Name	Social Security Num	ber	
	ana Individual Income Tax		
	sidents, part-year residents, and Montana residents with nonresident or part-year re	sident spou	ises, enter line 11 on
	ule II, line 24; line 12 on Schedule II, line 19; and leave line 13 below blank.	_	
	nter your total Montana taxable income from page 1, line 7. If zero or less, enter 0 (zero).		
	o not have a net long-term capital gains, skip lines 2 through 10 and enter 0 (zero) on line		00
	nter your net long-term capital gains from federal Schedule D, line 15 (See instruction		00
_	nter the lesser of line 1 or line 2	3	00
	ubtract line 3 from line 1	4	00
5 Er	nter the amount for your federal filing status:		
	\$20,500 if single or married filing separately		
	\$41,000 if married filing jointly or qualifying surviving spouse	-	0.0
6 0.	\$30,750 if head of household	5	00
	ubtract line 4 from line 5. If zero or less, enter zero	6 7	00
	nter the lesser of line 3 or line 6		00
	ultiply line 7 by 3% (0.03)	8	00
	ubtract line 6 from line 3. If zero or less, enter zero	9 10	00
	ultiply line 9 by 4.1% (0.041) In this is your Montana net long-term capital gain		00
	dd lines 8 and 10. This is your Montana net long-term capital gai you do not have a net long-term capital gain, figure your tax on the amount on line 1 usin		00
	ontana Ordinary Income Tax Table. If you have a net long-term capital gain, figure your ta		
		X OH	
une	e amount on line 4 using the Montana Ordinary Income Tax Table.	no toy 12	0.0
12 Da	This is your Montana ordinary incor	ne tax. 12	00
13 Ke	esidents add lines 11 and 12, and enter this amount on page 1, line 8.	nt toy 12	00
If you c	This is your Montana reside are filing a return in Montana for the first time, direct deposit is not available. Stop h		
1 Ro	t Deposit Your Refund Complete 1, 2, and 3. (See instructions) outing Number		
2 Ac	ccount Number Checking	Savi	
3	Mark this box if this refund is going to an account that is located outside of the Un		
	29A Account Deposit Information (See instructions)		529/529A deposit amount
	count Type 529 Qualified Tuition Program 529A Achieving a Better Life Ex	perience	00
5 Ac	count Type 529 Qualified Tuition Program 529A Achieving a Better Life Ex	perience	
RT	N# ACCT#		0.0
	JIRED – Signature, Paid Preparer, and Third-Party Designee penalties of false swearing, I declare that I have examined this return, including account.	companying	schedules and
	ents, and to the best of my knowledge and belief, it is true, correct, and complete.		
Taxpay	yer		
Signa	ature x Date MMDDYYYY Da	ate of Birth Phone	
Spous	se		
-		ate of Birth Phone	
Tax Pr	reparer		
Signa		ate Signed	
Print N		Phone	
	lark this box if you allow the DOR to discuss this tax return with your tax preparer.	PTIN	
	lark this box if you allow the DOR to discuss this tax return with someone other than		reparer.
	lame	Phone	



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