Γ	a	ient - S		. •		······································	<i>a</i> ai ii ioc			
	LAST NAME			Your First	Name & Middle Ir	nitial	DECEASED	Your Social Securi	ty No.	Full Ye Reside
-	Spouse's Last Name	puse's Last Name if Different			Spouse's First Name & Middle Initial			Spouse's Social Security No.		ONLY
L										Filing fro Montana Ad
	MAILING ADDRESS (Montana Addresses Only) City Zip Code + 4									
		1 Single	2 Married filing		3 Head of Househ		For <u>TAX DU</u>	E mail to: Dept. of		ALL OTHER RE
	Check One		joint return		(see Instruction	s)		PO Box Helena	: 6308 . MT 5960	<u>&amp; REFUNDS</u> r 04-6308 Dept. of Reve
E	EXEMPTIONS	Reg	gular	65 or Ove	er	Blind	All filers are	entitled to at least of		ion PO Box 65
1	. Yourself			П		<b>—</b>	Enter	number checked		Helena, MT 596 File on or Befor
2	. Spouse		<u> </u>	. П		<u> </u>	Enter	number checked		2 April 15, 2000
3	B. Dependents	Name Da Nat Claire		check if	If age one or or social security	ver, dependents	Relationship	3. Dependents		3 April 2000
		Do Not Claim	Yourself or Spous	e under age 1	Social Security	number		Handicapped Dependent		4 1 1
								Attach Doctor's Ce	tification	2 3 4 5 6 7 8 9 10 11 12 13 14 15
										16 17 18 19 20 21 22
	E Add lines 1	2 2 and 4	/if additional	danandanta	ooo inatrusti	iona)	Total	J Number Evennti	ana 🗀	23 24 25 26 27 28 29
	<ul><li>5. Add lines 1</li><li>6. Wages, sala</li></ul>							Number Exempti	ons	5
	<ol> <li>Taxable inter</li> </ol>	-						•		ROUND TO
					Attach Federal					NEAREST DOLLAR
					S			`		1
- 1		•					U			If no entry leave blank
								TO	AL 11.	
12	<ol><li>Adjustments:</li></ol>	moving exper	nse, IRA, alimor	ny, student lo	an interest, etc.	, specify			12.	
_ 10									··· 13.	
14	4. <b>Add</b> ♦	Interest on sta	ate & county m	unicipal bond	ds (non-Montan	na) <b>and/or</b> fed	leral refund <sub>14</sub>			
15	5.Subtract •	Exempt pens	sion and annuity	y income - s	ee Form W, pa	age 2	15			
16										
17					. (specify)					
18	8.	Unemployme	nt				18	.		
19	<b>9</b> . ◆	Other reduction	ons (including t	ips, medical	savings accour	nt,				
		-	tion savings ac							
		•		•		,		ТОТ		
21					subtract line 20	` _			21.	
22	<ol> <li>(A) Standard</li> <li>(B) Federal i</li> </ol>	i deduction - s or income taxes	ee Form VV, pa	age 2 d in 1000		}   (A) (B)	22.			
	(B) Federal (B) 3. Multiply \$1,61				5 ahove	<b>-</b> - · ·	າາ			
'   <sup>23</sup>								TOT	ΔΙ 24	
25								101		
26			,		,				20.	
K I	7. In boxes belo								26.	
	Nongame Wild	dlife Program	Child Abus	sePrevention	200	ıre in MT School	<b>s</b>			
	28.	CH	29.		<b>%</b> 30.			amounts in boxes.		
									31.	
					nolding stateme					
	33. Eld	erly Homeowr			orm 2EC with yo	•	33	·		
	34. Add lines 32 and 33									
JE.	35. If line 34 is larger than line 31 enter difference (refunds of more than \$1.00 will be issued)									
I if yo	If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions  Checking									
RT	RTN# ACCT# Savings									
	36. If line 31 is larger than line 34 enter difference									
									<b>32</b> 00.	
1	37. Penalties (see instructions for calculation of penalties)									
1	Under Pa	ay Pen.	Late File		Late Pay	Inter	est	TOTAL OF BOX	<b>ES</b> 37.	
	38. <b>TOTAL DUE</b> Add lines 36 & 37. Attach check or money order for full amount if \$1.00 or more.									
	38. <b>TO</b> T				•				38.	
	38. <b>TO</b>	Payable to the	ne Department	or Revenue.						
		Payable to thur payment with	ne Department the payment coup	on provided ir	this booklet.					l
		Payable to the payment with the	ne Department the payment coup	oon provided ir	this booklet.  My/out	r initials authori	ze the State to o	ontact the	lfy	you do not need state income ax forms and instructions mailed



Your Signature

Date
Telephone Number
Spouse signature (if filing jointly, both must sign)

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

Questions? Please call 1-406-444-6900 or TDD 1-406-444-2830 for hearing impaired.

Date

**MONTANA** 

If Taxable Income is:			TAX TAB	If Taxable			
Over	But not over	Multiply by	and Subtract = Tax	Over	But not over	Multiply by	and Subtract = Tax
\$ 0	\$ 2,000 X	2 %	\$ 0	\$16,100	\$20,100	X7 %	\$ 422
\$ 2,000	\$ 4,000 X	3 %	\$ 20	\$20,100	\$28,200	X8 %	\$ 623
\$ 4,000	\$ 8,000 X	4 %	\$ 60	\$28,200	\$40,200	X9 %	\$ 905
\$ 8,000	\$12,100 X	5 %	\$ 140	\$40,200	\$70,400	X10 % .	\$1,307
\$12,100	\$16,100 X	6 %	\$ 261	\$70,400		X 11 % .	\$2,011

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$20 = \$52 tax

## **Standard Deduction Worksheet**



1. Enter amount from line 21 of For	1	
2. Enter 20% of line 1.	2	
3. Enter the amount from below		
	Single or separate (filing status 1,3,4, or 5): \$3,020	3
4. Enter the amount from line 2	4	
5. Enter the amount from below	that corresponds to your filing status: Joint or head of household (filing status 2 or 6): \$2,680	
	Single or separate (filing status 1,3,4 or 5): \$1,340	5
6. Enter the amount from line 4 your standard deduction. Tran		

Questions? Please call 1-406-444-6900 or TDD 1-406-444-2830 for hearing impaired. 🖀

