

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	\$19,000	X.....	7%	\$ 399
\$ 1,900	\$ 3,800	X.....	3%	\$ 19	\$19,000	\$26,500	X.....	8%	\$ 589
\$ 3,800	\$ 7,600	X.....	4%	\$ 57	\$26,500	\$37,900	X.....	9%	\$ 854
\$ 7,600	\$11,400	X.....	5%	\$ 133	\$37,900	\$66,400	X.....	10%	\$1,233
\$11,400	\$15,200	X.....	6%	\$ 247	\$66,400		X.....	11%	\$1,897

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

Full Year Resident - SHORT FORM 2S - Individual Income Tax Return

MONTANA

1996

Full Year Resident ONLY



NAME AND ADDRESS

LAST NAME		Your First Name & Middle Initial		<input type="checkbox"/>	Your Social Security No.
Spouse's Last Name if Different		Spouse's First Name & Initial		<input type="checkbox"/>	Spouse's Social Security No.
MAILING ADDRESS (MT address only)		City		Zip Code + 4	
MT					
Filing Status <i>Check One</i>	1 Single <input type="checkbox"/>	2 Married filing joint return <input type="checkbox"/>	3 Head of Household (see Instructions) <input type="checkbox"/>	File on or Before April 15, 1997	

EXEMPTIONS Regular 65 or Over Blind *All filers are entitled to at least one exemption*

1. Yourself **Enter number checked** 1
 2. Spouse **Enter number checked** 2

3. Dependents 3 4 5

Name Do Not Claim Yourself or Spouse	check if under age 1	If age one or over, dependents social security number	Relationship

4. Handicapped 4
 Attach Doctor's Certification

Mail tax forms to:
 For **TAX DUE** mail to:
 Income Tax Division
 Dept. of Revenue
 PO Box 6308
 Helena, MT 59604-6308
ALL OTHER RETURNS & REFUNDS mail to:
 Income Tax Division
 Dept. of Revenue
 PO Box 6577
 Helena, MT 59604-6577

5. Add lines 1, 2, 3 and 4 (if additional dependents, see instructions) **Total Number Exemptions** 5

6. Wages, salaries, tips, etc. Attach W-2 (s)	6.		
7. Taxable interest income Attach Federal Schedule if over \$400	7.		
8. Dividend income Attach Federal Schedule if over \$400	8.		
9. Federal taxable pensions, IRA Distributions, annuities Attach 1099R's	9.		
10. Unemployment, alimony, state refund, etc, specify	10.		
11. Total of lines 6 thru 10	11.		
12. Adjustments: moving expense, IRA, alimony, etc., specify	12.		
13. FEDERAL ADJUSTED GROSS INCOME (Subtract line 12 from line 11)	13.		
14. Add — Interest on state & county municipal bonds (non-Montana) and/or federal refund (see instructions)	14.		
15. Subtract — Exempt pension and annuity income (see worksheet)	15.		
16. — Interest exclusion for elderly	16.		
17. — Interest exclusion for savings bonds, etc. (specify)	17.		
18. — Unemployment	18.		
19. — Medical savings account	19.		
20. — Other reductions (including tips, etc. specify)	20.		
21. Total adjustments decreasing income (add lines 15 thru 20)	21.		
22. Montana adjusted gross income (add lines 13 and 14, subtract line 21)	22.		

**ROUND TO
NEAREST DOLLAR**
 If no entry leave blank

23. (A) Standard deduction - see instructions for worksheet <input type="checkbox"/> (A)	23.		
(B) Federal income taxes paid, withheld, and/or estimated in 1996 <input type="checkbox"/> (B)			
24. Multiply \$1,520 times the number of exemptions in Box 5 above	24.		
25. Add lines 23 and 24	25.		
26. Taxable income. Subtract line 25 from 22 (If less than zero enter zero)	26.		
27. Tax on amount on line 26 from tax table on back of this form	27.		
28. In boxes below, enter any amount you and your spouse would like to contribute. See instructions.			

Nongame Wildlife Program	Child Abuse Prevention	Agriculture in MT Schools	Enter total amounts in boxes	28.
29. <input type="checkbox"/>	30. <input type="checkbox"/>	31. <input type="checkbox"/>		

32. Total Tax — Add lines 27 and 28	32.		
33. Montana tax withheld Attach withholding statements	33.		
34. Payments on 1996 estimated tax, amounts credited from previous year and/or payments made with extension	34.		
35. Elderly Homeowner/ Renter Credit- Attach Form 2EC with receipts & certificates...	35.		
36. Add lines 33, 34 and 35	36.		
37. If line 36 is larger than line 32 enter difference (refunds of more than \$1.00 will be issued) REFUND	37.		

If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions
 RTN# _____ ACCT# _____
 Type: Checking Savings

38. If line 32 is larger than line 36 enter difference	38.		
39. Penalties (see instructions for calculation of penalties)			
Under Pay Pen. <input type="checkbox"/> Late File <input type="checkbox"/> Late Pay <input type="checkbox"/> Interest <input type="checkbox"/>	39.		

40. **TOTAL DUE** Add lines 38 & 39. Attach check or money order for full amount if \$1.00 or more.
 Payable to the Department of Revenue. 40.

Name, Address & Telephone Number of Preparer	<input type="checkbox"/>	My/our initials authorize the State to contact the preparer regarding this return. I/we waive my/our constitutional right of privacy for this limited purpose.	<input type="checkbox"/>	If you do not need state income tax forms and instructions mailed to you next year, check box.
	SIGN YOUR RETURN			

X Your Signature _____ Date _____ Telephone Number _____ **X** Spouse signature (if filing jointly, both must sign) _____ Date _____

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

REPORT YOUR INCOME



ATTACH WITHHOLDING STATEMENTS



ATTACH PAYMENT

SIGN YOUR RETURN

