

1998 Montana Individual Income Tax Return Form 2

OR FISCAL year beginning _____, 1998 and ending _____, 19____.

Enter your telephone number in box below

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 month _____ year _____	State moved to:	State moved from:																	
EXEMPTIONS				COLUMN A (for single joint, separate, or head of household)		COLUMN B (for spouse only when filing separate, and box 3 is checked)																	
				Regular		65 or Over																	
				Blind																			
1. Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>Enter number checked	 <input type="checkbox"/> 1.																	
2. Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>Enter number checked	 <input type="checkbox"/> 2.																	
3. Dependents	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Full Name Do Not Claim Yourself or Spouse</th> <th style="width: 15%;">Check if under age 1</th> <th style="width: 25%;">If age one or over, dependent's social security number</th> <th style="width: 35%;">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> </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 <input type="checkbox"/> 3.	
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	 <input type="checkbox"/> 4.																	
5. Add lines 1,2,3 and 4 (if additional dependents, see instructions).....				Total Exemptions	 <input type="checkbox"/> 5.																	

INCOME REPORTED FROM FEDERAL RETURN

Enter amounts reported on federal return

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.	Attach Federal Schedule E and Form 8582 and all K-1's			12.
13. Total IRA distributions a.	13b. Taxable amount } Attach all 14b. Taxable amount } 1099R's 15b. Taxable amount }	<input type="text"/>	<input type="text"/>	13b.
14. Total pensions and annuities a.		<input type="text"/>	<input type="text"/>	14b.
15. Social Security Benefits a.		<input type="text"/>	<input type="text"/>	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.

**ROUND TO NEAREST DOLLAR
IF NO ENTRY LEAVE BLANK**

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 - see 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) see Form W, Page 2.....				29.
30. Unemployment				30.
31. Medical Savings Account				31.
32. Family Education Savings Account.....	Attach Regents' Application			32.
33. First Time Home Buyers Account				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. 38.

 (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 \$1,580 times the number of exemptions on line 5 40.

41. TAXABLE INCOME. Subtract line 40 from line 39 (But not less than zero) ⇒ 41.

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

TAX COMPUTATION

42. Tax from table below. Non/part year residents enter the amount from line 127, Schedule IV. 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 109, 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.

48. Old Fund Liability Tax (see instructions for this line) **Attach Form OFLT** 48.

49. 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	 Agriculture in MT Schools	Enter total amount in boxes
50. <input type="text"/>	52. <input type="text"/>	49. <input type="text"/>

53. TOTAL TAX—Add lines 46, 47, 48 and 49.....TOTAL ⇒ 53.

54. Combine amounts shown on line 53 columns A & B..... ⇒ 54.

PAYMENTS & CREDITS

55. Montana tax withheld **Attach withholding statements** 55.

56. Payments of 1998 estimated tax, amounts credited from previous year and/or payments made with extension 56.

57. Elderly Homeowner/ Renter Credit **Attach Form 2EC and receipts** 57.

58. Total of lines 55 thru 57 TOTAL 58.

59. Combine amounts shown on line 58 columns A & B ⇒ 59.

REFUND OR AMOUNT YOU OWE

60. If line 59 is larger than line 54 enter the difference. This is your OVERPAYMENT 60.

61. Amount on line 60 to be applied to 1999 estimate 61.

62. Enter the amount on line 60 you want refunded to you (refunds more than \$1.00 will be issued) REFUND..... 62.

REFUND: 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. Checking
Savings

RTN# ACCT#

63. If line 54 is larger than line 59 enter TAX DUE. TAX DUE 63.


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

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

<ul style="list-style-type: none"> • Check this box if at least 2/3 of your gross income is from farming. <input type="checkbox"/> • Check here if estimated payments were made using the annualization method. (Attach Montana Form EST-P) <input type="checkbox"/> • Check here if you do not need state income tax forms and instructions mailed to you next year. <input type="checkbox"/> 	<p>Underpayment penalty 64. <input type="text"/></p> <p>Late filing penalty 65. <input type="text"/></p> <p>Late payment penalty 66. <input type="text"/></p> <p>Interest 3/4% (.0075) per month 67. <input type="text"/></p> <p>Total of lines 63 through 67. 68. <input type="text"/></p>
---	--

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 1-406-444-3674 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

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	\$ 15,800	X	7 %
\$ 2,000	\$ 3,900	X	3 %	\$ 20	\$ 19,700	X	8 %
\$ 3,900	\$ 7,900	X	4 %	\$ 59	\$ 27,600	X	9 %
\$ 7,900	\$ 11,800	X	5 %	\$ 138	\$ 39,400	X	10 %
\$ 11,800	\$ 15,800	X	6 %	\$ 256	\$ 69,000	X	11 %

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