

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 23; line 12 on Schedule II, line 18; and leave line 13 below blank.

1	Enter your total Montana taxable income from page 1, line 7. If you do not have a net long-term capital gains, skip lines 2 through 10 and enter 0 (zero) on line 11.	1	00
2	Enter your net long-term capital gains (See instructions)	2	00
3	Enter the lesser of line 1 or line 2	3	00
4	Subtract line 3 from line 1	4	00
5	Enter the amount for your federal filing status: \$21,100 if single or married filing separately \$42,200 if married filing jointly or qualifying surviving spouse \$31,700 if head of household	5	00
6	Subtract line 4 from line 5. If zero or less, enter 0 (zero)	6	00
7	Enter the lesser of line 3 or line 6	7	00
8	Multiply line 7 by 3% (0.03)	8	00
9	Subtract line 6 from line 3. If zero or less, enter 0 (zero)	9	00
10	Multiply line 9 by 4.1% (0.041)	10	00
11	Add lines 8 and 10. This is your Montana net long-term capital gains tax.	11	00
12	If you do not have a net long-term capital gain, figure your tax on the amount on line 1 using the Montana Ordinary Income Tax Table. If you have a net long-term capital gain, figure your tax on the amount on line 4 using the Montana Ordinary Income Tax Table. This is your Montana ordinary income tax.	12	00
13	Residents add lines 11 and 12, and enter this amount on page 1, line 8. This is your Montana resident tax.	13	00

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
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)

4 Account Type	<input type="checkbox"/> 529 Qualified Tuition Program	<input type="checkbox"/> 529A Achieving a Better Life Experience	529/529A deposit amount
RTN#	ACCT#		00
5 Account Type	<input type="checkbox"/> 529 Qualified Tuition Program	<input type="checkbox"/> 529A Achieving a Better Life Experience	
RTN#	ACCT#		00

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 Date MM DD YYYY Date of Birth MM DD YYYY
Phone

Spouse

Signature Date MM DD YYYY Date of Birth MM DD YYYY
Phone

Tax Preparer

Signature Date Signed MM DD YYYY
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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