1997 Montana Individual Income Tax Return Form 2 Please check this OR FISCAL year beginning , 1997 and ending box if you are a first time filer or Your Social Security No \ SED have a change of address. Spouse's Last Name if Different Zip Code+4 Mailing Address Filing Status Check One Married and both filing separate returns on Married and both filing separate returns Married filing separate return and Head of Household (see instructions) on separate forms spouse is not filing Residency Check One Resident Full Year Nonresident Resident Give date of change State moved to: month COLUMN A (for single COLUMN B (for spouse **EXEMPTIONS** 65 or Over Blind Regular only when filing separate of household) and box 3 is checked Enter number checked 2. Check if If age one or over, dependent's Relationship 3. 3. Dependents Attach Doctor's Certification 4. Handicapped Dependen 4. .Total Exemptions 5. Add lines 1,2,3 and 4 (if additional dependents, see instructions) Enter amounts reported on federal return 6. Wages, salaries, tips, etc. Attach copies of W-2(s) from all states 6. 7. INCOME REPORTED FROM FEDERAL RETURN Taxable interest income Attach Federal Schedule if over \$400 7. 8. 8. 9. Net business income (loss) Attach Federal Schedule C or C-EZ 9. 9. 10. 10. Capital gain (or loss) Attach Federal Schedule D 10. 11. 11. Rents, royalties, partnerships, estates, trusts, etc.. Attach Federal Schedule E and Form 8582 and all K-1's 12. 12. 13b. 13b.Taxable amount 13. Total IRA distributions Attach all 13b 1099R's 14b. 14b.Taxable amount 14. Total pensions and annuities a 14b. 15b.Taxable amount 15b. Social Security Benefits a 15b 16. 16. 17. Other income: State refund_ alimony 17. unemployment 17. . other (specify) 18. 18. Total of lines 6 thru 17Total ⇒ 18. ROUND TO NEAREST DOLLAR 19. Adjustments to income. Allowable IRA Keogh/SEP-IF NO ENTRY LEAVE BLANK SE Health Insurance 19. Moving Expenses (Attach Federal Form 3903) 19. 20. 20. Note: Line 20 must match your federal adjusted gross income 21. 21. Interest and dividends on state, county, or municipal bonds (Non-Montana) **ATTACH WITHHOLDING STATEMENTS HERE** 22. 22. Federal income tax refunds/overpayment (see instructions for this line) Other additions, transfer allocation of income (see instructions for this line) Specify. 23. 23. Total additions to income (add lines 21 thru 23)TOTAL ⇒ 24. 24. 24. Add lines 20 and 24, enter result 25. 25. Capital gains exclusion (see instructions for this line) 26. 26. Interest exclusion for elderly 27. 27. Interest exclusion for savings bonds, etc. Specify_ 28. 28. Exempt pension & annuity income, see instructions: not social security/disability income. 29. 29. REDUCTIONS Unemployment NEW 31. 30. 30. 31. 31. 32. Family Education Savings Account......Attach Regents' Application 32. 32. Other reductions, state income tax refund, transfer allocation of income, recycling, tip income (see instructions for this line) Specify reductions_ .33. 33. 34. Total reductions to income (add lines 26 thru 33)......TOTAL 34. 34.

Subtract line 34 from line 25. Enter here and on line 36, page 2.....

35.

35

Enter amount from line 67

DEDUCTIONS	Form 2 PAGE 2 1997 Social Security Number/	COLUMN A (for sin joint, separate, or h of household)	nead spouse filing sep	MN B (for only when parate, and schecked
LЭ	36. MONTANA ADJUSTED GROSS INCOME (From line 35)	36		36.
l Gi	DEDUCTIONS Check only one			
	27 (A) Standard Doduction: (A) Montana is different than			
40	` ' Federal standard deduction.	37.		37.
SNS		38.		38.
Ĭ	EXEMPTIONS (All filers are entitled to at least one exemption)			
Σ	39. Multiply \$1,550 times the number of exemptions on line 5	39.		39.
EXEMPTIONS	40. TAXABLE INCOME. Subtract line 39 from line 38 (But not less than zero)			40)
	Nonresidents and Part-Year Residents complete Schedules III & IV Form 2A, before proceeding			
TAX COMPUTATION	41. Tax from table below. Non/part year residents enter the amount from line 125, Schedule IV. 4	l1.		41.
	42. Tax on lump sum distributions (see instructions for this line). Attach Federal Form 4972	——, I		42.
	43. Subtotal—Add lines 41 & 42 SUBTOTAL ⇒ 4	_		43.
		14.		44.
	45. Balance—Subtract line 44 from 43 and enter difference (but not less than zero).⇒ ⁴	15.		45.
110		16.		46.
MP		17.		47.
္ပ	48. For each of the programs below enter any amount you and your spouse want to contribu	te.		
Α×	Enter totals in boxes. (see instructions for details)			
P	Noncomo Milalife Child Abuse Agriculture in MT			
	Program Prevention Schools Enter total amount in boxes			48.
	52. TOTAL TAX —Add lines 45, 46, 47 and 48 TOTAL ⇒ 5			52.
	53. Combine amounts shown on line 52 columns A & B \$	53.		53./
s s	54. Montana tax withheld	4]		54.
	55. Payments of 1997 estimated tax, amounts credited from previous year			
돌듬		5.		55.
Y. RE		6.		56.
PAY & C		7.		57.
	58. Combine amounts shown on line 57 columns A & B			58.
D INT VE	59. If line 58 is larger than line 53 enter the difference. This is your OVERPAYMENT		59.	59.
	60. Amount on line 59 to be applied to 1998 estimate 60.			
	61. Enter the amount on line 59 you want refunded to you (refunds more than \$1.00 will be issue	REFUND	. 61.	61.
	REFUND: Mail to 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 of	n nage 8 —	_	
	RTN# ACCT#	. Checking		
200	62. If line 53 is larger than line 58 enter TAX DUE .	Savings TAX DUE	62.	62.
REI YOU	Include your check or money order and the payment coupon provided in this booklet.		02.	02.
ō	 TAX DUE: Make check payable and remit to: Dept. of Revenue, PO Box 6308, Helena, MT 5960 Check this box if at least 2/3 of your gross income is from farming. 	4-6308		
	Check this box if at least 2/3 of your gross income is from farming. (attach breakdown of computations) Check here if estimated payments were made using the	nt penalty	63.	63.
	annualization method. (Attach Montana Form EST-P)	•	64.	64.
	Check here if you do not need state income tax forms Late paymen Late paymen	•	65 66.	65. 66.
		(.0075) per month s 62 through 66.	67.	67.
ш	Total of line	3 02 till ough oo.	07.	
		ount from line 67 abov		
SE	Name, address & telephone number of preparer to box on top of other side of this form.			
PLEA SIGN H	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. We waive my/our constitutional right of privacy for this limited purpose.			
P SIG	Y we waive in your constitution and it or privacy for all similated purpose.			
	A None signature Park Parker Talashara Number	0	-4	D-4-
	Your signature Date Daytime Telephone Number I declare under penalty of false swearing that the information in this return and	Spouse signa d attachments is tru		Date complete
	. 355.5.5 and penalty of tales emoding that the information in this fetuli and	_ attachmento to the	20, 0011001 4114	23111513131
	TAX TABLE	v = · · · ·		
If Taxable Income is: Over But not over Multiply by and Subtract=Tax Over But not over Multiply by				
\$		But not over \$19,400 X	Multiply by	and Subtract = Tax
•		\$27,200 X		
. ,		\$38,800 X		
		\$67,900 X		
Φ1,0				

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