

# 1996 Montana Individual Income Tax Return Form 2

Enter amount from line 66

OR FISCAL year beginning \_\_\_\_\_, 1996 and ending \_\_\_\_\_, 19\_\_\_\_.

\$ \_\_\_\_\_

LAST NAME		First Name & Initial		Your Social Security No.	
Spouse's Last Name if Different		Spouse's First Name & 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
	<input type="checkbox"/> 6 Head of Household (see instructions)				
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:
				month	year
<b>EXEMPTIONS</b>			Regular	65 or Over	Blind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Yourself .....			<input 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			COLUMN A (for single joint, separate, or head of household)		
Name			Check if	If age one or over, dependents	Relationship
Do Not Claim Yourself or Spouse			under age 1	social security number	
5. Add lines 1,2,3 and 4 (if additional dependents, see instructions).....			<b>Total Exemptions</b>		<input type="checkbox"/> 5.

ATTACH PAYMENT HERE

**Enter amounts reported on federal return**

- 6. Wages, salaries, tips, etc. **Attach copies of W-2(s) from all states**
- 7. Taxable interest income **Attach Federal Schedule if over \$400**
- 8. Dividend income **Attach Federal Schedule if over \$400**
- 9. Net business income **Attach Federal Schedule C or C-EZ**
- 10. Capital gain or (loss) **Attach Federal Schedule D**
- 11. Supplemental gains or (losses) **Attach Federal Form 4797**
- 12. Rents, royalties, partnerships, estates, trust, etc. **Attach Federal Schedule E and Form 8582 and all K-1's**
- 13a. Total IRA distributions 

13a.	
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 13b. Taxable amount } Attach all
- 14a. Total pensions and annuities 

14a.	
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 14b. Taxable amount } 1099R's
- 15a. Social Security Benefits 

15a.	
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 15b. Taxable amount
- 16. Net farm income **Attach Federal Schedule F**
- 17. Other income (State Refund) \_\_\_\_\_ alimony \_\_\_\_\_  
unemployment \_\_\_\_\_, etc., specify \_\_\_\_\_
- 18. Total of lines 6 thru 17 ..... Total ➔
- 19. Adjustments to income. Allowable IRA \_\_\_\_\_ Keogh/SEP \_\_\_\_\_  
1/2 S.E. Tax \_\_\_\_\_ SE Health Insurance \_\_\_\_\_  
Moving Expenses (Attach Federal Form 3903) \_\_\_\_\_ Other \_\_\_\_\_
- 20. FEDERAL ADJUSTED GROSS INCOME (subtract line 19 from line 18) ..... ➔

**Note: Line 20 must match your federal adjusted gross income**

6.						6.
7.						7.
8.						8.
9.						9.
10.						10.
11.						11.
12.						12.
13b.						13b.
14b.						14b.
15b.						15b.
16.						16.
17.						17.
18.						18.
19.						19.
20.						20.

ROUND TO NEAREST DOLLAR  
IF NO ENTRY LEAVE BLANK

ATTACH WITHHOLDING STATEMENTS HERE

**ADDITIONS**

- 21. Interest on state, county or municipal bonds (Non-Montana) .....
- 22. Federal income tax refunds/overpayment (see instructions for this line) .....
- 23. Other additions, transfer allocation of income (see instructions for this line) (specify) \_\_\_\_\_
- 24. Total additions to income (add lines 21 thru 23) ..... TOTAL ➔
- 25. Add lines 20 and 24, enter result ..... ➔

21.						21.
22.						22.
23.						23.
24.						24.
25.						25.

**REDUCTIONS**

- 26. Capital gains exclusion (see instructions for this line) .....
- 27. Interest exclusion for elderly .....
- 28. Interest exclusion for savings bonds, etc. (specify) \_\_\_\_\_
- 29. Exempt pension and annuity income (see instructions for this line) (Attach 1099R's) .....
- 30. Unemployment .....
- 31. Medical Savings Account .....
- 32. Other reductions, MT state refund, transfer allocation of income, recycling, tip income  
(see instructions for this line) (specify reductions) \_\_\_\_\_
- 33. Total reductions to income (add lines 26 thru 32) ..... TOTAL ➔
- 34. Subtract line 33 from line 25. Enter here and on line 35, page 2..... ➔

26.						26.
27.						27.
28.						28.
29.						29.
30.						30.
31.						31.
32.						32.
33.						33.
34.						34.

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

35. **MONTANA ADJUSTED GROSS INCOME** (From line 34) ..... 35.

**DEDUCTIONS Check only one**

36. (A) Standard Deduction:  (A) } See Instructions for this line  
 (B) Itemized Deductions:  (B) }

37. Subtract line 36 from 35 and enter balance..... ⇒ 37.

**EXEMPTIONS (All filers are entitled to at least one exemption)**

38. Multiply \$1,520 times the number of exemptions on line 5 ..... 38.

39. **TAXABLE INCOME.** Subtract line 38 from line 37 (But not less than zero) ..... ⇒ 39.

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

TAX COMPUTATION

40. Tax from table below. Non/part year residents enter the amount from line 123, Schedule IV. 40.

41. Tax on lump sum distributions (see instructions for this line). **Attach Federal Form 4972** 41.

42. Subtotal—Add lines 40 & 41 ..... SUBTOTAL ⇒ 42.

43. Credits from Form 2A, line 105, Schedule II ..... 43.

44. Balance—Subtract line 43 from 42 and enter difference (but not less than zero)..... ⇒ 44.

45. Investment credit recapture ..... **Attach Form R.I.C.** 45.

46. Old Fund Liability Tax (see instructions for this line) ..... **Attach Form OFLT** 46.

47. For **each** of the programs below you and your spouse **each** may contribute \$5, \$10, \$20 or any amount. Enter totals in boxes. (see instructions for details)

Nongame Wildlife Program	Child Abuse Prevention	Agriculture in MT Schools	Enter total amount in boxes
48. <input type="text"/>	49. <input type="text"/>	50. <input type="text"/>	47. <input type="text"/>

51. **TOTAL TAX**—Add lines 44, 45, 46 and 47.....**TOTAL** ⇒ 51.

52. Combine amounts shown on line 51 columns A & B..... ⇒ 52.

PAYMENTS & CREDITS

53. Montana tax withheld ..... **Attach withholding statements** 53.

54. Payments of 1996 estimated tax, amounts credited from previous year and/or payments made with extension ..... 54.

55. Elderly Homeowner/ Renter Credit ..... **Attach Form 2EC, with receipts or certificates** 55.

56. Total of lines 53 thru 55 ..... **TOTAL** 56.

57. Combine amounts shown on line 56 columns A & B ..... ⇒ 57.

REFUND OR AMOUNT YOU OWE

58. If line 57 is larger than line 52 enter amount **OVERPAID** ..... 58.

59. Amount on line 58 to be applied to 1997 estimate 59.

60. Enter the amount on line 58 you want refunded to you (**refunds more than \$1.00 will be issued**) **REFUND**..... 60.

**REFUND:** Mail to Income Tax Division, 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 on page 8.  
 RTN# \_\_\_\_\_ ACCT# \_\_\_\_\_  
 Type:  Checking  Savings

61. If line 52 is larger than line 57 enter **TAX DUE**. Attach check or money order for full amount if \$1.00 or more. **TAX DUE** 61.

**TAX DUE:** Mail to Income Tax Division, Dept. of Revenue, PO Box 6308, Helena, MT 59604-6308  
 Make checks payable to Department of Revenue

PLEASE SIGN HERE

**Check this box if at least 66 2/3% of your gross income is from farming.**

Note: Taxpayers using this provision to claim exemption from making estimated tax payments must attach a breakdown showing what amounts from total income are included in gross income from farming.

If you do not need state income tax forms and instructions mailed to you next year, check box.

Name, Address & Telephone number of preparer \_\_\_\_\_

My/our initials authorize the State to contact the preparer regarding this return. Questions? Please call 1-406-444-3674 or TDD 1-406-444-2830 for hearing impaired.

I/we waive my/our constitutional right of privacy for this limited purpose.

Underpayment penalty 62.

Late filing penalty 63.

Late payment penalty 64.

Interest 3/4% (.0075) per month 65.

**Total of Lines 61, 62, 63, 64 & 65.** 66.

Transfer amount from line 66 above to box on top of other side of this form.

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	\$ 1,900	X	2%	\$ 0	\$ 15,200	X	7%
\$ 1,900	\$ 3,800	X	3%	\$ 19	\$ 19,000	X	8%
\$ 3,800	\$ 7,600	X	4%	\$ 57	\$ 26,500	X	9%
\$ 7,600	\$ 11,400	X	5%	\$ 133	\$ 37,900	X	10%
\$ 11,400	\$ 15,200	X	6%	\$ 247	\$ 66,400	X	11%

Example = taxable income \$2,000 x 3% (.03) = \$60 subtract \$19 = \$41 tax