

2000 Montana Individual Income Tax Return Form 2

For Office Use Only

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Or Fiscal year beginning _____, 2000 and ending _____, 2001.

Last Name		First Name & Middle Initial		Your Social Security No.																									
Spouse's Last Name if Different		Spouse's First Name & Middle Initial		Spouse's Social Security No.																									
Mailing Address		City	State	Zip Code+4																									
Filing Status Check One	1. <input type="checkbox"/> Single	2. <input type="checkbox"/> Married filing joint return	3. <input type="checkbox"/> Married and both filing separate returns on this form	4. <input type="checkbox"/> Married and both filing separate returns on separate forms	5. <input type="checkbox"/> Married filing separate return and spouse is not filing	6. <input type="checkbox"/> Head of Household (see instructions)																							
Residency Check One	1. <input type="checkbox"/> Resident Full Year	2. <input type="checkbox"/> Nonresident Full Year	3. <input type="checkbox"/> Resident Part Year	Give date of change month _____ year _____	State moved to:	State moved from:																							
EXEMPTIONS			Regular	65 or Over	Blind	Column A (for single joint, separate, or head of household)	Column B (for spouse only when filing separate and box 3 is checked)																						
1. Yourself			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.																						
2. Spouse			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.																						
3. Dependents			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Full Name Do Not Claim Yourself or Spouse</th> <th>Check if under age 1</th> <th>If age one or over, dependent's social security number</th> <th>Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Full Name Do Not Claim Yourself or Spouse	Check if under age 1	If age one or over, dependent's social security number	Relationship																	<input type="checkbox"/> 3.	<input type="checkbox"/> 3.	<input type="checkbox"/> 4.	<input type="checkbox"/> 4.
Full Name Do Not Claim Yourself or Spouse	Check if under age 1	If age one or over, dependent's social security number	Relationship																										
4. Handicapped Dependent Attach Doctor's Certification _____						<input type="checkbox"/> 4.																							
5. Add lines 1,2,3 and 4 (if additional dependents, see instructions).....			Total Exemptions			<input type="checkbox"/> 5.	<input type="checkbox"/> 5.																						

INCOME REPORTED FROM FEDERAL RETURN	Enter amounts reported on federal return		ROUND TO NEAREST DOLLAR IF NO ENTRY LEAVE BLANK	
	6. Wages, salaries, tips, etc. Attach copies of W-2(s) from all states	6.		6.
	7. Taxable interest income Attach Federal Schedule if over \$400	7.		7.
	8. Dividend income Attach Federal Schedule if over \$400	8.		8.
	9. Net business income (loss) Attach Federal Schedule C or C-EZ	9.		9.
	10. Capital gain (or loss) Attach Federal Schedule D	10.		10.
	11. Supplemental gains (or losses) Attach Federal Form 4797	11.		11.
	12. Rents, royalties, partnerships, estates, trusts, etc. Attach Federal Schedule E and Form 8582 and all K-1's	12.		12.
	13. Total IRA distributions a. <table border="1" style="display: inline-table; width: 100px; height: 20px;"> </table> 13b. Taxable amount	13b.	} Attach all 1099R's	13b.
	14. Total pensions and annuities a. <table border="1" style="display: inline-table; width: 100px; height: 20px;"> </table> 14b. Taxable amount	14b.		14b.
	15. Social Security Benefits a. <table border="1" style="display: inline-table; width: 100px; height: 20px;"> </table> 15b. Taxable amount	15b.		15b.
	16. Net farm income (Loss) Attach Federal Schedule F	16.		16.
	17. Other income: State refund _____ alimony _____ unemployment _____ other (specify) _____	17.		17.
	18. Total of lines 6 thru 17 Total ⇒	18.		18.
	19. Adjustments to income. Allowable IRA _____ Keogh/SEP _____ 1/2 SE Tax _____ SE Health _____ Student Loan Int. _____ Moving Expenses (Attach Federal Form 3903) _____ Other _____	19.		19.
	20. FEDERAL ADJUSTED GROSS INCOME (subtract line 19 from line 18) ⇒	20.		20.
	Note: Line 20 must match your federal adjusted gross income			

ADDITIONS	21. Interest and dividends on state, county, or municipal bonds (Non-Montana)	21.		21.
	22. Federal income tax refunds/overpayment (see instructions for this line)	22.		22.
	23. Other additions, transfer allocation of income (see instructions for this line) Specify _____	23.		23.
	24. Total additions to income (add lines 21 thru 23) Total ⇒	24.		24.
	25. Add lines 20 and 24, enter result ⇒	25.		25.

REDUCTIONS	26. Capital gains exclusion - Attach Worksheet III, Page 12	26.		26.
	27. Interest exclusion for elderly	27.		27.
	28. Interest exclusion for savings bonds, etc. Specify _____	28.		28.
	29. Exempt pension & annuity income, (not soc. sec./disability) Attach Worksheet IV, Page 13.	29.		29.
	30. Unemployment	30.		30.
	31. Medical Care Savings Account	31.		31.
	32. Family Education Savings Account(Attach name and social security number(s) of beneficiary).	32.		32.
	33. First Time Home Buyers Account (see instructions for line 33) Attach Form FTB.....	33.		33.
	34. Other reductions, state income tax refund, transfer allocation of income, recycling, tip income (see instructions for this line) Specify reductions _____	34.		34.
	35. Total reductions to income (add lines 26 thru 34)..... Total ⇒	35.		35.
36. Subtract line 35 from line 25. Enter here and on line 37, page 2..... ⇒	36.		36.	

ATTACH WITHHOLDING STATEMENTS HERE

