I Year Res	, acrit						Your Social Secu			2000 □ Full Ye
LAST NAME			Your First Name & Middle Initial			Your Social Se		curity No.		Reside
Spouse's Last Nar	ne if Different		Spouse's	First Name & Middle Initi	ial	DECEA	Spouse's Social S	Security No.		ONL' Filing fro
MAILING ADDRI	SS (Mont	ana Addresses O	nly)	City		'	MT 59	Zip Code +	- 4	Montana A
Filing Status Check One	1. Single	Married filing joint return		3. Head of Household (see Instructions)	For <u>TA</u>	AX DUI		of Revenue ox 6308 a. MT 596		ALL OTHER RE & REFUNDS Dept. of Rev
Exemptions	Regi	ular	65 or Ove	er Blind	All filers are	entitled	to at least one ex			PO Box 69 Helena, MT 596
1. Yourself	<u>X</u>	]				Er	nter number che	cked	1. File	on or Befo
2. Spouse		]				Er	nter number che	cked	2. <b>A</b>	pril 15, 2001
3. Dependents	Name Do Not Claim You	urself or Spouse	check if under age 1	If age one or over, depe social security number	ndents Relation	nship	3. Dependents		3.	April 2001 2   3   4   5   6   7
							Handicapped Dep     Attach Doctor's Ce		4. 8	9 10 11 12 13 1
										6 17 18 19 20 2 3 24 25 26 27 2
									29 3	30 24 23 20 27 2
				s, see instructions)			Number Exemp	tions	5.	
				Au					- <sub></sub>	UNDTO
				Attach Federal Scheo Attach Federal Scheo						ST DOLLAR
				S		U.			-	y leave blank
	nent, alimony, st					10.				y leave blank
				oan interest, etc., spec						
				ne 12 from line 11) ds (non-Montana) <u>ar</u>				13.		
15. Subtract ●	(see instructions	3)		ee Worksheet IV, pa						
		-		pa	-					
17.				c. (specify)		17.				
18.	Unemploymen	t				. 18.				
19.				savings account,						
00	•	on savings acc				19.		YTAL 00		
	•	ū	,	dd lines 15 thru 19) subtract line 20)						
	-			) [	(A)	22.		21.		
22. (A) Standar (B) Federa	income taxes p	aid or withheld	in 2000.	<b>}</b> [	(B)					
				5 above						
		,		ero enter zero) form				20.		
				e would like to contrib			•••••	26.		
	Idlife Program		-	٨						
28.	CHIE	29.		Agriculture in M 30.			amounts in boxe			
				anding statements. V				31.		
				holding statements V orm 2EC with your red						
33. EI	-				-	33		34.		
35. If				e (refunds of more tha						
If you wish to use o	irect deposit ente	er your RTN# a	and ACCT#	below. See instruction	ons		Checking		]	
RTN#		⊥ ACCT#	<u></u>				Savings			
3C II	ing 31 is larger #			e	•		Tov	Due 26		
	enalties (see ins						1ax	<b>Due</b> 30.		
07.1										
Under F	ay Pen.	Late File		Late Pay	Interest		Total of Box	es 37.		
38. <b>TC</b>				ck or money order for						
Include vo	Payable to the ur payment with th	e Department o	of Revenue	n this booklet.				38.		
oude ye	paymont with th	- payo 00upt	p. 54 1000 11		s authorize the St	ate to o	ontact the	If	vou do not n	eed state income
Name, Add	ess & Telephone	Number of Pre	parer	preparer rega	arding this return. right of privacy f	I/we wa	aive my/our	☐ ta		nstructions mailed
X					$\overline{X}$					
	our Signature		Date	Telephone Number	Spouso	sianati	ure (if filing jointly	hoth must	eian)	Date



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**MONTANA** 

If Taxable Income is:	<u>TAX TABLE</u>	li	f Taxable Inc	ome is:		
Over But not over Multiply by and Sub	tract = Tax Over	But not over	Multiply by	and Subtract = Tax		
\$ 0\$ 2,100 X 2 %\$ 0	\$16,700	\$20,800 X	7 %	\$ 438		
\$ 2,100 \$ 4,200 X 3 % \$ 21	\$20,800	\$29,200 X	8 %	\$ 646		
\$ 4,200 \$ 8,300 X 4 % \$ 63	\$29,200	\$41,700 X	9 %	\$ 938		
\$ 8,300 \$ 12,500 X 5 % \$ 146	\$41,700	\$73,000 X	10 %	\$1,355		
\$12,500 \$ 16,700 X 6 % \$ 271	\$73,000	X	11 %	\$2,085		
Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$21 = \$51 tax						

## **Standard Deduction Worksheet**



1. Enter amount from line 21 of For	1	
2. Enter 20% of line 1.	2	
3. Enter the amount from below		
	Single or separate (filing status 1,3,4, or 5): \$3,130	3
4. Enter the amount from line 2 of	4	
5. Enter the amount from below	that corresponds to your filing status: Joint or head of household (filing status 2 or 6): \$2,780	
	Single or separate (filing status 1,3,4 or 5): \$1,390	5
6. Enter the amount from line 4 or your standard deduction. Trans	_	

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

