		Calendar year ind	2008 N come tax return for a	lontana Ind Montana resident				tly, or head o	f house	Form 2	2M
	Check this box if First name and initial			Last name	<u> </u>		Social security number			eased, date of	death
	this is an amended return.	Spouse's first na	nme and initial	Last name		Spouse's social security		urity number	number If deceased,		death
		Mailing address		-1		City		Sta	te	Zip+4	=
	•	s (check only one full year (Only to	box) be used by full-year	1. ☐ Single Montana residents		arried filing jo and part-yea	-	3. ☐ Head use Form 2.)	of Hous	sehold	
	5a. XYourself	□ 65 o	r older	Blind	Enter num	ber checked			. 5a.		
	5b. □Spouse	□ 65 o	r older	■Blind	Enter num	ber checked			5b. abled 5c 5d 6		
Exemptions	Depende	ent's first name	Last nam	ne	SSN		Relationship	Disable	d		
mpt											
Ĕ											
	5c. Total depen	dents. If additiona	al dependents, see in	structions					. 5c.		
	5d. Add lines 5a	a through 5c and e	enter total exemption	s here					. 5d.		
	Enter amou	ınts correspondi	ing to your federal t	ax return. Round	to nearest doll	ar. If no ent	ry, leave blank.				
	6. Wages, sala	aries, tips, etc. Att	ach federal Form(s) \	N-2					6.		
	7a. Taxable inte	erest. Attach feder	al Schedule B or fed	eral Schedule 1 if i	required				. 7a.		
	b. Tax-exempt	nterest. Do not include on line 7a7b.									
	8a. Ordinary dividends. Attach federal Schedule B or federal Schedule 1 if required8a.								. 8a.		
Φ	b. Qualified div	vidends					8b.				
COM	9. Capital gain or (loss). Attach federal Schedule D if required								9.		
u s	10a. IRA distributions							- 1			
Gros	11a. Pensions and annuities										
sted	12. Unemployment compensation and jury duty pay										
\dju	13a. Social security benefits										
ral /	14. Taxable refunds, credits or offsets of state and local income taxes.										
Federal Adjusted Gross Income	15. Add lines 6 through 14 (far right column.) This is your total income										
		•									
							<u> </u>				
			on				· I				
			ttach federal Form 89								
		•	enter the result here.	-	-						
			and enter the result h						.21.		
			lends from other state	•	•				_		
			cial security/railroad :						_		
			t nonqualified withdra								
<u>e</u>								como	26		
COM	26. Add lines 22 through 25 and enter the result here. This is your Montana additions to federal adjusted gross income26.								. 20.		
ss In		27. Exempt interest and dividends from federal bonds, notes, and obligations									
Gro							_				
sted	29. Partial pension and annuity income exemption.30. Partial interest exemption for taxpayers 65 and older.								_		
ogins		•	ps and gratuities								
na A			account deposits an						_		
Montana Adjusted Gross Income		•	social security/Tier I	-					\dashv		
Σ			e Tier II Railroad Reti						_		
			edits or offsets of stat						\dashv		
			enter the result here.					nes incomo	36		
	37. Add lines 21 and 26, then subtract line 36. This is your Montana adjusted gross income										

Form 2	2IVI _	, Page 2 - 2008	Social	Security Number:						
	38	. Montana adjusted gross income fro	om line 37				38			
		Deductions (Check only one box)								
ome	39	(A) Standard Deduction (see Wor	rksheet V on page 2	0):	(A)			_		
<u>n</u>		(B) Itemized Deductions (from Fo	orm 2M, Schedule I,	line 31):	(B)	39 .				
Taxable Income	40	Subtract line 39 from line 38 and er	nter amount here			-	40			
Тах		Exemptions (All individuals are en				_		_		
		. Multiply \$2,140 by the number of ex								
		Subtract line 41 from line 40 and er			-		m e42			
		. Tax from the tax table on page 4 of								
Тах		. 2% capital gains tax credit								
	45	Subtract line 44 from 43 and enter			,		•			
	16	gains tax credit Enter the amount from Schedule II,	lino 6. This is your	total nonrofundable credi	te		45			
Credits		. Subtract line 46 from line 45 and er	•							
Š	77	credits								
	48	Montana income tax withheld. Attac								
	49	2008 estimated tax payments and a	amounts applied from	m your 2007 return		49.		1		
		2008 extension payment from Form						1		
ıts	51	Elderly Homeowner/Renter Credit f	from Form 2EC, line	13. Attach Form 2EC		51.		1		
Payments	52	. If filing an amended return: Paym	nents made with orig	inal return		52.		1		
Pay	53	. If filing an amended return: Previ	ously issued refunds	S		53.]		
	54	. Add lines 48 through 52, then subtr	ract line 53 and ente	r the result here. This is yo	ur total p	ayments	54.			
		. If line 47 is greater than line 54, sul				-				
		. If line 54 is greater than line 47, sul					erpaid56.			
		Interest on underpayment of estima				_				
Penalty, Interest and Contributions		58. Late file penalty, late payment penalty and interest. (See instructions on page 11.)58.								
ibut		59. Medical Care Savings Account 10% penalty								
ontr	60	50. Voluntary check-off contributions. Check the appropriate box(es) if you wish to contribute in								
De C		addition to your existing tax liability. Enter your total voluntary check-offs here								
est a										
ntere		60b. Child Abuse Prevention □ \$5, □ \$10, or(specify amount) 60c. Agriculture in Schools □ \$5, □ \$10, or(specify amount)								
<u>-</u>		60d. End-Stage Renal Disease Pro		□ \$10, or						
ena		60e. Montana Military Family Relie	-	□ \$10, or						
4	61	Add lines 57 through 60 and enter t					s61			
		. If you have tax due (amount on line								
<u>o</u>		than line 61, subtract line 56 from li	ine 61. Enter the res	ult here. This is the amoun	t you ow	e	62			
Owe		Visit our website at mt.gov/revenue	e to pay by credit car	d or e-check, or make your	check pay	able to MONT	ANA DEPARTMENT			
Amount You Owe or Your Refund	63	OF REVENUE. If you have a tax overpayment (ame	ount on line 56) and	it is greater than line 61 su	htract line	61 from line 56	6 and enter the result			
vunt Your	00	here. This is your overpayment								
Amc	64	Enter the amount of line 63 you wa	nt applied to your 20	009 estimated taxes			64			
	65	Subtract line 64 from line 63 and er	nter the result here.	This is your refund			65			
	,.	Secondal and the Color of		OTN# # A O O T # 1	1					
	11	you wish to direct-deposit your r	etuna, enter your i	RIN# and ACCI# below. P	lease see	instructions.				
	F	RTN#	ACCT#							
	II	using direct deposit, you are req	 uired to mark one I	oox. ► □ Che	cking	Savi	nas			
It - '										
			ivame, address and	telephone number of paid p	reparer			x and attach a copy of		
		lized estimated payments t mail forms and instructions next					your federal F	orm 4868 to receive extension.		
ye.		F	SSN, FEIN or PTIN:	<u> </u>			- Joan Mornaria			
		IDR discuss this tax return with your t		'es □ No						
iviay tile	, ,,	Your signature is required	Date	Daytime telephone number		Cnous	o's signaturo	Date		
V		rour signature is required	Date	Dayume telephone number	v	Spous	se's signature	Date		
ı۸					١٨					

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

0	N.L. Contract	
Social Security	Number:	

	Schedule I - Montana Form 2M Itemized Deductions		
	Enter your itemized deductions on the corresponding line.		
	File Schedule I with your Montana Form 2M.		
=	1. Medical and dental expenses		
enta	2. Enter amount from Form 2M, line 38		
nd D nses	3. Multiply line 2 by 7.5% (0.075)		
Medical and Dental Expenses	4. Subtract line 3 from line 1 and enter result here but not less than zero. This is your deductible medical and dental expens subject to 7.5% of Montana Adjusted Gross Income.		
Mec	5. Medical insurance premiums not deducted elsewhere on your tax return	5.	
	6. Long term care insurance premiums not deducted elsewhere on your tax return	6.	
	Complete lines 7a through 7e reporting your total federal income tax paid in 2008 before completing line 7f.		
	7a. Federal income tax withheld in 2008		
70	7b. Federal estimated tax payments paid in 20087b.		
Pai	7c. 2007 federal income taxes paid in 2008		
You	7d. Other back-year federal income taxes paid in 20087d.		
Taxes You Paid	7e. Federal Economic Stimulus Package Rebate received in 2008		
12	7f. Add lines 7a through 7d, and then subtract line 7e. Enter the result here, but not more than \$5,000 if you are filing single or head of	7.	
	household, or \$10,000 if filing a joint return with your spouse. This is your federal income tax deduction. 8. Real estate taxes paid in 2008.		
	9. Personal property taxes paid in 2008.		
	10. Other deductible taxes. List type and amount:	10.	
	11. Home mortgage interest and points reported to you on federal Form 1098		
ē	12. Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the house, pi		
u Pa	name, SSN, and address:		
Interest You Paid			
teres	13. Points not reported to you on federal Form 1098		
Ξ	14. Qualified mortgage insurance premiums		
	15. Investment interest. Attach federal Form 4952		
ts	16. Contributions made by cash or check during 2008		
Giffs	17. Contributions made other than by cash or check		
	18. Contribution carryover from the prior year		
	19. Child and dependent care expenses. Attach Montana Form 2441M	I	
	20. Casualty and theft loss(es). Attach federal Form 4684	20.	
	21. Unreimbursed employee business expenses. Attach federal Form 2106 or 2106EZ21. 22. Other expenses. List type and amount:		
tain	22. Other expenses. List type and amount.		
Cer	23. Add lines 21 and 22; enter the result here		
and	24. Enter the amount on Form 2M, line 38 here		
sesus	25. Multiply line 24 by 2% (0.02) and enter the result here		
Job Expenses and Cerl Miscellaneous Deducti	26. Subtract line 25 from line 23 and enter the result here, but not less than zero	26.	
ob E lisce	27. Political contributions (limited to \$100 per taxpayer)		
÷≥	28. Other miscellaneous deductions not subject to 2% of Montana Adjusted Gross Income. List type and amount:	_	
		28.	
-	29. Add lines 4 through 6; 7f through 20; and 26 through 28. Enter the result here		
Total Itemized Deductions	If the amount on Form 2M, line 38 is more than \$159,950 complete Worksheet VI - Itemized Deduction Worksheet; otherwise	÷,	
l Iter Iucti	enter zero on line 30. 30. Enter the amount from the itemized deduction Worksheet VI, line 11. This is the amount of your non-allowed itemized		
Fotal Ded	deductions.	30.	
•	31. Subtract line 30 from line 29; enter here and on Form 2M, line 39. These are your allowable itemized deductions	31.	

F01111 2101, Page 4 - 2006	Social Security Number.		
	Schedule II - Montana	Form 2M Tax Credits	
	Enter your Montana tax credi	its on the corresponding line.	
	File Schedule II with yo	our Montana Form 2M.	
Nonrefundable credits that are s	single-year credits and HAVE NO carryover pro	ovision.	
1. College contribution credit. A	Attach Form CC	1	
2. Energy conservation installa	tion credit. Attach Form ENRG-C	2	
3. Elderly care credit. Attach Fo	orm ECC	3	
Nonrefundable credits that HAV	E a carryover provision that allows you to carr	ry forward the unused portion of your credit to future	-
tax years.			
6,7		4	
5. Adoption credit. Attach feder	al Form 8839	5	
6. Add lines 1 through 5 and er	nter the result here and on Form 2M, line 46. Thes	se are your total nonrefundable credits 6	

Refundable credits are applied against your income tax liability with any remaining balance refunded to you.

Montana Tax Credits

We have listed six credits that can be used when filing Montana Form 2M. However, the Montana Legislature has authorized 27 different income tax credits. See Montana Form 2, Schedule V for a list and description of these 27 tax credits that are available. If you are eligible for any of the other credits not listed above, you will have to file Montana Form 2 instead of Form 2M. There are three categories of credits available to you on your Montana individual income tax return. With the exception of the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2M, line 44) you are not required to apply any of these six other tax credits against your income tax liability in any particular order.

- Nonrefundable single-year credits. Your nonrefundable single-year
 credits can only be used to offset your 2008 resident tax after capital
 gains credit and cannot reduce your tax liability below zero. The unused
 portion of your nonrefundable single-year credits that exceeded your
 2008 income tax liability are lost and cannot be used in future years.
- Nonrefundable carryover credits. Your nonrefundable carryover credit
 can be used to offset your 2008 resident tax after capital gains credit and
 cannot reduce your tax liability below zero. Your excess nonrefundable
 credit that is not applied against your 2008 income tax liability can be
 carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable credits are applied against your income tax liability with any unused credit refunded to you.

	2008 Montana Individual Income Tax Table										
If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax	If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax		
\$0	\$2,600	1% (0.010)	\$0		\$9,500	\$12,200	5% (0.050)	\$237			
\$2,600	\$4,600	2% (0.020)	\$26		\$12,200	\$15,600	6% (0.060)	\$359			
\$4,600	\$7,000	3% (0.030)	\$72		More tha	n \$15,600	6.9% (0.069)	\$499			
\$7,000	\$9,500	4% (0.040)	\$142								

For Example: Taxable Income \$6,800 X 3% (0.030) = \$204; \$204 Minus \$72 = \$132 Tax