

# 2001 Montana Individual Income Tax Return Form 2

Or Fiscal year beginning \_\_\_\_\_, 2001 and ending \_\_\_\_\_, 2002.

For Office Use Only

01

Last Name		First Name & Middle Initial		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	<input type="checkbox"/> 1. Single	<input type="checkbox"/> 2. Married filing joint return	<input type="checkbox"/> 3. Married and both filing separate returns on this form	<input type="checkbox"/> 4. Married and both filing separate returns on separate forms	<input type="checkbox"/> 5. Married filing separate return and spouse is not filing																
Residency Check One	<input type="checkbox"/> 1. Resident Full Year	<input type="checkbox"/> 2. Nonresident Full Year	<input type="checkbox"/> 3. Resident Part Year	Give date of change	State moved to: State moved from:																
<b>EXEMPTIONS</b>		Regular	65 or Over	Blind																	
1. Yourself		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter number checked																
2. Spouse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter number checked																
3. Dependents		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Full Name Do Not Claim Yourself or Spouse</th> <th>Check if under age 1</th> <th>If age one or over, dependent's social security number</th> <th>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	Enter number checked
Full Name Do Not Claim Yourself or Spouse	Check if under age 1	If age one or over, dependent's social security number	Relationship																		
5. Add lines 1,2,3 and 4 (if additional dependents, see instructions)		<b>Total Exemptions</b>		<input type="checkbox"/> 5.																	

INCOME REPORTED FROM FEDERAL RETURN	<b>Enter amounts reported on federal return</b>		<b>ROUND TO NEAREST DOLLAR IF NO ENTRY LEAVE BLANK</b>		
	6. Wages, salaries, tips, etc. .... Attach copies of W-2(s) from all states	6.		6.	
	7. Taxable interest income .... Attach Federal Schedule if over \$400	7.		7.	
	8. Dividend income .... Attach Federal Schedule if over \$400	8.		8.	
	9. Net business income (loss) .... Attach Federal Schedule C or C-EZ	9.		9.	
	10. Capital gain (or loss) .... Attach Federal Schedule D	10.		10.	
	11. Supplemental gains (or losses) .... Attach Federal Form 4797	11.		11.	
	12. Rents, royalties, partnerships, estates, trusts, etc. Attach Federal Schedule E and Form 8582 and all K-1's	12.		12.	
	13. Total IRA distributions a. <table border="1" style="width: 50px; height: 20px;"></table> 13b. Taxable amount	13b.	} Attach all 1099R's	13b.	
	14. Total pensions and annuities a. <table border="1" style="width: 50px; height: 20px;"></table> 14b. Taxable amount	14b.		14b.	
	15. Social Security Benefits a. <table border="1" style="width: 50px; height: 20px;"></table> 15b. Taxable amount	15b.		15b.	
	16. Net farm income (Loss) .... Attach Federal Schedule F	16.		16.	
	17. Other income: State refund _____ alimony _____ unemployment _____ other (specify) _____	17.		17.	
	18. Total of lines 6 thru 17 ..... <b>Total</b> ⇒	18.		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.		19.	
	20. FEDERAL ADJUSTED GROSS INCOME (subtract line 19 from line 18) ..... ⇒	20.		20.	
	<b>Note: Line 20 must match your federal adjusted gross income</b>				

ADDITIONS	21. Interest and dividends on state, county, or municipal bonds (Non-Montana) .....	21.		21.
	22. Federal income tax refunds/overpayment (see instructions for this line) .....	22.		22.
	23. Other additions, transfer allocation of income (see instructions for this line) Specify _____	23.		23.
	24. Total additions to income (add lines 21 thru 23) ..... <b>Total</b> ⇒	24.		24.
	25. Add lines 20 and 24, enter result ..... ⇒	25.		25.

REDUCTIONS	26. Capital gains exclusion - Attach Worksheet III, Page 12 .....	26.		26.
	27. Interest exclusion for elderly .....	27.		27.
	28. Interest exclusion for savings bonds, etc. Specify _____	28.		28.
	29. Exempt pension & annuity income, (not soc. sec./disability) Attach Worksheet IV, Page 13.	29.		29.
	30. Unemployment .....	30.		30.
	31. Medical Care Savings Account ..... Attach Form MSA	31.		31.
	32. Family Education Savings Account(Attach name and social security number(s) of beneficiary).	32.		32.
	33. First Time Home Buyers Account (see instructions for line 33) Attach Form FTB.....	33.		33.
	34. Other reductions, state income tax refund, transfer allocation of income, recycling, tip income (see instructions for this line) Specify reductions _____	34.		34.
	35. Total reductions to income (add lines 26 thru 34)..... <b>Total</b> ⇒	35.		35.
	36. Subtract line 35 from line 25. Enter here and on line 37, page 2..... ⇒	36.		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.

(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 \$1,720 times the number of exemptions on line 5 ..... 40.

41. **Taxable Income.** Subtract line 40 from line 39 ..... ⇒ 41.

TAX COMPUTATION

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

42. Tax from table below. Non/part year residents enter the amount from line 130, Schedule IV. If line 41 is less than zero, enter zero here. 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 112, 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. 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 49.

 Child Abuse Prevention 50.

 Agriculture in Schools 51.

Enter total amount in boxes..... 48.

52. **Total Tax** —Add lines 46, 47, and 48..... **Total** ⇒ 52.

53. Combine amounts shown on line 52 columns A & B..... ⇒ 53.

PAYMENTS & CREDITS

54. Montana tax withheld ..... Attach withholding statements 54.

55. Payments of 2001 estimated tax, amounts credited from previous year and/or payments made with extension ..... 55.

56. Elderly Homeowner/ Renter Credit ..... Attach Form 2EC and receipts 56.

57. Total of lines 54 thru 56 ..... **Total** 57.


58. Combine amounts shown on line 57 columns A & B ..... ⇒ 58.

REFUND OR AMOUNT YOU OWE

59. If line 58 is larger than line 53 enter the difference. This is your **OVERPAYMENT** ..... 59.

60. Amount on line 59 to be applied to 2002 estimate 60.

61. Enter the amount from line 59 you want refunded to you (refunds more than \$1.00 will be issued) **REFUND**..... 61.

**Refund Returns:** Mail to Dept. of Revenue, PO Box 6577, Helena, MT 59604-6577  **Direct Deposit**

If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions on page 6.

RTN#  ACCT#

62. If line 53 is larger than line 58 enter **TAX DUE** (If you owe see instructions for this line) ..... **TAX DUE** 62.

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

- Check this box if at least 2/3 of your gross income is from farming. (attach breakdown of computations)
- Check here if estimated payments were made using the annualization method. (Attach Montana Form EST-P)
- Check here if you do not need state income tax forms and instructions mailed to you next year. Tax forms are also available on the internet.

Underpayment penalty See Worksheet VII, Schedule W ..... 63.

Late filing penalty—See page 2..... 64.

Late payment penalty—See page 2. 65.

Interest 1% (.01) per month..... 66.

Total of lines 62 through 66..... 67.

PLEASE SIGN HERE

Note:  **New Extension Law** - Check this box and attach copies of federal extension(s) to receive a valid Montana extension. See Page 2 of instructions for details.

Name, address & telephone number of preparer \_\_\_\_\_

My/our initials authorize the State to contact the preparer regarding this return Questions? Please call (406) 444-6900 or TDD (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	\$ 2,200	X	2 %	\$ 0	\$ 17,200	X	7 %
\$ 2,200	\$ 4,300	X	3 %	\$ 22	\$ 21,500	X	8 %
\$ 4,300	\$ 8,600	X	4 %	\$ 65	\$ 30,200	X	9 %
\$ 8,600	\$ 12,900	X	5 %	\$ 151	\$ 43,100	X	10 %
\$ 12,900	\$ 17,200	X	6 %	\$ 280	\$ 75,400	X	11 %

**Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$22 = \$50 tax**