

No Staples

2015 Montana Individual Income Tax Return

Form 2

For the year Jan 1 – Dec 31, 2015 or the tax year beginning and ending

Mark all that apply.

- Amended Return
- NOL Carryback

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" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Mailing Address		City	State Zip+4
<input type="text"/>		<input type="text"/>	<input type="text"/>

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

Spouse's SSN (for lines 3b and 3c)

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	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
State moved to	State moved from
<input type="text"/>	<input type="text"/>

North Dakota reciprocity (see instructions on page 3)

Dependents

First Name	Last Name	Social Security Number	Relationship	Mark if Disabled
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Exemptions

6a Yourself 65 or older Blind Enter number marked.....

6b 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

Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
6a	
6b	
6c	
6d	

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

Federal Income

7	Wages, salaries, tips, etc. Include federal Form(s) W-2	7	00	00
8a	Taxable interest. Include federal Schedule B if required	8a	00	00
8b	Tax-exempt interest. Do not include on line 8a... 8b <input type="text" value="00"/> <input type="text" value="00"/>			
9	Ordinary dividends. Include federal Schedule B if required	9	00	00
10	Taxable refunds, credits, or offsets of state and local income taxes	10	00	00
11	Alimony received	11	00	00
12	Business income or (loss). Include federal Schedule C or C-EZ. NAICS: <input type="text"/>	12	00	00
13	Capital gain or (loss). Include federal Schedule D if required	13	00	00
14	Other gains or (losses). Include federal Schedule 4797	14	00	00
15a	IRA distributions. 15a <input type="text" value="00"/> <input type="text" value="00"/> Taxable amount	15b	00	00
16a	Pensions and annuities. 16a <input type="text" value="00"/> <input type="text" value="00"/> Taxable amount	16b	00	00
17	Rental real estate, royalties, partnerships, S corporations, trusts. Include federal Schedule E	17	00	00
18	Farm income or (loss). Include federal Schedule F	18	00	00
19	Unemployment compensation	19	00	00
20a	Social security benefits. 20a <input type="text" value="00"/> <input type="text" value="00"/> Taxable amount	20b	00	00
21	Other income; list type. <input type="text"/> Amount	21	00	00
22	Add the amounts in columns A and B for lines 7 thru 21. This is your total income.	22	00	00



15CE0101

SSN input boxes

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

Federal Adjusted Gross Income

- 23 Your total income from line 22
24 Educator expenses
25 Certain business expenses of reservist, etc.
26 Health savings account deduction
27 Moving expenses
28 Deductible part of self-employment tax
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
36 Domestic production activities deduction
37 Add lines 24 through 36 and enter the result here
38 Subtract line 37 from line 23 and enter the result here

Table with 4 columns: Line number, Column A, Column B, and Total. 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 17
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 Total. Rows 38a-41.

Taxable Income

- 42 Deductions: Standard Deduction (see Worksheet V on page 46) 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 \$2330 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 Total. 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 2015 tax liability

Table with 4 columns: Line number, Column A, Column B, and Total. 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

Table with 4 columns: Line number, Description, Column A, Column B. Rows 54-65.

Penalties, Interest and Contributions

Table with 4 columns: Line number, Description, Column A, Column B. Rows 66-69.

Amount You Owe or Your Refund

Table with 4 columns: Line number, Description, Column A, Column B. Rows 70-74.

Direct Deposit Your Refund

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

Form fields for RTN#, ACCT#, and checkboxes for Checking, Savings, and location.

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.

Signature section with fields for Your Signature, Spouse's Signature, Date, Daytime Telephone Number, and Third Party Designee information.

