

For the year Jan 1 - Dec 31, 2006 or the tax year beginning ,2006, ending ,20

Amended Return section with fields for names, social security numbers, and address.

Filing Status section with options for Single, Married filing jointly, Married filing separately, etc.

Residency Status section with options for Resident full year, Nonresident full year, Resident part-year.

Column A (for single, joint, separate, or head of household) and Column B (for spouse when filing separately using filing status 3a)

Table for Exemptions (6a-6d) including Yourself, Spouse, and Dependents.

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

Table for Federal Income (7-22) including Wages, interest, dividends, and other income.

Table for Federal Adjusted Gross Income (23-37a) including deductions for Archer MSA, health savings, and other adjustments.

Table for Montana AGI (38-40) including Montana additions and subtractions.

Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
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Taxable Income	41. Montana adjusted gross income from line 40 41.			41.								
	Deductions Check only one											
	42. (A) Standard Deduction (see Worksheet V on page 51).....(A) <input type="checkbox"/>											
	(B) Itemized Deductions from Form 2, Schedule III, line 32.(B) <input type="checkbox"/>	42.		42.								
	43. Subtract line 42 from line 41 and enter the result here..... 43.			43.								
Exemptions (all individuals are entitled to at least one exemption.)												
44. Multiply \$1,980 by the number of exemptions on line 6d and enter result here ... 44.			44.									
45. Subtract line 44 from line 43 and enter the result here. If zero or less, enter zero. This is your taxable income. 45.			45.									
Tax	46. Tax from the tax table on page 23. If line 45 is zero, enter zero 46.			46.								
	47. 1% capital gains tax credit 47.			47.								
	48. Subtract line 47 from line 46 and enter the 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 2, Schedule IV, line 21, but not less than zero. 48a.			48a.								
	49. Tax on lump-sum distributions. See instructions. Attach federal Form 4972 49.			49.								
50. Add lines 48 or 48a and 49 and enter the result here. This is your total tax. 50.			50.									
Credits	51. Nonrefundable single-year credits from Form 2, Schedule V, line 13..... 51.			51.								
	52. Nonrefundable carryover credits from Form 2, Schedule V, line 26 52.			52.								
	53. Add lines 51 and 52 and enter the result here but do not enter an amount larger than the amount on line 50. This is your total nonrefundable credits. .. 53.			53.								
Recap. Taxes	54. Family education savings account recapture tax 54.			54.								
	55. Endowment credit recapture tax 55.			55.								
	56. Rural physician's credit recapture tax 56.			56.								
	57. Add lines 54 through 56 and enter result here. This is your total recapture tax. 57.			57.								
Tax Liability	58. Add lines 50 and 57 and then subtract from this total the amount on line 53 and enter the result here. This is your 2006 tax liability. 58.			58.								
	59. Combine the amounts on line 58 columns A and B and enter the result here. This is your combined 2006 tax liability. 59.			59.								
Payments and Refundable Credits	60. Montana income tax withheld. Attach federal Form(s) W-2 and 1099 60.			60.								
	61. 2006 estimated tax payments and amount applied from your 2005 return..... 61.			61.								
	62. 2006 extension payments from Form EXT-06 62.			62.								
	63. Refundable credits from Form 2, Schedule V, line 31..... 63.			63.								
	64. Add lines 60 through 63 and enter the result here. This is your total payments and refundable credits. 64.			64.								
	65. Combine amounts on line 64 columns A and B. This is your combined payments and refundable credits. 65.			65.								
Penalties, Interest and Contributions	66. Interest on underpayment of estimated taxes. (See instructions on page 25.)..... 66.			66.								
	67. Late file, late pay penalties and interest. (See instructions and worksheet on page 25.) 67.			67.								
	68. Other penalties. (See instructions on page 25.)..... 68.			68.								
	69. Enter in boxes 69a through 69d your Voluntary Check-off Contributions.											
	<table border="1"> <tr> <td>Nongame wildlife program</td> <td>Child abuse prevention</td> <td>Agriculture in schools</td> <td>End-stage renal disease program</td> </tr> <tr> <td>69a.</td> <td>69b.</td> <td>69c.</td> <td>69d.</td> </tr> </table>	Nongame wildlife program	Child abuse prevention	Agriculture in schools	End-stage renal disease program	69a.	69b.	69c.	69d.			
	Nongame wildlife program	Child abuse prevention	Agriculture in schools	End-stage renal disease program								
69a.	69b.	69c.	69d.									
70. Add the amounts on line 59, 66, 67, 68 and 69 and enter the result here. This is the sum of your total tax, penalties, interest and contributions. 70.			70.									
Amount You Owe or Your Refund	71. If line 70 is more than line 65, enter the difference here. This is the amount you owe. 71.			71.								
	72. If line 70 is less than line 65, enter the difference here..... 72.			72.								
	73. Enter the amount on line 72 that you want applied to your 2007 estimated tax 73.			73.								
	74. Subtract line 73 from line 72 and enter the amount here. This is your refund. 74.			74.								

<input type="checkbox"/> If applicable, check appropriate box. <input type="checkbox"/> 2/3rd farming gross income <input type="checkbox"/> Annualized estimated payments <input type="checkbox"/> Do not mail 2007 forms and instructions	Name, address and telephone number of paid preparer. SSN, FEIN or PTIN:	<input type="checkbox"/> Check this box and attach a copy of your federal Form 4868 to receive your Montana extension.
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May the DOR discuss this return with your tax preparer? Yes No 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.