		Calendar year in	2008 acome tax return for	Montana l a Montana resid					, or head of	househ	Form 2M
i	Check this box if	First name and initial			Last name					If deceased, date of death	
	this is an amended return.	Spouse's first na	ame and initial	Last name			Spouse's s	social securit	y number	If decea	ased, date of death
	Totallii	Mailing address	3			City	1		Stat	Э	Zip+4
!	_	s (check only one t full year (Only to	e box) b be used by full-year	1. □ Sino ar Montana resio		2. Married f			3. Head of Form 2.)	of House	ehold
	5a. XYourself		or older	Blind		er number che				5a.	
Montana Adjusted Gross Income Federal Adjusted Gross Income Exemptions	5b. Spouse	□ 65 c	or older	Blind		er number che				_	
ions		ent's first name	Last n		_	SN I	Relatio		Disabled	_	
Exempt											
	5c. Total depen	dents. If addition	al dependents, see	instructions						5c.	
	5d. Add lines 5a	a through 5c and	enter total exempti	ons here						5d.	
		•	ling to your federa				•				
Income	-		tach federal Form(s								
	7a. Taxable interest. Attach federal Schedule B or federal Schedule 1 if required								7a.		
	b. Tax-exempt interest. Do not include on line 7a7b.										
	8a. Ordinary dividends. Attach federal Schedule B or federal Schedule 1 if required								Ва.		
9	b. Qualified dividends8b.										
ncon	9. Capital gain or (loss). Attach federal Schedule D if required										
l ss	10a. IRA distribu	la. IRA distributions									
ted Gross In	11a. Pensions and annuities										
nstec	12. Unemployment compensation and jury duty pay										
Adji	14. Taxable refunds, credits or offsets of state and local income taxes.										
deral	14. Taxable ferunds, credits of onsets of state and local income taxes										
Ā	16. Educator expenses									-	
										\dashv	
	18. Student loa	n interest deducti	on				1	8.			
	19. Tuition and fees deduction. Attach federal Form 8917										
	20. Add lines 16 through 19 and enter the result here. This is your total adjustments to income										
	21. Subtract line 20 from line 15 and enter the result here. This is your federal adjusted gross income. 21. 22. Interest and mutual fund dividends from other states' state, county or municipal bonds									21.	
					-					_	
	23. Taxable federal refund								_		
	24. Addition to federal taxable social security/railroad retirement. 24. 25. Medical care savings account nonqualified withdrawals. 25.								_		
Je	26. Add lines 22 through 25 and enter the result here. This is your Montana additions to federal adjusted gross income. 26.									26	
ncor	27. Exempt interest and dividends from federal bonds, notes, and obligations								-0.		
l ssc	28. Exempt unemployment compensation							_			
ອັ	29. Partial pension and annuity income exemption								\dashv		
uste	30. Partial interest exemption for taxpayers 65 and older								\neg		
Adju	31. Exemption for certain taxed tips and gratuities										
tana	32. Exempt medical care savings account deposits and earnings										
Mon			e social security/Tie								
			le Tier II Railroad F								
			edits or offsets of s								
		=	enter the result her	=				-		_	
	37. Add lines 2	1 and 26, then su	btract line 36. This	is your Montan	ia adjusted d	gross income.				37.	

Form	zwi, Page 2 - 2008 Social Security Number:	_								
	38. Montana adjusted gross income from line 37	38.								
	Deductions (Check only one box)									
me	39. (A) Standard Deduction (see Worksheet V on page 20):									
Taxable Income	(B) Itemized Deductions (from Form 2M, Schedule I, line 31): (B)39.									
ple	40. Subtract line 39 from line 38 and enter amount here	40.								
Гаха	Exemptions (All individuals are entitled to at least one exemption.)									
	41. Multiply \$2,140 by the number of exemptions on line 5d and enter result here41.	\neg								
	42. Subtract line 41 from line 40 and enter the result here. If zero or less, enter zero. This is your taxable income	42.								
	43. Tax from the tax table on page 4 of this form. If line 42 is zero, enter zero									
J	44. 2% capital gains tax credit	\dashv								
Тах	45. Subtract line 44 from 43 and enter the result here. If zero or less, enter zero. This is your resident tax after capital									
	gains tax credit									
v,	46. Enter the amount from Schedule II, line 6. This is your total nonrefundable credits.									
Credits	47. Subtract line 46 from line 45 and enter the result. If zero or less, enter zero. This is your total tax after nonrefundable									
ō	credits	47.								
	48. Montana income tax withheld. Attach federal Form(s) W-2 and 109948.									
	49. 2008 estimated tax payments and amounts applied from your 2007 return49.									
	50. 2008 extension payment from Form EXT-0850.									
ıts	51. Elderly Homeowner/Renter Credit from Form 2EC, line 13. Attach Form 2EC51.									
Payments	52. If filing an amended return: Payments made with original return									
Pay	53. If filing an amended return: Previously issued refunds									
	54. Add lines 48 through 52, then subtract line 53 and enter the result here. This is your total payments.	54.								
	55. If line 47 is greater than line 54, subtract line 54 from line 47 and enter the result here. This is your tax due.									
	56. If line 54 is greater than line 47, subtract line 47 from line 54 and enter the result here. This is your tax overpaid									
	57. Interest on underpayment of estimated taxes. (See instructions on page 10.)57.									
S	58. Late file penalty, late payment penalty and interest. (See instructions on page 11.)									
έ	59. Medical Care Savings Account 10% penalty									
Penalty, Interest and Contributions	60. Voluntary check-off contributions. Check the appropriate box(es) if you wish to contribute in									
ਣ	addition to your existing tax liability. Enter your total voluntary check-offs here60.									
and	60a. Nongame Wildlife Program \$5, \$\square\$ \$10, or(specify amount)									
rest	60b. Child Abuse Prevention \$\square\$ \$5, \$\square\$ \$10, or(specify amount)									
Inte	60c. Agriculture in Schools									
alty,	60d. End-Stage Renal Disease Program \$5, \$\square\$\$\$\$\$\$ \$10, or(specify amount)									
Pen	60e. Montana Military Family Relief Fund \$5, \$\square\$\$\$\$\$ \$10, or(specify amount)									
	61. Add lines 57 through 60 and enter the result here. This is your total penalties, interest and contributions.									
	62. If you have tax due (amount on line 55), add lines 55 and 61 OR, if you have a tax overpayment (amount on line 56) and it is le									
ō	than line 61, subtract line 56 from line 61. Enter the result here. This is the amount you owe.									
ow pur	Visit our website at <i>mt.gov/revenue</i> to pay by credit card or e-check, or make your check payable to MONTANA DEPARTMENT									
Per j	OF REVENUE. 63. If you have a tax overpayment (amount on line 56) and it is greater than line 61, subtract line 61 from line 56 and enter the result									
ount You Owe Your Refund	here. This is your overpayment									
Amount You Owe or Your Refund	64. Enter the amount of line 63 you want applied to your 2009 estimated taxes									
	65. Subtract line 64 from line 63 and enter the result here. This is your refund.	65.								
	If you wish to direct-deposit your refund, enter your RTN# and ACCT# below. Please see instructions.									
	RTN# ACCT#									
	If using direct deposit, you are required to mark one box. ▶ □ Checking □ Savings									
		box and attach a copy of								
Annualized estimated payments your federal Form 4868 to receive										
		ana extension.								
,	SSN, FEIN or PTIN:									
May the	e DOR discuss this tax return with your tax preparer?									
	Your signature is required Date Daytime telephone number Spouse's signature	Date								
Χ	l x									

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

Social Security	Number		
Social Security	nullinel.		

	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	_
Medical and Dental Expenses	2. Enter amount from Form 2M, line 38	_
	3. Multiply line 2 by 7.5% (0.075)	
	4. Subtract line 3 from line 1 and enter result here but not less than zero. This is your deductible medical and dental expense subject to 7.5% of Montana Adjusted Gross Income.	4
	5. Medical insurance premiums not deducted elsewhere on your tax return	
	6. Long term care insurance premiums not deducted elsewhere on your tax return	
	Complete lines 7a through 7e reporting your total federal income tax paid in 2008 before completing line 7f.	5.
	7a. Federal income tax withheld in 2008	٦
	7b. Federal estimated tax payments paid in 2008	+
aid	7c. 2007 federal income taxes paid in 2008	+
Taxes You Paid	7d. Other back-year federal income taxes paid in 2008	+
es Y	7e. Federal Economic Stimulus Package Rebate received in 2008	\exists
Tax	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	
	household, or \$10,000 if filing a joint return with your spouse. This is your federal income tax deduction	f.
	8. Real estate taxes paid in 2008.	3.
	9. Personal property taxes paid in 2008.	9.
	10. Other deductible taxes. List type and amount:1	
	11. Home mortgage interest and points reported to you on federal Form 1098	
aid	12. Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the house, provide	9
no/	name, SSN, and address:	
Interest You Paid	13. Points not reported to you on federal Form 1098	
Inter	14. Qualified mortgage insurance premiums	
	15. Investment interest. Attach federal Form 4952	
	16. Contributions made by cash or check during 2008	
Gifts	17. Contributions made other than by cash or check	
G	18. Contribution carryover from the prior year	
	19. Child and dependent care expenses. Attach Montana Form 2441M	
	20. Casualty and theft loss(es). Attach federal Form 4684).
	21. Unreimbursed employee business expenses. Attach federal Form 2106 or 2106EZ21.	
L S	22. Other expenses. List type and amount:	7
ertain	22.	_
o pe	23. Add lines 21 and 22; enter the result here23.	_
s ar	24. Enter the amount on Form 2M, line 38 here24.	_
Job Expenses and Cer Miscellaneous Deducti	25. Multiply line 24 by 2% (0.02) and enter the result here25.	
	26. Subtract line 25 from line 23 and enter the result here, but not less than zero	
Job Misc	27. Political contributions (limited to \$100 per taxpayer)	7.
	28. Other miscellaneous deductions not subject to 2% of Montana Adjusted Gross Income. List type and amount:	
	28. Add lines 4 through 6; 7f through 20; and 26 through 28. Enter the result here	
ed s	If the amount on Form 2M, line 38 is more than \$159,950 complete Worksheet VI - Itemized Deduction Worksheet; otherwise,	y
miz	enter zero on line 30.	
Total Itemized Deductions	30. Enter the amount from the itemized deduction Worksheet VI, line 11. This is the amount of your non-allowed itemized	
	deductions.	
	31. Subtract line 30 from line 29; enter here and on Form 2M, line 39. These are your allowable itemized deductions3	L.

John Zwi, Fage 4 - 2000 Social Security Number.	
Schedule II - Montana Form 2M Tax Credits	
Enter your Montana tax credits on the corresponding line.	
File Schedule II with your Montana Form 2M.	
Nonrefundable credits that are single-year credits and HAVE NO carryover provision.	
1. College contribution credit. Attach Form CC	
2. Energy conservation installation credit. Attach Form ENRG-C.	
3. Elderly care credit. Attach Form ECC	
Nonrefundable credits that HAVE a carryover provision that allows you to carry forward the unused portion of your credit to future	
tax years.	
4. Alternative energy systems credit. Attach Form ENRG-B	
5. Adoption credit. Attach federal Form 88395	
6. Add lines 1 through 5 and enter the result here and on Form 2M, line 46. These are your total nonrefundable credits	

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

Social Security Number:

Montana Tax Credits

Form 2M Page 4 - 2008

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 than \$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