2002 Montana Individual Income Tax Return Form 2

		or Fiscal y	year begir	ning		, 20	02 an	d ending			_, 20	03.		U ₄
Las	t Name	<u> </u>			First Name	& Middle In	nitial					_	Social Security N	١٥.
Spo	Spouse's Last Name if Different				Spouse's First Name & Middle Initial					-	Deceased	se's Social Secu	urity No.	
										L				
Mail Add	ling Iress								City		5	State	Zip C	Code+4
Filin	Filing Status Single Married filing Married and both filing Married filing Head of													
Che	ečk One 1.		joint return		separate ret this form	urns on	4	separate re on separate		5		te return and is not filing		Household see instructions)
	sidency eck One	1 Resident Full Year	2	Nonresi Full Yea	ident ar (sident t Year	Give	e date of ch month	ange year	State r	noved to:	State move	d from:
EXE	EMPTIONS	Regula	ar (65 or Ove	er E	Blind				joint,		or single e, or head	Column B (for s when filing sep box 3 is ch	parate, and
1.	Yourself	X					En	nter number o	checked		I nouse	1.	DOX 3 13 CI	lecked
2.	Spouse						Er	nter number o	checked		Ī	2.		2.
3.	Dependents [Full Name Do not claim yourself or	r spouse	Dependent	's social secu	urity number	Rela	itionship					_	_
									3. Depend	dents	. [3.		3.
	-										_	_	_	_
									4. Handicapp Attach Doo	ed Depende tor's Certifi	cation	4.	_ <u>_</u> _	<u> </u>
5. A	Add lines 1,2,3 an	d 4 (if additional depe	endents, see ins	tructions)				Total	Exemp	tions		5.	L	5.
Ent	or amounts	reported on fe	deral retur	'n									earest dollar eave blank	
6.		laries, tips, etc.			Attach cop	oies of W	/-2(s) fr	om all sta	tes 6					6.
7.		erest income						.				7.		
8.		Dividend income Attach Federal Schedule if over \$1,500												8.
9. 10.		Net business income (loss)												9.
11.		, ,												10.
	Supplemental gains (or losses)													
	Attach Federal Schedule E and Form 8582 and all K-1's									.				12.
	Total IRA distributions a. 13b. Taxable amount Total pensions and annuities a. 14b. Taxable amount							Attach						13b.
15.		ns and annumes a urity Benefits				xable am		10998 8	140 15b					14b. 15b.
16.		ncome (Loss)			 7	Attach I	Federa	l Schedule	e F 16					16.
17.	Other inco	Other income: State refund alimony												
	unemployn		C thru 17		(specify)_			Tetal	_ 17 10					17.
19.		 Total of lines to to income. Ed 							⇒> 18 ——					18.
		terest						SA						
	0 .	es(Attach Fed. for	,						19	.				19.
	SEP, SIMPL		alty on early			_			20					00
No	te: Line 2	sted Gross Incor 0 must matc	h your fe	ederal a	djuste	d gross	inco	me	⇒ 20					20.
21	Interest on	d dividends on s	stata aquat	, or mun	ioinal han	do (Non l	Montor	20)	21.					21.
22.		ome tax refunds/o								- 1				22.
23.		tions, transfer all			_									
	Specify								_ 23.	- 1				23.
		l additions to inco	,		,					- 1				24. 25.
NEW	25. Add	lines 20 and 24,	enter result						⇒ 25.					
26.		Managment Acc	•		,					-				26.
27. 28.	•									:				27. 28.
29.														29.
30.	Unemployment													30.
31.	Medical Care Savings Account									·				31.
32. 33.		ication Savings A Home Buyers Acc								_				32. 33.
34.		ctions (see list of		-				i i Oilli F I E	J JJ					
	Specify red								34					34.
35.		tions to income (- 1				35.
	36. Sub	tract line 35 from	n line 25. E	nter here a	and on line	e 37, page	e 2	:	⇒ 36	. L				36. <i>)</i>

ATTACH WITHHOLDING STATEMENTS HERE

DEDUCTIONS	Form 2 Page 2 - 2002 Social Security Number//	joint, separate, or head	umn B (for spouse only when filing arate, and box 3 is checked
Ě	07 N (A II (10 I I I I 00)		
ğ	37. Montana Adjusted Gross Income (From line 36)		37.
岡	Deductions Check only one Montana's standard and itemized deductions are different than		
	50. (A) Standard Deduction. (A) federal deductions See instructions		
<u>S</u>	(B) Itemized Deductions: (B) (B) (B) (B) for this line.		38.
ğ	· · · · · · · · · · · · · · · · · · ·		39.
EXEMPTIONS	Exemptions (All filers are entitled to at least one exemption)		
Ē	40. Multiply \$1,740 times the number of exemptions on line 5		40.
Û	41. Taxable Income. Subtract line 40 from line 39 \$\Rightarrow\$ 41.		
	Nonresidents and Part-Year Residents complete and attach Schedules III & IV F	orm 2A, before proceeding	
	42. Tax from table below. Non/part year residents enter the amount from line 131, Schedule IV. If		142
	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.		42.
	io. Tax of family carried additional (see in our desire for this limb). The additional form 1972		44.
	44. Cubical 7 ad 11105 42 a 40		45.
NO	45. Credits from Form 2A, line 113, Schedule II		46.
ĬΨ	47. Investment credit recapture		47.
Į,	47. Investment dealt recapture		
MF	48. For <u>each</u> of the programs below enter any amount you and your spouse want to contribute.		
TAX COMPUTATION	Enter totals in boxes. (see instructions for details)		
AX	Nongame Wildlife Child Abuse Agriculture in		
-	Program Prevention Schools Enter total amount in boxes		
	49. CHILDREN'S 50. 51. in boxes		48.
	52. Total Tax —Add lines 46, 47, and 48 Total ⇒ 52.		52.
	53. Combine amounts shown on line 52 columns A & B \$\Rightarrow\$ 53.		53./
	54. Montana tax withheld		54.
တ တ	55. Payments of 2002 estimated tax and amounts credited from previous year 55.		55.
PAYMENTS & CREDITS	SET 56. Payment made with extension		56.
RE	57. Elderly Homeowner/ Renter Credit Attach Form 2EC and receipts 57.		57.
PA 8 C	58. Total of lines 54 thru 57		58.
	59. Combine amounts shown on line 58 columns A & B		59/
	60. If line 59 is larger than line 53 enter the difference. This is your OVERPAYMENT	60.	60.
	61. Amount on line 60 to be applied to 2003 estimate 61		
	62. Enter the amount from line 60 you want refunded to you (refunds more than \$1.00 will be issued	62.	62.
	Refund Returns: 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 of	Direct Deposit	
함	RTN#	Checking Savings	
2 § §	63. If line 53 is larger than line 59 enter TAX DUE (If you owe see instructions for this line)	TAX DUE 63	63.
REF YOU	Make your check or money order payable and remit with payment coupon to: Dept. of Revenue, PO Box 6308,	Helena, MT 59604-6308.	00.
ōʻ	If you chose to pay your tax due by credit card visit our website at www.discoveringmontana.com/revenue are number here See instructions on page 6. Underpayment		
	- Check this box if at least 2/3 of your gloss income is normality.	VII, Schedule W 64.	64.
		ty-See page 2 65.	65.
	ennualization mathed (Attack Mantons Form FCT D)	enalty-See page 2. 66) per month 67	66. 67.
	Check here if you do not need state income tax forms and instructions Total of lines 63	through 67 68.	68.
	mailed to you next year. Tax forms are also available on the internetNote:	sion - Check this box and atta	ch copies of federal
ш		sion(s) to receive a valid Monta	
PLEASE SIGN HERE	Traine, address a telephone marrison of property	Page 2 of instructions for details	
N E	May the DOR discuss this return with the preparer Questions? Please call (4 shown above? ☐ Yes ☐ No	406) 444-6900 or TDD (406) 444-2830 fo	or hearing impaired.
PSIG	Y		I
	Your signature Date Daytime Telephone Number	Spouse signature	Date
	I declare under penalty of false swearing that the information in this return and a		
	If Taxable Income is:	If Taxable Income i	s:
	1,7,7	ot over Multiply by and S	
		1,800 X 7 %	
		0,500 X 8 %	
		3,500 X 9 %	
		X 11 %	
	Example = taxable income \$2,400 x 3% (.03) = \$72 subtr		