

No Staples

# 2017 Montana Individual Income Tax Return

# Form 2

For the year Jan 1 – Dec 31, 2017 or the tax year beginning             and ending

If this is an amended return, check this box.

First Name and Initial	Last Name	Social Security Number	Deceased? Date of Death
			<input type="checkbox"/> <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"/>
Spouse's First Name and Initial	Last Name	Spouse's Social Security Number	Deceased? Date of Death
			<input type="checkbox"/> <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"/>
Mailing Address		City	State Zip+4

**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](http://revenue.mt.gov)

**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

State moved to  State moved from

North Dakota reciprocity (see instructions on page 3)

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

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

Exemptions	Column A (for single, joint, separate, or head of household)			Column B (for spouse when filing separately using filing status 3a)		
	6a <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind Enter number marked.....	6a			6a	
6b <input type="checkbox"/> Spouse <input type="checkbox"/> 65 or older <input type="checkbox"/> Blind Enter number marked.....	6b			6b		
6c Enter the total number of dependents. If more than 4 dependents, see instructions on page 4 .....	6c			6c		
6d Add lines 6a through 6c and enter total exemptions here .....	6d			6d		

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

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Taxable amount .....	15b		00		00
16a Pensions and annuities. 16a <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. <b>This is your total income.</b> .....	22		00		00



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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		Penalties, Interest and Contributions		Amount You Owe or Your Refund	
	54-65	66-69	70-71	72-74	70-71	72-74
54 Your 2017 tax liability from line 53.....	54	00			70	00
55 Montana income tax withheld. Include federal Forms W-2 and 1099.....	55	00			71	00
56 Montana mineral royalty tax withheld. Include federal Forms 1099-MISC and Montana Schedules K-1 ....	56	00				
57 Montana pass through entity withholding. Include Montana Schedules K-1 .....	57	00				
58 2017 estimated tax payments and amount applied from your 2016 return .....	58	00				
59 2017 extension payments.....	59	00				
60 Refundable credits from Form 2, Schedule V, line 27 .....	60	00				
61 <b>If filing an amended return:</b> Payments made with original return.....	61	00				
62 <b>If filing an amended return:</b> Previous overpayment (see instructions on page 9).....	62	00				
63 Add lines 55 through 61. Subtract line 62, enter the result here. <b>This is your total payments.</b> .....	63	00				
64 If line 54 is greater than line 63, subtract line 63 from line 54. <b>This is your tax due.</b> .....	64	00				
65 If line 63 is greater than line 54, subtract line 54 from line 63. <b>This is your tax overpaid.</b> .....	65	00				
66 Interest on underpayment of estimated taxes (see instructions on page 10) .....		66				
If applicable, mark appropriate box: <input type="checkbox"/> 2/3 farming gross income <input type="checkbox"/> Estimated payments were made using the annualization method						
67 Late file penalty, late payment penalty and interest (see instructions on page 10) .....		67				00
68 Other penalties (see instructions on page 11) .....		68				00
69 Total voluntary check-off contribution programs from lines 69a through 69d .....		69				00
69a Nongame Wildlife Program <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> 00 other amount						
69b Child Abuse Prevention <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> 00 other amount						
69c Agriculture Literacy in Montana Schools <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> 00 other amount						
69d Montana Military Family Relief Fund <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> 00 other amount						
70 Add lines 66 through 69 and enter the result. <b>This is the sum of your total penalties, interest and contributions.</b> .....			70			00
71 If you have tax due (amount on line 64), add lines 64 and 70 OR, if you have a tax overpayment (amount on line 65) and it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are amounts on lines 64 and 65, see instructions on page 12 ..... <b>This is the amount you owe.</b> ►			71			00
<b>Pay online at revenue.mt.gov. Or make checks payable to MONTANA DEPARTMENT OF REVENUE.</b>						
72 If you have a tax overpayment (amount on line 65) and it is greater than line 70, subtract line 70 from line 65 and enter the result here. <b>This is your overpayment.</b> .....			72			00
73 Enter the amount from line 72 that you want applied to your 2018 estimated taxes .....			73			00
74 Subtract line 73 from line 72 and enter the result here..... <b>This is your refund.</b> ►			74			00

**Direct Deposit Your Refund**  
Complete 1, 2, 3 and 4 (see instructions on page 12).

1. RTN#  2. ACCT#

3. If using direct deposit, you are required to mark one box.     Checking     Savings

4. Is this refund going to an account that is located outside of the United States or its territories?     Yes     No

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.

<b>Your Signature is Required</b>	Date	Daytime Telephone Number	<b>Spouse's Signature</b>	Date
<b>X</b>			<b>X</b>	
Paid Preparer's Signature		Paid Preparer's PTIN/SSN	Firm's FEIN	For Department Use Only
Third Party Designee	Third Party Designee's Printed Name			
Do you want to allow another person (such as a paid preparer) to discuss this return with us (see page 13)?	Third Party Designee's Phone Number			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

