		2007					al Income	Tax R	eturn			MONTAI	NA
		For t	-	Jan 1 – Dec 31, 20		ear beg	ginning	,200	7, ending _		,20	Form 2	
		Check here if this is an Amended		Your first name and initial			Last name			ed Your s	social securi	ty number	
		Return. Check here		s first name and	initial	Last r	name		Deceas	ed Spous	se's social s	ecurity numb	ber
		if this is a NOL Carryback. Mailing address		City				State Zip+4			\exists		
								. (- 1					
		(check only 3b. one box)	Spou	ried filing separate use's SSN d of household	Married filin	g jointly forms.		■ Married	filing separa	ately and	spouse not f	iling.	
		Residency Status 5a. ☐ Resident fu			resident full yea	ar			Column A (for single.	Column B	(for spouse	Л
		5c. Resident pa	art-year	Date of change	State move	d to	State moved fro	– m	joint, sep	arate, or	when filing	separately status 3a)	'
	6a.	X Yourself	65 or o	lder 🔲 Blind	Enter nun	nber cl	necked	6a.				,	
S	6b.	☐ Spouse ☐	65 or o	lder 🔲 Blind	l Enter nun	nber cl	necked	6b.					6b.
on	6c.[Dependent's first na	ame	Last name	SSN		Relationship	Disabled					-
Exemptions						-							
Exe	}		\dashv			\dashv							
		If additional deper	dents, s	see instructions	on page 8			6c.			Ι		6c.
		Add lines 6a thru 6			•						<u></u>		6d.
		Enter amounts co								eave biai	ık.		1 7.
		Taxable interest. A									+		8a.
		Tax-exempt interest					B:	8b.					1
		Ordinary dividends				ed		 9a.			T		9a.
		Qualified dividends					B:	9b.					-
	10.	Taxable refunds, c	redits, c	or offsets of state	e and local inc	come t	axes	10.					10.
ne	11.	Alimony received.						11.					11.
ő	12.	Business income of	or (loss.)) Attach federal	Schedule C o	r C-EZ	Z. NAICS:	12.			T		12.
<u>=</u>	13.	Capital gain or (los	ss.) Atta	ch federal Sche	dule D if requ	ired		13.					13.
<u>ra</u>	14.	Other gains or (los	ses.) At	ttac <u>h federal Scl</u>	hedule 4797.		<u></u>	14.]14.
de	15a.	IRA distributions	15	5a. A:	B:		Taxable am	ount 15b.]15b.
Fe	11. Alimony received											16b.	
	17.	17. Rental real estate, royalities, partnerships, 5 corporations, trust. Attach rederal Schedule E. 17.											17.
	18. Farm income or (loss). Attach federal Schedule F										18.		
		Unemployment co											19.
		Social security ber					Taxable am						20b.
		Other income. List	<i>-</i> 1					21.					21.
		Add the amounts in											22.
		Educator expense									+		23.
4		Certain business e	•								+		24.
Gross Income		Health savings aco Moving expenses.									+		25. 26.
ည		One-half of self-en									+		27.
s		Self-employed SE									+		28.
380		Self-employed SE									+		29.
ວັ		Penalty on early w									+		30.
Federal Adjusted		Alimony paid. 31b.		-	A:						+		31a.
		IRA deduction			/ τ.		<u>р.</u>	32			+		32.
		Student loan intere									+		33.
		Tuition and fees de									+		34.
		Domestic production									+		35.
		Add lines 23 throu									+		36.
_		Subtract line 36 from									+		37.
		Combine amounts or							d aross inc	ome 37a	+		37a.
<u>ত</u>		Enter Montana add							a gross iile	01110. 01 a	+		1 ^{07 a.}
⋖		Attach Form 2, pag	ge 3, Sc	chedule I				38.	<u> </u>		<u>L</u>		38.
Jontana		Enter Montana sub											20
lon		35. Attach Form 2, Add lines 37 and 38;									+		39. 40.
>		100 01 0110 00,	Junian			,	- g miooiii	 +∪.					

F	orm 2	, Page 2 - 2007	Social Security N	lumber:			Column A (for joint, separat		Column B (for spouse when filing separately	
							head of house		using filing status 3a)	
	41.	Montana adjusted g	ross income fror	n line 40		41.		,	,	41.
4		Deductions Check only one								_
Taxable Income	42.	2. (A) Standard Deduction (see Worksheet V on page 39) (A)								
00			·	2, Schedule III, line 33		42.				آ42.
	43				` '					43.
ğ	40.	3. Subtract line 42 from line 41 and enter the result here] 40.
Xa	11	• '			• •	- 44] 44.
Ë		4. Multiply \$2,040 by the number of exemptions on line 6d and enter result here 44. 5. Subtract line 44 from line 43 and enter the result here. If zero or less, enter zero.								
	40.	This is your taxable income								45.
	46	6. Tax from the tax table on page 11. If line 45 is zero, enter zero								46.
		7. 2% capital gains tax credit								47.
		3. Subtract line 47 from line 46 and enter the result here, but not less than zero. This								┤⁻′∶
×	10.	is your resident tax after capital gains tax credit								48.
Тах	48a.	Nonresident, part-year resident tax after capital gains tax credit. Enter here the								1
		amount from Form 2, Schedule IV, line 21, but not less than zero								48a.
	49.	9. Tax on lump-sum distributions. See instructions. Attach federal Form 4972 49.								49.
	50.	Add lines 48 or 48a	and 49 and ente	er the result here. This	is your total tax.	50.				50.
10					-					51.
Credits		51. Nonrefundable single-year credits from Form 2, Schedule V, line 13								52.
rec		53. Add lines 51 and 52 and enter the result here but do not enter an amount larger								1
		than the amount on	line 50. This is	your total nonrefund	able credits	53.				53.
Recapture Taxes	54.			ecapture tax						54.
otu es	55.	Endowment credit re	ecapture tax			55.				55.
a, g	56.		•	x						56.
Re_	57.		•	sult here. This is your						57.
	58.			ct from this total the a						1
Тах		enter the result here	e. This is your 2	007 tax liability		58.				58.
	59.	Montana income tax	x withheld. Attach	n federal Form(s) W-2	and 1099	59.				59.
Payments and Refundable	60.	60. 2007 estimated tax payments and amount applied from your 2006 return 60.								60.
ts (a	61.	1. 2007 extension payments from Form EXT-07								61.
en ou	62.	2. Refundable credits from Form 2, Schedule V, line 33								62.
E A	63.	3. Add lines 59 through 62 and enter the result here. This is your total payments								1
Pa		and refundable credits								63.
	64.									64.
0				umns A and B and ent						65.
and		6. Interest on underpayment of estimated taxes. (See instructions on page 12.)								66.
st	67. Late file, late payment penalties and interest. (See instructions and worksheet on page 13.)6									67.
tio	68.	8. Other penalties. (See instructions on page 13.)								68.
<u>로</u> 로	69.			r voluntary check-off c						
as, ntr		Nongame wildlife	Child abuse	Agriculture in	End-stage rer		Enter the sun			
풀통		program	prevention	schools	disease progr	am	69a through 6			٦
Penalties, Intere Contributior	70	69a.	69b.	69c.	69d.	!a 4!	here	69.		69.
<u> </u>	70.			, and 69 and enter the				70		70.
4	71	total penalties, interest and contributions							-	┤′Ů.
Me	, , ,							71.		71.
Amount You Owe or Your Refund		Visit our website at	mt.gov/revenue	to pay by credit card o	r E-check, or make	e a che	ck payable to			<u>.</u>
Re S		MONTANA DEPAR	TMENT OF REV	ENUE.			. ,			_
ヹ゙゙゙゙゙゙゙゙゙	72.			ayment, reduce the over						
700		on line 70 and enter the result here as a positive number.						72.		72.
E P	73.	3. Enter the amount on line 72 that you want applied to your 2008 estimated tax								73.
٩	74.	Subtract line 73 fror	n line 72 and ent	ter the amount here. T	his is your refund	d		74.		74.
		If you wish to use di	irect deposit ent	er your RTN# and ACC	CT# below				Charling.	
	If you wish to use direct deposit, enter your RTN# and ACCT# below.								☐ Checking	
_	RTN# ACCT# ACCT#								Savings	
		If applicable, check appropriate box. Name, address and telephone number of paid preparer.							Check this box and	
		2/3rd farming gross income							a copy of your feder Form 4868 to receive	
		Annualized estimated payments Do not mail 2008 forms and instructions SSN, FEIN or PTIN:							Montana extension.	•
		he DOR discuss this return with your tax preparer? Yes No Questions? Call (406) 444-6900 or TDD (406)								
	.viay t	DON GIBOUSS HIIS IE	I	ποραιοι: — 105 — 110	I	,		,	I	
	<u>X</u>				<u>x</u>					
		Your signature is re-	quired	Date Daytime	telephone number		Spouse's sigr	nature	Date	