

Full Year Resident - SHORT FORM 2S - Individual Income Tax Return

MONTANA
1998
Full Year
Resident
ONLY

LAST NAME		Your First Name & Middle Initial		<input type="checkbox"/> DECEASED	Your Social Security No.
Spouse's Last Name if Different		Spouse's First Name & Middle Initial		<input type="checkbox"/> DECEASED	Spouse's Social Security No.
MAILING ADDRESS (MT address only)			City	Zip Code + 4	
MT					
Filing Status <i>Check One</i>	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, 1999	

EXEMPTIONS Regular 65 or Over Blind *All filers are entitled to at least one exemption*

1. Yourself Enter number checked 1

2. Spouse Enter number checked 2

3. Dependents

Name Do Not Claim Yourself or Spouse	check if under age 1	If age one or over, dependents social security number	Relationship	3. Dependents
				<input type="checkbox"/> 3

4. Handicapped Dependent Attach Doctor's Certification 4

5. Add lines 1, 2, 3 and 4 (if additional dependents, see instructions) **Total Number Exemptions** 5

Mail tax forms to:
 For **TAX DUE** mail to:
 Dept. of Revenue
 PO Box 6308
 Helena, MT 59604-6308

ALL OTHER RETURNS & REFUNDS mail to:
 Dept. of Revenue
 PO Box 6577
 Helena, MT 59604-6577

REPORT YOUR INCOME

6. Wages, salaries, tips, etc. Attach W-2 (s)	6.	ROUND TO NEAREST DOLLAR
7. Taxable interest income Attach Federal Schedule if over \$400	7.	
8. Dividend income Attach Federal Schedule if over \$400	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	11.	TOTAL
12. Adjustments: moving expense, IRA, alimony, student loan interest, etc., specify	12.	
13. FEDERAL ADJUSTED GROSS INCOME (Subtract line 12 from line 11)	13.	

14. Add ♦ Interest on state & county municipal bonds (non-Montana) and/or federal refund (see instructions)	14.	
15. Subtract ♦ Exempt pension and annuity income - see Form W, page 2	15.	
16. ♦ Interest exclusion for elderly.	16.	
17. ♦ Interest exclusion for savings bonds, etc. (specify)	17.	
18. ♦ Unemployment	18.	
19. ♦ Other reductions (including tips, medical savings account, family education savings account, etc. specify)	19.	
20. Total adjustments decreasing income (add lines 15 thru 19)	20.	TOTAL
21. Montana adjusted gross income (add lines 13 and 14, subtract line 20)	21.	

22. (A) Standard deduction - see Form W, page 2 } <input type="checkbox"/> (A)	22.	
(B) Federal income taxes paid or withheld in 1998. } <input type="checkbox"/> (B)		
23. Multiply \$1,580 times the number of exemptions in Box 5 above	23.	
24. Add lines 22 and 23	24.	TOTAL
25. Taxable income. Subtract line 24 from 21 (if less than zero enter zero)	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.	27.	

Nongame Wildlife Program	Agriculture in MT Schools	27.
28. <input type="text"/>	30. <input type="text"/>	Enter total amounts in boxes
31. Total Tax — Add lines 26 and 27	31.	
32. Montana tax withheld.....Attach withholding statements W-2(s), 1099(s) etc.	32.	
33. Elderly Homeowner/ Renter Credit- Attach Form 2EC with your receipts.	33.	
34. Add lines 32 and 33	34.	
35. If line 34 is larger than line 31 enter difference (refunds of more than \$1.00 will be issued)	35.	REFUND

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

RTN# ACCT# Checking Savings

36. If line 31 is larger than line 34 enter difference **TAX DUE** 36.

37. Penalties (see instructions for calculation of penalties)

Under Pay Pen. Late File Late Pay Interest **TOTAL OF BOXES** 37.

38. **TOTAL DUE** Add lines 36 & 37. Attach check or money order for full amount if \$1.00 or more.

Payable to the Department of Revenue. 38.

Include your payment with the payment coupon provided in this booklet.

ATTACH WITHHOLDING STATEMENTS

SIGN YOUR RETURN

Name, Address & Telephone Number of Preparer	<input type="checkbox"/> My/our initials authorize the State to contact the preparer regarding this return. I/we waive my/our constitutional right of privacy for this limited purpose.	<input type="checkbox"/> If you do not need state income tax forms and instructions mailed to you next year, check box.
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X Your Signature _____ 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.
 Questions? Please call 1-406-444-3674 or TDD 1-406-444-2830 for hearing impaired. ☎



If Taxable Income is:				TAX TABLE	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	\$15,800	\$19,700	X	7 %	\$ 414
\$ 2,000	\$ 3,900	X	3 %	\$ 20	\$19,700	\$27,600	X	8 %	\$ 611
\$ 3,900	\$ 7,900	X	4 %	\$ 59	\$27,600	\$39,400	X	9 %	\$ 887
\$ 7,900	\$11,800	X	5 %	\$ 138	\$39,400	\$69,000	X	10 %	\$1,281
\$11,800	\$15,800	X	6 %	\$ 256	\$69,000		X	11 %	\$1,971

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$20 = \$52 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:
 - Joint or head of household
(filing status 2 or 6): \$5,920
 - Single or separate (filing
status 1,3,4, or 5): \$2,9603. _____
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:
 - Joint or head of household
(filing status 2 or 6): \$2,620
 - Single or separate (filing
status 1,3,4 or 5): \$1,3105. _____
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. _____

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