



Clear Form

2018 Montana Individual Income Tax Return

Form 2

Page 1 For the year Jan 1 – Dec 31, 2018 or the tax year beginning and ending

<input type="checkbox"/>	Mark if this is an amended return.	First name and initial	Last name	Social security number	Deceased? Date of death
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Spouse's first name and initial	Last name	Spouse's social security number	Deceased? Date of death	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(See page 2)		Current mailing address	City	State	Zip+4
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status	<input type="checkbox"/> 1 Single	<input type="checkbox"/> 3 Head of household	<input type="checkbox"/> 4 Married filing jointly	Residency Status Mark only one box.	<input type="checkbox"/> 1 Resident full-year	North Dakota reciprocity
	<input type="checkbox"/> 2a Married filing separately on the same form				<input type="checkbox"/> 2 Nonresident full-year	<input type="checkbox"/>
	<input type="checkbox"/> 2b Married filing separately on separate forms	If using 2b or 2c, enter your spouse's SSN below.			<input type="checkbox"/> 3 Resident part-year	(See instructions)
	<input type="checkbox"/> 2c Married filing separately and spouse not filing	<input type="text"/>				

Dependents	First name	Last name	Social security number	Relationship	Mark if disabled
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Exemptions	Column A			Column B (for spouse when filing separately using filing status 2a)			
	a	<input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> 65 or older	<input type="checkbox"/> Blind	Enter number marked	<input type="text"/>	<input type="text"/>
	b	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or older	<input type="checkbox"/> Blind	Enter number marked	<input type="text"/>	<input type="text"/>
	c	Enter the total number of dependents. If more than 3 dependents, see instructions					<input type="text"/>
d	Add lines a through c. This is your total number of exemptions					<input type="text"/>	<input type="text"/>

Federal Adjusted Gross Income	1 Wages, salaries, tips, etc. Include federal Form(s) W-2		1	<input type="text"/>	<input type="text"/>
	2a	Tax-exempt interest	2a	<input type="text"/>	<input type="text"/>
	2b	Taxable interest	2b	<input type="text"/>	<input type="text"/>
	3a	Qualified dividends	3a	<input type="text"/>	<input type="text"/>
	3b	Ordinary dividends	3b	<input type="text"/>	<input type="text"/>
	4a	IRAs, pensions, annuities	4a	<input type="text"/>	<input type="text"/>
	4b	Taxable amount	4b	<input type="text"/>	<input type="text"/>
5a	Social security benefits	5a	<input type="text"/>	<input type="text"/>	
5b	Taxable amount	5b	<input type="text"/>	<input type="text"/>	
6	Total income. Combine lines 1 through 5. Add any amount from federal Schedule 1, line 22. (See page 2)				<input type="text"/>
7	Federal adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract federal Schedule 1, line 36 (see page 2), from line 6 above				<input type="text"/>

Montana Taxable Income	8	Montana additions. (See page 3)	8	<input type="text"/>	<input type="text"/>
	9	Montana subtractions. (See page 4)	9	<input type="text"/>	<input type="text"/>
	10	Montana adjusted gross income. Add lines 7 and 8 then subtract line 9	10	<input type="text"/>	<input type="text"/>
	11	Standard or itemized deductions. <input type="checkbox"/> Mark this box and include page 6 if you elect to itemize	11	<input type="text"/>	<input type="text"/>
12	Exemptions. Multiply \$2,440 by your total number of exemptions	12	<input type="text"/>	<input type="text"/>	
13	Taxable income. Subtract lines 11 and 12 from line 10. If zero or less, enter 0	13	<input type="text"/>	<input type="text"/>	

Tax, Credits and Payments	14	Tax liability before credits. (See instructions)	14	<input type="text"/>	<input type="text"/>
	15	Nonrefundable credits (see page 8). Do not enter an amount larger than line 14	15	<input type="text"/>	<input type="text"/>
	16	Tax after nonrefundable credits. Subtract line 15 from line 14	16	<input type="text"/>	<input type="text"/>
	17	Montana tax withheld on Forms W-2 and 1099	17	<input type="text"/>	<input type="text"/>
	18	Other payments and refundable credits. (See page 9)	18	<input type="text"/>	<input type="text"/>
	19	Reserved	19	<input type="text"/>	<input type="text"/>
	20	Contributions, penalties, and interest. (See page 10)	20	<input type="text"/>	<input type="text"/>
21	Total payments. Add lines 17 and 18 then subtract line 20	21	<input type="text"/>	<input type="text"/>	

Overpayments	22	If line 21 is more than line 16, subtract line 16 from line 21. This is the amount you overpaid. If your filing status is 2a and your spouse has an amount due, use the Worksheet in the instructions	22	<input type="text"/>	<input type="text"/>
	23	Amount of line 22 you want refunded to you	23	<input type="text"/>	<input type="text"/>
	Direct Deposit Your Refund. Complete 1, 2, 3 and 4.				
	1	RTN# <input type="text"/>	2	ACCT# <input type="text"/>	4
3	If using direct deposit, you are required to mark one box.	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		
24	Amount of line 22 you want applied to your 2019 estimated taxes	24	<input type="text"/>	<input type="text"/>	

Owed 25 If line 21 is less than line 16, subtract line 21 from line 16. This is the **amount you owe** **Owe ▶** 25

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	Spouse's signature	Date
<input checked="" type="checkbox"/> _____	<input type="text"/>	<input checked="" type="checkbox"/> _____	<input type="text"/>
Preparer's signature	Preparer's PTIN	Firm's FEIN	Mark if paid preparer is also a 3rd Party Designee.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Office Use Only

Date Received



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