		2007					al Income						MONTANA Form 2		
		For th		1 – Dec 31, 20	07 or the tax y	<del>,                                    </del>	-	,200	7, endin	<u> </u>		20			
		Check here if this is an Amended	Your first name and initial			Last n	Last name			Deceased Your s		social security number			
		Return.	Spouse's f	irst name and ir	nitial	Last n	name		Dec	eased	Spous	e's social	security numbe		
			Mailing add	dress			Ci	ty	<u>    L</u>		Stat	e	Zip+4		
		Carryback.													
			☐ Single		■ Married filin		, 3a.	■ Married	filing se	parate	ly on the	e same for	rm		
	(check only 3b. ☐ Married filing separately on separate forms. 3c. ☐ Married filing separately a											and spouse not filing.			
		,	Spouse	f household				Spouse	's SSN _						
		Residency Status													
		5a. □ Resident full year 5b. □ Nonresident full year										10.1	D. (f.		
		5c. □ Resident part-year							ı A (for separa			B (for spouse ng separately			
			Date of change State moved to State moved from								ehold)		ng status 3a)		
	6a.	Yourself □	65 or olde	er 🔲 Blind	Enter nun	nber ch	necked	6a.							
	6b.	☐ Spouse ☐	65 or olde	er 🔲 Blind	Enter nun	nber ch	necked	6b.					6		
Exemptions	6c.	Dependent's first na		Last name	SSN		Relationship	Disabled							
ptic						$\neg$									
em						$\neg$									
X															
		If additional depen-	dents, see	instructions of	on page 8			6c.					6		
	6d.	Add lines 6a thru 6	c and ent	er total exemp	tions here			6d.					6		
		Enter amounts co	orrespond	ling to your f	ederal returi	n. Rou	nd to nearest	dollar. If ı	no entr	y, leav	e blan	ık.			
	Enter amounts corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.  7. Wages, salaries, tips, etc. Attach federal Form(s) W-2											7			
		Taxable interest. At											8		
		Tax-exempt interest.					B:	8b.							
	9a.	Ordinary dividends	. Attach fe	deral Schedu	le B if require	d		9a.					9		
		Qualified dividends					B:	9b.							
		Taxable refunds, cr											1		
me		Alimony received.													
Federal Income		Business income o Capital gain or (los						12.				-	1		
=		Other gains or (los	,									├──			
ler		IRA distributions			B:		Taxable am					<del>                                     </del>			
Fec		a. Pensions and annuities .16a. A: B: Taxable amount 16b.										<del>                                     </del>	1		
		7. Rental real estate, royalties, partnerships, S corporations, trust. Attach federal Schedule E17.											1		
	18.	18. Farm income or (loss). Attach federal Schedule F											1		
		9. Unemployment compensation										1			
		20a. Social security benefits 20a. A: B: Taxable amount 20b.										2			
		Other income. List						21.				<u> </u>	2		
		Add the amounts in										<u> </u>	2		
		Educator expenses										-	2		
Ф		. Certain business expenses or reservist, etc. Attach Schedule 2106 or 2106EZ 24 5. Health savings account deduction. Attach federal Form 8889										$\vdash$	2		
ss Incom		. Moving expenses. Attach federal Form 3903											2		
		One-half of self-em											2		
		Self-employed SEF											2		
ö	29.	Self-employed health insurance deduction.											2		
Federal Adjusted Gross Incom		Penalty on early wi						30.					3		
		Alimony paid. 31b.			A:		B:	31a.					3		
		IRA deduction										<del></del>	3		
		Student loan intere										<del>                                     </del>	3		
era		Tuition and fees de											3		
Fede		Domestic production										<del>                                     </del>	3		
		Add lines 23 through 35 and enter the result here. $\square$ Federal write-ins										-			
	37. Subtract line 36 from line 22 and enter result here. This is your federal adjusted gross in 37a. Combine amounts on line 37 columns A and B and enter result here. This is your federal adjusted gross in								incor	10 37a	+	3			
<u></u>									ı <b>c.</b> 0/d.		°				
AG	38. Enter Montana additions to federal AGI from Form 2, page 3, Schedule I, line 20. Attach Form 2, page 3, Schedule I.  39. Enter Montana subtractions from federal AGI from Form 2, page 4, Schedule II, line 35. Attach Form 2, page 4, Schedule II.  30. Add lines 37 and 38; subtract line 39. This is your Montana adjusted gross income.													3	
ına	39.	Enter Montana sub													
ınte		35. Attach Form 2,	page 4, S	chedule II				39.					3		
9	40.	Add lines 37 and 38;	subtract lin	e 39. <b>This is yo</b>	our Montana a	djuste	d gross incom	<b>e.</b> 40.					4		

F	orm 2	, Page 2 - 2007 S	ocial Security Numb	oer:		` ` `	Column B (for spouse				
						joint, separate, or head of household)	when filing separately using filing status 3a)				
	41.	Montana adjusted gr	ross income from line	e 40	41			41.			
•		Deductions		1							
Ĕ	42.	(A) Standard Deduc									
ည		` '	•	chedule III, line 33.	(A) ☐ (B) ☐ 42			42.			
Taxable Income	43.	Subtract line 42 from			· ·			43.			
abl		Exemptions (all indi		1							
aX.	44.	Multiply \$2,040 by th		44.							
_	45.	Subtract line 44 from									
								45.			
		Tax from the tax tabl			46.						
		2% capital gains tax		47.							
J	48.	Subtract line 47 from is your resident tax		  48.							
Тах	48a.	Nonresident, part-ye	-	40.							
		amount from Form 2		48a.							
	49.	Tax on lump-sum dis	stributions. See instr	uctions. Attach federa	al Form 4972 49			49.			
	50.	Add lines 48 or 48a	and 49 and enter the	e result here. This is	your total tax 50			50.			
ဟ	51.	Nonrefundable single	e-year credits from F	orm 2, Schedule V, I	ine 13 51			51.			
Credits		52. Nonrefundable carryover credits from Form 2, Schedule V, line 27									
e E	53.	Add lines 51 and 52									
				r total nonrefundabl				53.			
Recapture Taxes		Family education say						54.			
ecaptu Taxes		Endowment credit re						55.			
Ta Ta		Rural physician's cre	•					56.			
		Add lines 54 through Add lines 50 and 57						57.			
Тах	50.			tax liability.		.		  58.			
	59.	Montana income tax						59.			
Payments and Refundable	60.	2007 estimated tax p		60.							
ts a	61.	2007 extension payr			61.						
un ou	62.	Refundable credits fi		62.							
Sef.	63.	Add lines 59 through									
<u>В</u> –	64	and refundable cre		63. 64.							
		Subtract line 63 from Combine the amount						65.			
and		Interest on underpay		66.							
		Late file, late payme						67.			
res		Other penalties. (See						68.			
nte Suffi		Enter in boxes 69a tl						1			
alties, Intere Contribution			Child abuse	Agriculture in	End-stage renal	Enter the sum of					
S E		program	prevention	schools	disease program	69a through 69d					
Penalties, Interest Contributions	7.0	69a.	69b.	69c.	69d.	here69.		69.			
<b>A</b>		Add the amounts on						70.			
<i>a</i>	71.	If the amount on line	+	10.							
Amount You Owe or Your Refund		total penalties, interest and contributions									
		Visit our website at r									
ڰڰ	72	MONTANA DEPART If the amount on line		ı							
our I	12.	on line 70 and enter		72.							
ē Ž	73.	Enter the amount on		73.							
₹ °	74.	Subtract line 73 from						74.			
		If you wish to use dir		1							
		If you wish to use dir	Checking								
_			<u> </u>	ne, address and telepho		parer I D	Savings	-44 .			
		If applicable, check 2/3rd farming gross inco	Check this box and a a copy of your federa								
		Annualized estimated pa	Form 4868 to receive								
		Do not mail 2008 forms	Montana extension.	•							
	May tl	he DOR discuss this retu	4-2830 for hearing impa	ired.							
	Х				x						
		Your signature is req	uired Da	ate Daytime tele	phone number	Spouse's signature	Date				

I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.