | | self | | or older | | | | | nber checked | | 48 | | |
| 4b | | use | | or older | | | | | nber checked | | 41 | | |
| c Dependent's F | | Last Name | | SSN | F | Relations | nip Disab | ility | | | | | |
| | | | | | | | | _ | | | | | |
| d If additional dea | nandants s | see instructions. Ad | d lines 4s | thru 4c and en | ter tota | al evemnt | ions hara | | r the total of line | | 40 | | |
| | | ng to your federal | | tilla 40 alla eli | | ai exempt | | | nearest dollar. | | | | |
| 5 Enter wage | es, salarie | s, tips, etc. Attac | h federa | Form(s) W-2 | | | | | | | 5 | | |
| | | st. Attach federal | | | | | | | | | 6 | | |
| | | ends. Attach fede | | • | | | | | | | 7 | | |
| 8 Enter taxal | ole pensio | n, IRA distribution | ns, and a | nnuities. Atta | ch fed | deral Fo | m(s) 109 | 9R | | | 8 | | |
| _ | • | t, alimony, state re | | | | | . , | | | | 9 | | |
| 6 10 Add and er | | nts in the far right | | | ough 9 | 9. This | is your to | otal inco | me | | 10 | | |
| 2 11 Adiustman | to: Mayina | a ovnonce IDA e | limony o | tudant laan in | toroot | oto Cr | ooif. | | | | 11 | | |
| 12 Subtract lir | e 11 from | n line 10. This is | your fed | leral adjusted | d gros | s incon | ne | | | | 12 | | |
| 13 Additions: | Enter inte | rest and dividends | s from ot | her state, cou | nty, o | r municij | oal bonds | , and fed | deral refund. | | 1; | | |
| 14a Ente | r partial p | ension and annuit | y income | e exemption fr | om Fo | orm W, \ | Vorkshee | t IV, line | 6 | | 14 | | |
| 14b Ente | nter partial interest exemption for taxpayers 65 and older. | | | | | | | | | | | | |
| 14c Ente | ter exempt interest and mutual fund dividends from federal bonds, notes, and obligations | | | | | | | | | | | | |
| 14d Ente | 12 Subtract line 11 from line 10. This is your federal adjusted gross income. 13 Additions: Enter interest and dividends from other state, county, or municipal bonds, and federal refund. 14a Enter partial pension and annuity income exemption from Form W, Worksheet IV, line 6. 14b Enter partial interest exemption for taxpayers 65 and older. 14c Enter exempt interest and mutual fund dividends from federal bonds, notes, and obligations. 14d Enter exempt unemployment compensation. 14e Enter other exclusions. Certain taxed tips and gratuities, etc. | | | | | | | | | | | | |
| ≦ 14e Ente | Enter other exclusions. Certain taxed tips and gratuities, etc. | | | | | | | | | | | | |
| 14 Add lines 1 | 4a throug | jh 14e and enter r | esult he | re. I his is yo | our to | tal subti | actions. | | | | 14 | | |
| | | then subtract line | | | | | | | | | 1 | | |
| | | deduction from Fo | | | | | | | | | 10 | | |
| | | ne number of exer | | | | | | | | | 17 | | |
| 18 Subtract the | | es 16 and 17 from li | | | | | | - | | | 18 | | |
| | | the tax table. If ling income tax withher | | | | | | | | | 19 | | |
| 21 Enter your | | le elderly/homeow | | | ٠, | | | | | | 20 | | |
| | | . This is your tot | | | | | | | | | 22 | | |
| | | | e penalty | | | | Intere | | iter the sum of 23 | | | | |
| 23a) | i dilacipa | 23b) | perially | 23c) | ту рог | , | 23d) | | u 23d here | | 23 | | |
| 23 Interest or 23a) Nong 24a) | game wild | life program CHIEFE | | abuse prevent | ion | Agri 24c) | culture in | Schools | Check-off Total | | 24 | | |
| 25 Add lines 1 | | 24 and enter res | | This is the s | um o | | ax, penal | ty, inter | | | 2! | | |
| | | ine 22, enter the diff | erence he | ere This is the | amou | nt vou o | we Make | check na | vable to MONTAL | NA | | | |
| | | VENUE or visit our | | | | | | | | | 20 | | |
| 27 If line 25 is | s less than | n line 22, enter the | e differer | nce here. This | s is yo | our refu | nd. | | | | | | |
| If you wish | to use di | rect deposit, ente | r your R | TN# and ACC | T# be | low. | 1 1 1 | | checkir | ~ | | | |
| RTN# | | ACCT# | | | | | | | savings | | 27 | | |
| Check the box he need forms and in mailed to you n | nstructions | · - | | telephone numl | per of p | paid prep | arer | | attach a | copy of y | ck this box and your federal Fori e your Montana nsion. | | |
| lay the DOR discu | ss this retu | urn with your tax pre | | es No | Quest | ions? Ca | (406) 444 | 1-6900 or | TDD (406) 444-2 | | | | |
| _ | ature is req | uired e swearing that the i | Date | Daytime tele | • | | | • | ouse's signature | | Date | | |

Form 2S, Page 2 – 2005 Social Security Number:

| Amended Return Reconciliation | Round to the | | |
|--|--------------|----------------|---|
| (Use this reconciliation only when you are completing an amended return.) | | nearest dollar | |
| 1 Enter your amended liability (line 26) or your amended refund (line 27) here. | . 1 | | 1 |
| 2 Enter your total 2005 refund previously received here. | . 2 | | 2 |
| 3 Enter your total 2005 payments previously made which are not included in line 22 here | | 3 | |
| 4 Add lines 1 and 2, and then subtract line 3. This is your amended return underpayment or | | | 1 |
| overpayment. | . 4 | | 4 |
| Describe your amended adjustments here. Add additional pages if necessa | ry. | | |
| | | | |
| | | | 1 |

2005 Montana Individual Income Tax Table

| Taxable ncome is Over | Bu Ov | ıt not ⁄er | Mult | tiply by | and | Sul | otract | = | Tax | Taxable come is Over | ıt not /er | Multi | ply by | and | Subtract | = | Tax |
|--------------------------|----------|---------------|------|----------|-----|-----|--------|---|-----|-----------------------------|-------------------|-------|--------|-----|----------|---|-----|
| \$ 0 | \$ | 2,300 | Χ | 1% | | \$ | 0 | | | \$ 8,400 | \$ 10,800 | X | 5% | | \$ 210 | | |
| \$ 2,300 | \$ | 4,100 | Χ | 2% | | \$ | 23 | | | \$ 10,800 | \$ 13,900 | X | 6% | | \$ 318 | | |
| \$ 4,100 | \$ | 6,200 | Χ | 3% | | \$ | 64 | | | \$ 13,900 | | X | 6.9% | | \$ 443 | | |
| \$ 6,200 | \$ | 8,400 | Х | 4% | | \$ | 126 | | | | | | | | | | |

Example: taxable income \$4000 x .02 (2%) = \$80; subtract \$23 = \$57 tax

| | Standard Deduction Worksheet For Form 2S | Calculation of Your Standard Deduction | |
|---|---|---|---|
| 1 | Enter your Montana adjusted gross income from Form 2S, line 15 here 1 | | 1 |
| 2 | Multiply the amount on line 1 by .20 (20%) and enter the result here 2 | | 2 |
| 3 | Enter here the amount below that corresponds to your filing status that you claimed on your | | |
| | Form 2S | | 3 |
| | • If your filing status is single (filing status 1) enter \$3,560. This is your maximum standard | | |
| | deduction. | | |
| | • If your filing status is joint or head of household (filing status 2 or 3) enter \$7,120. This is | | |
| | your maximum standard deduction. | | |
| 4 | Enter here the amount from line 2 or 3, whichever is smaller | | 4 |
| 5 | Enter here the amount below that corresponds to your filing status that you claimed on your | | |
| | Form 2S | | 5 |
| | • If your filing status is single (filing status 1) enter \$1,580. This is your minimum standard | | |
| | deduction. | | |
| | • If your filing status is joint or head of household (filing status 2 or 3) enter \$3,160. This is | | |
| | your minimum standard deduction. | | |
| 6 | Enter here and on Form 2S, line 16 the amount from line 4 or 5, whichever is larger. This is | | |
| | your standard deduction. 6 | | 6 |