		2006						ne Tax F				orm	1)	MONTA	
		For th		an 1 – Dec		or the tax			,	2006,	ending		_,20	Form 2	
		Amended Return	Your firs	t name and	d initial		Last na	ame			Deceased	Your	social secur	ity number	
		Check the box	Spouse's	s first nam	e and initia	ıl	Last na	ame			Deceased	Spo	use's social s	ecurity nur	mber
		above if this is an amended return.	Home ac	ddress (nur	mber and s	street)		(	City		<u> </u>	St	ate	Zip+4	
Filing Status (check only one box)  1. Single 2. Married filing jointly 3a. Married filing separately on separate forms. Spouse's SSN Spouse's SSN Spouse's SSN Spouse's SSN										ng separate					
		Residency Status		of househ											_
		5a. ☐ Resident fu	ıll year	-	Nonresid	dent full y tate mov		State moved	from:	join	mn A (for sir nt, separate, d of househo	or	Column B (f when filing s using filing s	separately	
	6a.		<b>3</b> 65 or	older	Bline	d E	nter num	ber checked	  6a.						6a.
	6b.		<b>3</b> 65 or		Bline			ber checked							6b.
Exemptions	6c.	Dependent's first na	ame	Last nam	ne	S	SN	Relationship	Disabled						
		If additional depen	ndonte e	oo inetru	etione				60						6c.
		Add lines 6a thru 6													6d.
		amounts correspo									nearest d	ollar.	If no entry,		
		Wages, salaries, ti					2						<b>,</b> ,		7.
	8a.	Taxable interest. A	Attach fe	deral Sch	edule B if	require	d		8a.						8a.
		Tax-exempt interes						B:	8b.						_
		Ordinary dividends													9a.
		Qualified dividend						B:	9b.						<b>.</b>
		Taxable refunds, c													10.
me		Alimony received.													11.
00		Business income of							12.						12.
=		Capital gain or (los Other gains or (los													13. 14.
Federal Income		IRA distributions.			iai Scrieu	B:		 Гахаble amo							15b.
		Pensions and ann				B:		Taxable amo							16b.
		Rental real estate, ro			S. corpora										17.
		Farm income or (lo													18.
	19.	Unemployment co	mpensa	tion					19.						19.
	20a.	Social security ber	nefits 2	20a. A:		B:		Taxable amo	unt 20b.						20b.
		Other income. List							21.						21.
		Add the amounts in													22.
ame		Archer MSA deduc													23.
		Certain business of Health savings acc	•												24. 25.
		•													25. 26.
20				Attach federal Form 3903											20. 27.
<u>=</u>			P, SIMPLE, and qualified plans												28.
Adjusted Gross Income				If hinsurance deduction.											29.
		• •	withdrawal of savings												30.
	31a.	Alimony paid. Red	cipient's	SSN. 31	b.A:		B:		31a.						31a.
ğ	32.	IRA deduction							32.						32.
		Student loan interes													33.
era		Jury duty pay you	-		-										34.
Federal		Domestic production activities deduction. Attach federal Form 8903													35.
ш.															36.
		Subtract line 36 fro Combine amounts on								d area	e incomo	372			37. 37a.
		Enter Montana ad							aı aujuste	a gros	os mounte	. o i a.			51 a.
AGI		line 17. Attach For							38.						38.
na 1	39.	Enter Montana sul	btraction	s from fe	deral AGI	from Fo	orm 2, pa	ge 4,							1
Montana												39.			
S N		Add lines 37 and 3 gross income													40.
		3.033 mcome							<del>4</del> 0.						J <sup>-0.</sup>

F	orm 2	, Page 2 - 2006 Social Security Number:	joint, separate, o	or when filing	separately						
	11	Montono adjusted grees income from line 40	head of househol	ld) using filing	status 3a) 41						
	41. Montana adjusted gross income from line 40										
ne	42	Deductions Check only one (A) Standard Deduction (see Worksheet V on page 51)(A) □									
Taxable Income	42.	· · · · · · · · · · · · · · · · · · ·									
<u>=</u>	40	(B) Itemized Deductions from Form 2, Schedule III, line 32(B) 42.			42						
<u>e</u>	43.	Subtract line 42 from line 41 and enter the result here			43						
xak	١	Exemptions (all individuals are entitled to at least one exemption.)									
<u>a</u>		Multiply \$1,980 by the number of exemptions on line 6d and enter result here 44.			44						
	45.	Subtract line 44 from line 43 and enter the result here. If zero or less, enter									
	- 10	zero. This is your taxable income			45						
		Tax from the tax table on page 23. If line 45 is zero, enter zero		46							
		1% capital gains tax credit			47						
	48.	Subtract line 47 from line 46 and enter the result here, but not less than									
Тах	100	zero. This is your resident tax after capital gains tax credit		48							
	48a.	Non-resident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2, Schedule IV, line 21, but not less than zero		48							
	40	Tax on lump-sum distributions. See instructions. Attach federal Form 497249.			49						
		Add lines 48 or 48a and 49 and enter the result here. <b>This is your total tax.</b> 50.			50						
its		Nonrefundable single-year credits from Form 2, Schedule V, line 13			51						
Credits		Nonrefundable carryover credits from Form 2, Schedule V, line 26			52						
ပ်	53.	larger than the amount on line 50. <b>This is your total nonrefundable credits.</b> 53.			5						
	54	Family education savings account recapture tax			54						
င္ တ		Endowment credit recapture tax			55						
Recap. Taxes		· · · · · · · · · · · · · · · · · · ·			56						
~ "		Rural physician's credit recapture tax									
		Add lines 54 through 56 and enter result here. <b>This is your total recapture tax.</b> 57.			5						
Tax Liabillity	58.	Add lines 50 and 57 and then subtract from this total the amount on line 53 and enter the result here. <b>This is your 2006 tax liability.</b>			58						
	E0.	Combine the amounts on line 58 columns A and B and enter the result here. <b>This is</b>			5						
E	59.	combined 2006 tax liability.		59	59						
	60.	Montana income tax withheld. Attach federal Form(s) W-2 and 1099			60						
‡ ≓		2006 estimated tax payments and amount applied from your 2005 return61.			61						
and Lec		2006 extension payments from Form EXT-06			62						
ts C		Refundable credits from Form 2, Schedule V, line 31			63						
e de la											
<u>ک</u> کھ	04.	Add lines 60 through 63 and enter the result here. This is your total payments and refundable credits			64						
Payments and efundable Credits	65	Combine amounts on line 64 columns A and B. <b>This is your combined</b>		<u> </u>							
æ	05.	payments and refundable credits.		65	6.5						
5	66.	Interest on underpayment of estimated taxes. (See instructions on page 25.)		66	66						
ä		Late file, late pay penalties and interest. (See instructions and worksheet on page 25)			67						
st		Other penalties. (See instructions on page 25.)	-		68						
ere tio		Enter in boxes 69a through 69d your Voluntary Check-off Contributions.									
	09.	Enter in boxes 69a through 69d your Voluntary Check-off Contributions.  [Nongame wildlife   Child abuse   Agriculture in   End-stage renal									
Penalties, Interest and Contributions		program prevention schools disease program									
ig je		Enter the	sum of 69a	60							
E C	70	Add the amounts on line 59, 66, 67, 68 and 69 and enter the result here. <b>This is the</b>		69.	69						
ፈ	. 0.	total tax, penalties, interest and contributions.		70.	70						
	71.	If line 70 is more than line 65, enter the difference here. <b>This is the amount you ow</b>		71.	7						
e e		Make check payable to MONTANA DEPARTMENT OF REVENUE or visit our websit									
ĕ E		at mt.gov/revenue to pay by credit card or E-check.									
efu	72.	If line 70 is less than line 65, enter the difference here		72	72						
ج بر ج	73.	Enter the amount on line 72 that you want applied to your 2007 estimated tax		73	73						
Amount You Owe or Your Refund		Subtract line 73 from line 72 and enter the amount here. This is your refund			74						
ਨੂ≻		If you wish to use direct deposit, enter your RTN# and ACCT# below.		_ Check	ing						
Ā		RTN# ACCT#		☐ ☐ Saving	•						
		If applicable, check appropriate box.  Name, address and telephone number of paid prepai	er.		box and atta						
		2/3rd farming gross income			our federal						
		Annualized estimated payments			to receive yo						
		Do not mail 2007 forms and instructions SSN, FEIN or PTIN:	Montana e								
	May t	ne DOR discuss this return with your tax preparer?   Yes No Questions? Call (406) 444-6	900 or TDD (406)	444-2830 for hea	aring impaired						
	Χ			1							
		Your signature is required Date Daytime telephone number	Snouse's signatu	I I	Date						