	No aples		2016 Montana Individual Income Tax Return									Form 2			
		For the ye	ear Jan 1 – Dec 31	, 2016 or the tax ye	ear beginning M	M D D 2	0 1 6 and e	ending	M M D D 2 0 Y						
	Mark		First Name and Ir	nitial	Last Name			Social	Securi	ty Number	Deceased? Date of Death				
	that a	ipply.	Plotting for			Jailbreak					MIN	/ D D 2 0 Y Y			
		Amended Return	Spouse's First Na	ame and Initial	Last Name				Spouse's Social Security Number			eased? Date of Death			
		NOL Carryback	Mailing Address		City					State Zip	+4				
	Mark box.	g Status conly one	3a Marrie 3b Marrie 3c Marrie 4 Head	ed filing jointly ad filing separate ad filing separate ad filing separate of household	ly on the same form ly on separate form ly and spouse not f	ns filling	Spouse's SSN (for lines 3t	b and 3c)		and Anna Principles	File online at revenue.mt.gov				
	Stati	dency us		ent full-year	Resident Part-Year Required Information Date of change MMMDDDYYYYYY State moved to State moved from Last Name Social Security Number					North Dakot	ota reciprocity				
	Mark box.	only one		sident full-year ent part-year							ructions on page 3)				
		First	Name							Relationship		Mark if Disabled			
Dependents	One			Child											
										Column A (for single joint, separate, or he of household)		Column B (for spouse when filing separately			
s	6a	X Yours	self 6	5 or older	Blind	er number marked	ked 6		1		using filing status 3a)				
Exemptions	6b	Spou	se 6	55 or older	Blind	Ent	er number marked		6b	1					
emg	6c	Enter the	total number of	dependents. If m	ore than 4 depend	ents, see instr	uctions on page 3		6c	1					
Ω	6d	Add lines 6a through 6c and enter total exemptions here								3					
			Enter amounts	on lines 7 throu	id to ne	ares	dollar. If no entry,	leave	e blank.						
	7	Wages, s	salaries, tips, etc.	Include federal	Form(s) W-2		7		00	00					
	8a	Taxable i	nterest. Include f	ederal Schedule	B if required		8a	3500	00	00					
	8b		npt interest. Do n												
	9	Ordinary	dividends. Includ	de federal Sched	ule B if required		9	20000	00	00					
	10	Taxable i	refunds, credits, o	or offsets of state	and local income		10		00	00					
	11						11		00	00					
a	12	Business	income or (loss).	Include federal Sc	chedule C or C-EZ.		12		00	00					
ĕ	13		, ,						13	12000	00	00			
Federal Income	14				•				14		00	00			
der	15a	IRA distri	, ,	15a	00	00	Taxable amount.		15b		00	00			
Ā	16a	Pensions	and annuities.	16a	00	0.0	Taxable amount.		16b		00	00			
	17	Rental re	eal estate, royaltie	es, partnerships,	S corporations, tru	sts. Include fe	deral Schedule E		17		00	00			
	18	Farm inc	ome or (loss). Ind	clude federal Sch	nedule F				18		00	00			



19 Unemployment compensation....

20a

Add the amounts in columns A and B for lines 7 thru 21. **This is your total income.**

20a Social security benefits.

Other income; list type.

21

19

20b

21

22

Taxable amount

Amount

00

00

00

35500 00

00

00

00

00

		Form 2 Page 2 2016 Cagial Cagurity Number					
	ı	Form 2, Page 2 – 2016 Social Security Number:		Column A (for single joint, separate, or he of household)		Column B (for spouse when filing separately using filing status 3a)	
	23	Your total income from line 22	23	35500	00	00	
	24	Educator expenses (Caution – see instructions on page 5)	24		00	00	
	25	Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ	25		00	00	
	26	Health savings account deduction. Include federal Form 8889	26		00	00	
	27	Moving expenses. Include federal Form 3903	27		00	00	
Ð	28	Deductible part of self-employment tax. Attach federal Schedule SE	28		00	00	
COM	29	Self-employed SEP, SIMPLE, and qualified plans	29		00	00	
u s	30	Self-employed health insurance deduction	30		00	00	
Grö	31	Penalty on early withdrawal of savings	31		00	00	
ted	32a	Alimony paid	32a		00	00	
Federal Adjusted Gross Income	32b	Recipient's SSN					
ra A	33	IRA deduction	33		00	0.0	
ede	34	Student loan interest deduction	34		00	00	
т.	35	Tuition and fees (Caution – see instructions on page 6)	35		00	0.0	
	36	Domestic production activities deduction. Include federal Form 8903	36		00	0.0	
	37	Add lines 24 through 36 and enter the result here.	37	0	00	00	
	38	Subtract line 37 from line 23 and enter the result here	38	35500	00	00	
	38a	Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross in	ncome.	38a	35500 00		
ΑGI	39	Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 16	39	1500	00	00	
Montana AGI	40	Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 36	40	0	00	00	
Σ	41	Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income	41	37000	00	00	
axable Income	42	Deductions Must mark one box. Standard Deduction (see Worksheet V on page 46) OR Itemized Deductions (from Form 2, Schedule III, line 30)	42	7400	00	00	
e L	43	Subtract line 42 from line 41 and enter the result here	43	29600	00	00	
Tax, Nonrefundable Credits and Recapture Taxab	44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,380 by the number of exemptions on line 6d and enter the result here	44	7140	00	00	
	45	Subtract line 44 from line 43 and enter the result here. This is your taxable income.	45	22460	00	00	
	46	Tax from the tax table on page 7 or from Form 2, page 4. If line 45 is zero or less than zero, enter zero	46	995	00	00	
	47	2% capital gains tax credit	47	240	00	00	
	48	Subtract line 47 from line 46; enter the result here, but not less than zero. This is your resident tax after capital gains tax credit	48	755	00	00	
	48a	Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2, Schedule IV, line 25, but not less than zero	48a		00	00	
	49	Tax on lump-sum distributions. Include federal Form 4972	49		00	00	
	50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax.	50	755	00	00	
onrefur	51	Enter the amount from Form 2, Schedule V, line 23, but do not enter an amount larger than the amount on line 50. This is your total nonrefundable credits.	51	0	00	00	
ž,	52	Recapture taxes (see instructions on page 7) Code	52		00	00	
T.	53	Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. This is your 2016 tax liability.	53	755	00	00	

Questions? Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD (406) 444-2830 for hearing impaired.



	Fo	orm 2, Page 3 – 2016	Social Secu	ritv Number										
		5 <u>2, 1 ago o </u>	2001an 200an	ny mambon	. –							Column A (for single separate, or he of household)	ad	Column B (for spouse when filing separately using filing status 3a)
	54	Your 2016 tax liabilit	y from line 53								. 54	75	55 00	00
#its	55 Montana income tax withheld. Include federal Forms W-2 and 1099									. 55		00	00	
Crec	56	$56 \text{Montana mineral royalty tax withheld. Include federal Forms 1099-MISC and Montana Schedules K-1 \dots}$. 56		00	00
aple	57												00	00
ğun	58												00	00
Ref	59												00	00
and	60	·											00	00
Payments and Refundable Credits	61	3											00	00
aym	62	•	•										00	00
Δ.	63	9					-						0.0	00
	64	· ·					-						0.0	00
	65	· ·	·				•		•				00	00
Suc	66	• •	•	•			. •	,					66	00
Penalties, Interest and Contributions	67	If applicable, mark a										s were made using		o 0
nt:	6/				•			-						00
ပို	68 60												68 69	00
st an	69	69a Nongame Wi	grains non	rom lines 69a through 69d						09	00			
teres		•	· ·	-	\$5 \$5				-	0.0		er amount		
ž.				-11-				\$10 *10	-	0.0		er amount		
altie		· ·	teracy in Montana S		\$5			\$10 \$40		0.0		er amount		
Pen	70		tary Family Relief Fu		\$5			\$10 		00		er amount	70	0.0
		Add lines 66 through 69 and enter the result. This is the sum of your total penalties, interest and contributions.										70	00	
. _	71	and it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are									71	0.0		
و آو		amounts on lines 64 and 65, see instructions on page 12												00
nount You Owe r Your Refund	72	Pay online at revenue.mt.gov. Or make checks payable to MONTANA DEPARTMENT OF REVENUTE. 172 If you have a tax overpayment (amount on line 65) and it is greater than line 70, subtract line 70 from line 65 and enter												
Amo or)		the result here. This is your overpayment.									72	00		
		'3 Enter the amount from line 72 that you want applied to your 2017 estimated taxes									73	00		
	74	74 Subtract line 73 from line 72 and enter the result here								your refund.	74	00		
		ect Deposit our Refund	1. RTN#					2. AC	ст#					
	ompl		oosit, you a	u are required to mark one box. Checking						Savings	s \square			
			at is located outside of the United States or its territories?							Yes No				
		s of false swearing, I decla ature is Required		this retum, inc Date			iying sche lephone		er	Spouse			l beliet, it	is true, correct and complete. Date
X						X Finds FFIN								
Paid Preparer's Signature					Paid Preparer's PTIN/SSN Firm's FEIN									
T						Third Park Parkers A. D. C. M.							Mark this box	
Third Party Designee Do you want to allow another person (such as a paid preparer) to discuss this return with us (see page 13)? Yes No					Third Party Designee's Printed Name							if you do not want forms and		
					Third Party Designee's Phone Number							instructions mailed		
					Time Fact Designed of Hone Humber								to you next year.	

