

For the year Jan 1 - Dec 31, 2011 or the tax year beginning MMDD 2011 and ending MMDD 20YY

Mark all that apply.

Amended Return

NOL Carryback

Form fields for personal information: First Name and Initial, Last Name, Social Security Number, Deceased? Date of Death, Spouse's First Name and Initial, Last Name, Spouse's Social Security Number, Deceased? Date of Death, 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

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.



Did you know? You can e-file this form. revenue.mt.gov/efile

Dependents

Table with columns: First Name, Last Name, Social Security Number, Relationship, Disabled (Yes/No).

Exemptions

- 6a X 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)

Federal Income

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

Table for Federal Income with columns for line number, description, and amounts. Includes lines 7 through 22.



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Federal Adjusted Gross Income

Montana AGI

Taxable Income

Tax, Nonrefundable Credits and Recapture

	Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
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23	Your total income from line 22.	▶	23		00		00
24	Educator expenses.	▶	24		00		00
25	Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ.	▶	25		00		00
26	Health savings account deduction. Include federal Form 8889.	▶	26		00		00
27	Moving expenses. Include federal Form 3903.	▶	27		00		00
28	Deductible part of self-employment tax. Attach federal Schedule SE.	▶	28		00		00
29	Self-employed SEP, SIMPLE, and qualified plans.	▶	29		00		00
30	Self-employed health insurance deduction.	▶	30		00		00
31	Penalty on early withdrawal of savings.	▶	31		00		00
32a	Alimony paid.	▶	32a		00		00
32b	Recipient's SSN. ▶ 32b						
33	IRA deduction.	▶	33		00		00
34	Student loan interest deduction.	▶	34		00		00
35	Tuition and fees.	▶	35		00		00
36	Domestic production activities deduction. Include federal Form 8903.	▶	36		00		00
37	Add lines 24 through 36 and enter the result here. <input type="checkbox"/> Federal write-ins.	▶	37		00		00
38	Subtract line 37 from line 23 and enter the result here.	▶	38		00		00
38a	Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross income. ▶		38a			00	
39	Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 17.	▶	39		00		00
40	Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 35.	▶	40		00		00
41	Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income. ▶		41		00		00
42	Deductions <input type="checkbox"/> Standard Deduction (see Worksheet V on page 46) <input checked="" type="checkbox"/> Itemized Deductions (from Form 2, Schedule III, line 32)	▶	42		00		00
43	Subtract line 42 from line 41 and enter the result here.	▶	43		00		00
44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,190 by the number of exemptions on line 6d and enter the result here.	▶	44		00		00
45	Subtract line 44 from line 43 and enter the result here. This is your taxable income. ▶		45		00		00
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.	▶	46		00		00
47	2% capital gains tax credit.	▶	47		00		00
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. ▶		48		00		00
48a	Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2, Schedule IV, line 22, but not less than zero.	▶	48a		00		00
49	Tax on lump-sum distributions. Include federal Form 4972.	▶	49		00		00
50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax. ▶		50		00		00
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. ▶		51		00		00
52	Recapture tax(es) (see instructions on page 7). Code <input type="text"/> <input type="text"/> Code ▶		52		00		00
53	Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. This is your 2011 tax liability. ▶		53		00		00

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.

For Direct Deposit of your refund, complete 1, 2, 3, and 4 (please see instructions on page 12).

1. RTN#, 2. ACCT#, 3. If using direct deposit, you are required to mark one box. 4. Is this refund going to an account that is located outside of the United States or its territories?

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 lines for Taxpayer, Date, Daytime Telephone Number, Spouse's Signature, Date.

Signature lines for Paid Preparer's Signature, PTIN/SSN, Firm's FEIN.

Third Party Designee section including name, phone number, and consent checkboxes.

