

2016 Montana Individual Income Tax Return

For the year Jan 1 - Dec 31, 2016 or the tax year beginning MMDD2016 and ending MMDD20YY

Mark all that apply.

- Amended Return
NOL Carryback

First Name and Initial, Last Name, Social Security Number, Deceased? Date of Death
Plotting for, Jailbreak
Spouse's First Name and Initial, Last Name, Spouse's Social Security Number, Deceased? Date of Death
Mailing Address, City, State, Zip+4

Filing Status Mark only one box.

- 1 Single
2 Married filing jointly
3a Married filing separately on the same form
3b Married filing separately on separate forms
3c Married filing separately and spouse not filing
4 Head of household



File online at revenue.mt.gov

Residency Status Mark only one box.

- 5a Resident full-year
5b Nonresident full-year
5c Resident part-year

Resident Part-Year Required Information

Date of change MMDDYYYYY State moved to State moved from

North Dakota reciprocity (see instructions on page 3)

Dependents

Table with columns: First Name, Last Name, Social Security Number, Relationship, Mark if Disabled. Row 1: One, Child

Exemptions

6a X Yourself 65 or older Blind Enter number marked
6b X Spouse 65 or older Blind Enter number marked
6c Enter the total number of dependents. If more than 4 dependents, see instructions on page 3
6d Add lines 6a through 6c and enter total exemptions here

Table with columns: Column A (for single, joint, separate, or head of household), Column B (for spouse when filing separately using filing status 3a). Rows 6a-6d

Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.

Federal Income

Table with columns: Line number, Description, Amount. Rows 7-22 including Wages, interest, dividends, business income, capital gain, IRA distributions, pensions, rental real estate, farm income, unemployment compensation, social security benefits, other income, and total income (35500).



SSN input boxes

Federal Adjusted Gross Income

- 23 Your total income from line 22
24 Educator expenses (Caution – see instructions on page 5)
25 Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ
26 Health savings account deduction. Include federal Form 8889
27 Moving expenses. Include federal Form 3903
28 Deductible part of self-employment tax. Attach federal Schedule SE
29 Self-employed SEP, SIMPLE, and qualified plans
30 Self-employed health insurance deduction
31 Penalty on early withdrawal of savings
32a Alimony paid
32b Recipient's SSN
33 IRA deduction
34 Student loan interest deduction
35 Tuition and fees (Caution – see instructions on page 6)
36 Domestic production activities deduction. Include federal Form 8903
37 Add lines 24 through 36 and enter the result here. Federal write-ins
38 Subtract line 37 from line 23 and enter the result here

Table with 4 columns: Line number, Column A (for single, joint, separate, or head of household), Column B (for spouse when filing separately using filing status 3a), and a final empty column. Rows 23-38.

Montana AGI

- 38a Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross income
39 Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 16
40 Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 36
41 Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income

Table with 4 columns: Line number, Column A, Column B, and a final empty column. Rows 38a-41.

Taxable Income

- 42 Deductions: Standard Deduction (selected) or Itemized Deductions (from Form 2, Schedule III, line 30)
43 Subtract line 42 from line 41 and enter the result here
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
45 Subtract line 44 from line 43 and enter the result here. This is your taxable income

Table with 4 columns: Line number, Column A, Column B, and a final empty column. Rows 42-45.

Tax, Nonrefundable Credits and Recapture

- 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
47 2% capital gains tax credit
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
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
49 Tax on lump-sum distributions. Include federal Form 4972
50 Add lines 48 or 48a and 49 and enter the result here. This is your total tax
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
52 Recapture taxes (see instructions on page 7) Code
53 Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. This is your 2016 tax liability

Table with 4 columns: Line number, Column A, Column B, and a final empty column. Rows 46-53.

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



SSN input boxes

Column A (for single, joint, separate, or head of household)
Column B (for spouse when filing separately using filing status 3a)

Payments and Refundable Credits

Penalties, Interest and Contributions

Amount You Owe or Your Refund

Table with 5 columns: Line number, Description, Column A, Column B, Total. Rows 54-74 covering tax liability, credits, penalties, and refund calculations.

Direct Deposit Your Refund

Complete 1, 2, 3 and 4 (see instructions on page 12).

1. RTN#, 2. ACCT#, 3. If using direct deposit, you are required to mark one box. [] Checking [] Savings 4. Is this refund going to an account that is located outside of the United States or its territories? [] Yes [] No

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature is Required Date Daytime Telephone Number Spouse's Signature Date
X Paid Preparer's Signature Paid Preparer's PTIN/SSN Firm's FEIN
Third Party Designee Third Party Designee's Printed Name Mark this box if you do not want forms and instructions mailed to you next year.
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 Phone Number

