

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Montana Individual Income Tax**

Nonresidents, part-year residents, and Montana residents with nonresident or part-year resident spouses, enter line 11 on Schedule II, line 24; line 12 on Schedule II, line 19; and leave line 13 below blank.

Table with 3 columns: Line number, Description, and Amount. Lines 1-13 detailing Montana taxable income, capital gains tax, and ordinary income tax.

If you are filing a return in Montana for the first time, direct deposit is not available. Stop here and sign your return below. If the direct deposit option is available and you wish to use it, provide your bank account information, and sign your return below.

**Direct Deposit Your Refund** Complete 1, 2, and 3. (See instructions)

1 Routing Number \_\_\_\_\_ 2 Account Number \_\_\_\_\_  Checking  Savings 3  Mark this box if this refund is going to an account that is located outside of the United States or its territories.

529/529A Account Deposit Information (See instructions) 529/529A deposit amount. Table with 4 columns: Line number, Account Type, RTN#, and Deposit amount.

**REQUIRED – Signature, Paid Preparer, and Third-Party Designee**

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.

**Taxpayer** Signature x \_\_\_\_\_ Date MMDDYYYY \_\_\_\_\_ Date of Birth MMDDYYYY \_\_\_\_\_ Phone \_\_\_\_\_

**Spouse** Signature x \_\_\_\_\_ Date MMDDYYYY \_\_\_\_\_ Date of Birth MMDDYYYY \_\_\_\_\_ Phone \_\_\_\_\_

**Tax Preparer** Signature \_\_\_\_\_ Date Signed MMDDYYYY \_\_\_\_\_ Print Name \_\_\_\_\_ Phone \_\_\_\_\_  Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN \_\_\_\_\_  Mark this box if you allow the DOR to discuss this tax return with someone other than your tax preparer. Name \_\_\_\_\_ Phone \_\_\_\_\_



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