

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	\$15,500	\$19,400	X	7%	\$ 407
\$1,900	\$3,900	X	3%	\$ 19	\$19,400	\$27,200	X	8%	\$ 601
\$3,900	\$7,800	X	4%	\$ 58	\$27,200	\$38,800	X	9%	\$ 873
\$7,800	\$11,600	X	5%	\$ 136	\$38,800	\$67,900	X	10%	\$1,261
\$11,600	\$15,500	X	6%	\$ 252	\$67,900		X	11%	\$1,940

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

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

MONTANA

**1997
Full Year
Resident
ONLY**

NEW

Please check this box if you are a first time filer or have a change of address.

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



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 & Middle Initial		<input type="checkbox"/>	Spouse's Social Security No.
MAILING ADDRESS (MT address only)		City		Zip Code + 4	
		MT		File on or Before April 15, 1998	
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"/>		

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

1. Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter number checked	<input type="checkbox"/>	1												
2. Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter number checked	<input type="checkbox"/>	2												
3. Dependents	<table border="1"> <tr> <th>Name Do Not Claim Yourself or Spouse</th> <th>check if under age 1</th> <th>If age one or over, dependents social security number</th> <th>Relationship</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			Name Do Not Claim Yourself or Spouse	check if under age 1	If age one or over, dependents social security number	Relationship									3. Dependents	<input type="checkbox"/>	3
Name Do Not Claim Yourself or Spouse	check if under age 1	If age one or over, dependents social security number	Relationship															
5. Add lines 1, 2, 3 and 4 (if additional dependents, see instructions)				Total Number Exemptions	<input type="checkbox"/>	5												

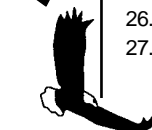
Attach Doctor's Certification

4. Handicapped Dependent 4

REPORT YOUR INCOME



ATTACH WITHHOLDING STATEMENTS



6. Wages, salaries, tips, etc. Attach W-2 (s)	6.		ROUND TO NEAREST DOLLAR If no entry leave blank
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.	TOTAL	
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. — Other reductions (including tips, medical savings account, family education savings account, etc. specify)	19.		
20. Total adjustments decreasing income (add lines 15 thru 19)	20.	TOTAL	
21. Montana adjusted gross income (add lines 13 and 14, subtract line 20)	21.		
22. (A) Standard deduction - see instructions for worksheet <input type="checkbox"/> (A)	22.		
(B) Federal income taxes paid or withheld in 1997. <input type="checkbox"/> (B)			
23. Multiply \$1,550 times the number of exemptions in Box 5 above	23.		
24. Add lines 22 and 23	24.	TOTAL	
25. Taxable income. Subtract line 24 from 21 (if less than zero enter zero)	25.		
26. Tax on amount on line 25 from tax table on back of this form	26.		
27. In boxes below, enter any amount you and your spouse would like to contribute. See instructions.			
Nongame Wildlife Program <input type="checkbox"/> 28.	Child Abuse Prevention <input type="checkbox"/> 29.	Agriculture in MT Schools <input type="checkbox"/> 30.	Enter total amounts in boxes...27.
31. Total Tax — Add lines 26 and 27	31.		
32. Montana tax withheld Attach withholding statements	32.		
33. Elderly Homeowner/ Renter Credit- Attach Form 2EC with your tax bill	33.		
34. Add lines 32 and 33	34.		
35. If line 34 is larger than line 31 enter difference (refunds of more than \$1.00 will be issued)	35.	REFUND	
If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions			
RTN#	ACCT#	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
36. If line 31 is larger than line 34 enter difference	36.	TAX DUE	
37. Penalties (see instructions for calculation of penalties)	37.		
Under Pay Pen. <input type="checkbox"/> Late File <input type="checkbox"/> Late Pay <input type="checkbox"/> Interest <input type="checkbox"/>	37.	TOTAL OF BOXES	
38. TOTAL DUE Add lines 36 & 37. Attach check or money order for full amount if \$1.00 or more.	38.		
Payable to the Department of Revenue. Include your payment with the payment coupon provided in this booklet.			

SIGN YOUR RETURN



X	X		
Your Signature	Date	Telephone Number	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.

Questions? Please call 1-406-444-3674 or TDD 1-406-444-2830 for hearing impaired.