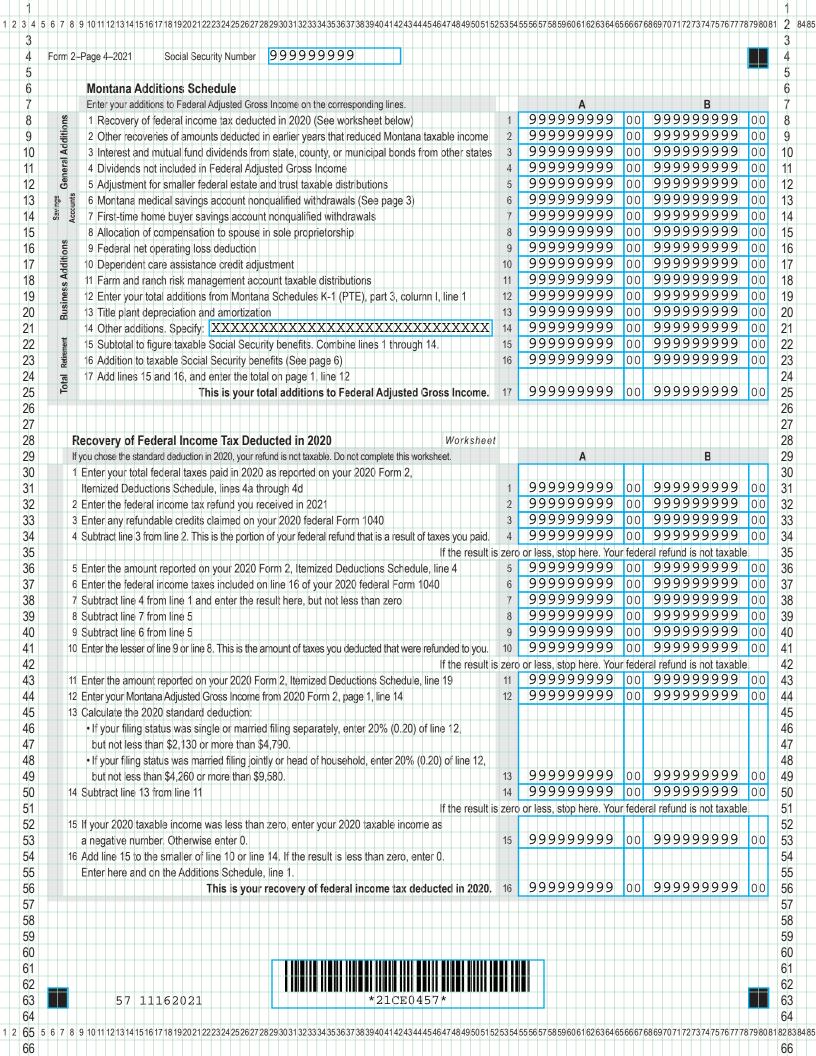
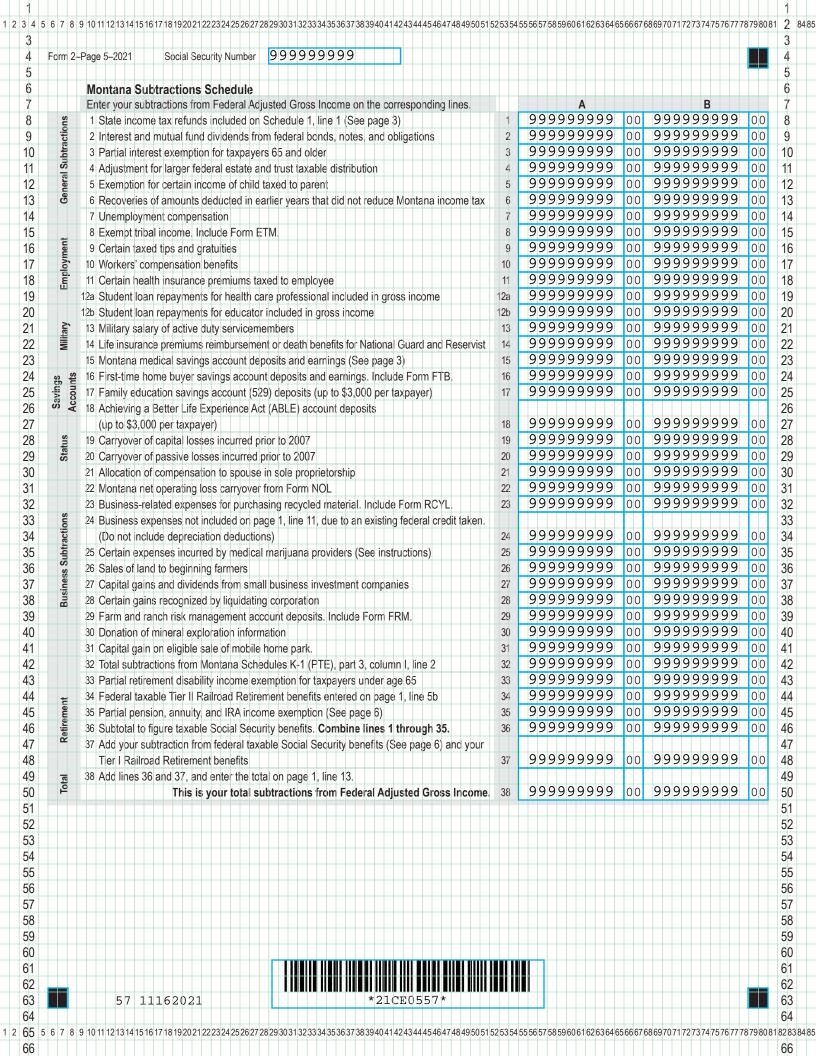


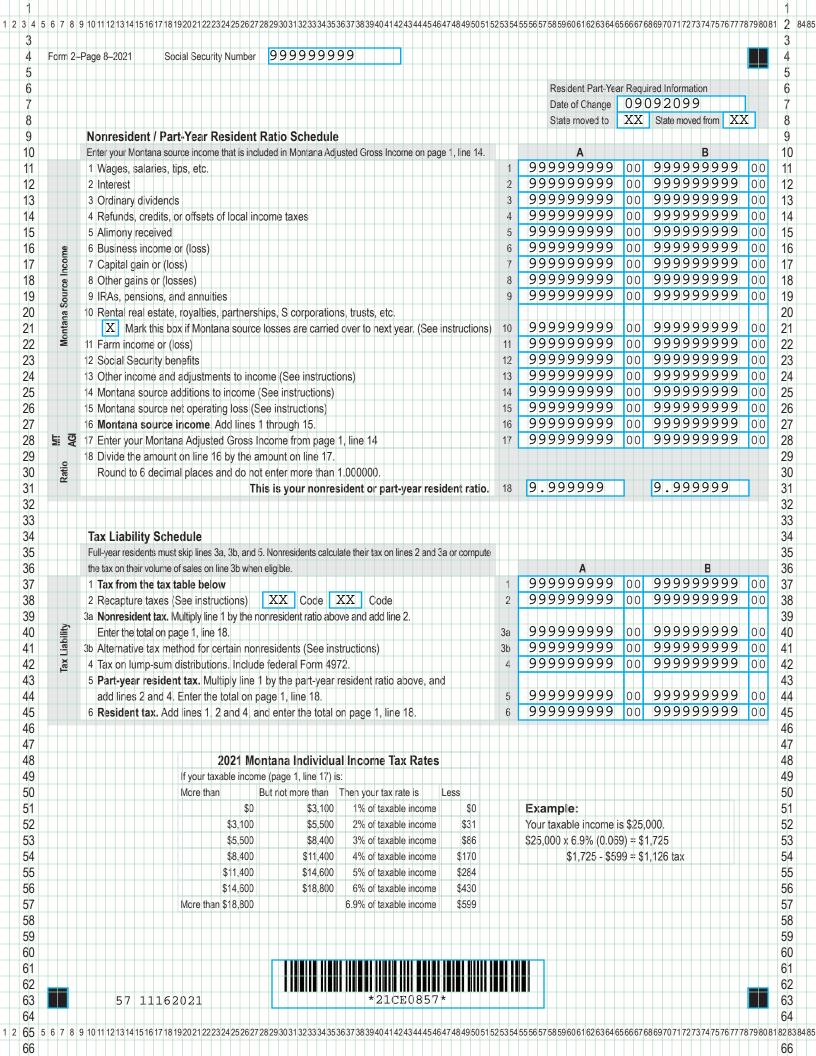
Form	2-Page 3-2021 Social Security Number 999999999				
Form	Schedule 1 (federal Form 1040 or 1040-SR)				
	Additional Income and Adjustments to Income				
	Enter your additional income and adjustments to income from Form 1040, Schedule 1		A	В	
	1 Taxable refunds, credits, or offsets of state and local income taxes	1		0 999999999	00
	2a Alimony received	2a		0 999999999	00
	2b Date of original divorce or separation agreement 2b 09092099	Za		0	00
	3 Business income or (loss). Include federal Schedule C.	3	999999999 0	0 999999999	00
	4 Other gains or (losses). Include federal Form 4797.	4		0 999999999	00
	5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E.	5		0 999999999	00
<u>ə</u>	6 Farm income or (loss). Include federal Schedule F.	6		0 999999999	00
income	7 Unemployment compensation	7		0 999999999	00
- <u>-</u> =	8 Other income.			0 33333333	00
tio	8a Net operating loss	8a	999999999 0	0 999999999	00
Additional	8b Gambling income	8b		0 999999999	00
1	8c Cancellation of debt	8c		0 999999999	00
	8d Foreign earned income exclusion from Form 2555	8d		0 999999999	00
	8o Section 461(I) excess business loss adjustment	80		0 999999999	00
	8x Other income from Form 1040, Schedule 1 lines 8e through 8n,8p, and 8z	8x		0 999999999	00
	9 Total other income. Add lines 8a through 8x.	9		0 999999999	00
	10 Combine lines 1 through 7 and 9. Enter here and on page 1, line 8.	10		0 999999999	00
	11 Educator expenses	11		0 999999999	00
	12 Certain business expenses of reservists, performing artists, and fee-basis government officials.				
	Include federal Form 2106.	12	999999999 0	0 999999999	00
	13 Health savings account deduction. Include federal Form 8889	13		0 999999999	00
	14 Moving expenses for members of the Armed Forces. Include federal Form 3903.	14		0 999999999	00
	15 Deductible part of self-employment tax. Include federal Schedule SE.	15		0 999999999	00
Œ	16 Self-employed SEP, SIMPLE, and qualified plans	16		0 999999999	00
, mo	17 Self-employed health insurance deduction	17		0 999999999	00
to Income	18 Penalty on early withdrawal of savings	18		0 999999999	00
	19a Alimony paid	19a		0 999999999	00
	19b Recipient's SSN 19b 9999999999999999999999999999999999				111
just	19c Date of original divorce or separation agreement 19c 09092099				
Ad	20 IRA deduction	2:0	999999999 0	0 999999999	00
	21 Student loan interest deduction	2:1		0 999999999	00
	22 Reserved for future use	22			
	23 Archer MSA deduction	2:3	999999999 0	0 999999999	00
	24 Other adjustments. List types and total amount.				
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2:4	999999999 0	0 999999999	00
	25 Add lines 11 through 24. Enter the total on page 1, line 10.	2:5	999999999 0	0 999999999	00
	Montana Medical Savings Account (MSA) Schedule				
	If you have an MSA, you must report your beginning and ending balance each year.		A	В	
	1 Beginning balance. If this is a new account, enter 0.	1		0 999999999	00
tion	2 Total contributions for the year	2		0 999999999	00
Subtraction	3 Earnings from the account: interest, dividends, capital gains, etc.	3		0 999999999	00
Sub	4 Add lines 2 and 3. Enter the total on Subtractions Schedule, line 15. (See page 5)	4		0 999999999	00
	5 Ending balance. Enter your ending balance as shown on your year-end account statement.	5	999999999 0	0 999999999	00
<u> </u>	1 Total withdrawals made during the year	1		0 999999999	00
Tay N	2 Withdrawals for eligible expenses (See instructions)	2		0 999999999	00
Nonqualified Withdrawal	3 Nonqualified withdrawals. Subtract line 2 from line 1. Enter the total on Additions Schedule, line 6. 4 Nonqualified withdrawals not subject to the 10% (0.10) penalty (See instructions)	3		0 999999999	00
o d	4 Nonqualified withdrawals not subject to the 10% (0.10) penalty (See instructions)	4		0 999999999	00
Ë	5 Nonqualified withdrawals subject to penalty. Subtract line 4 from line 3.	5	999999999 0	0 999999999	00
onq	6 Penalty. Multiply line 5 by 10% (0.10) and include the total on				
Z:	Contributions, Penalties, and Interest Schedule, line 5 (See page 11)	6	999999999 0	0 999999999	00
	57 11162021 *21CE0357*				



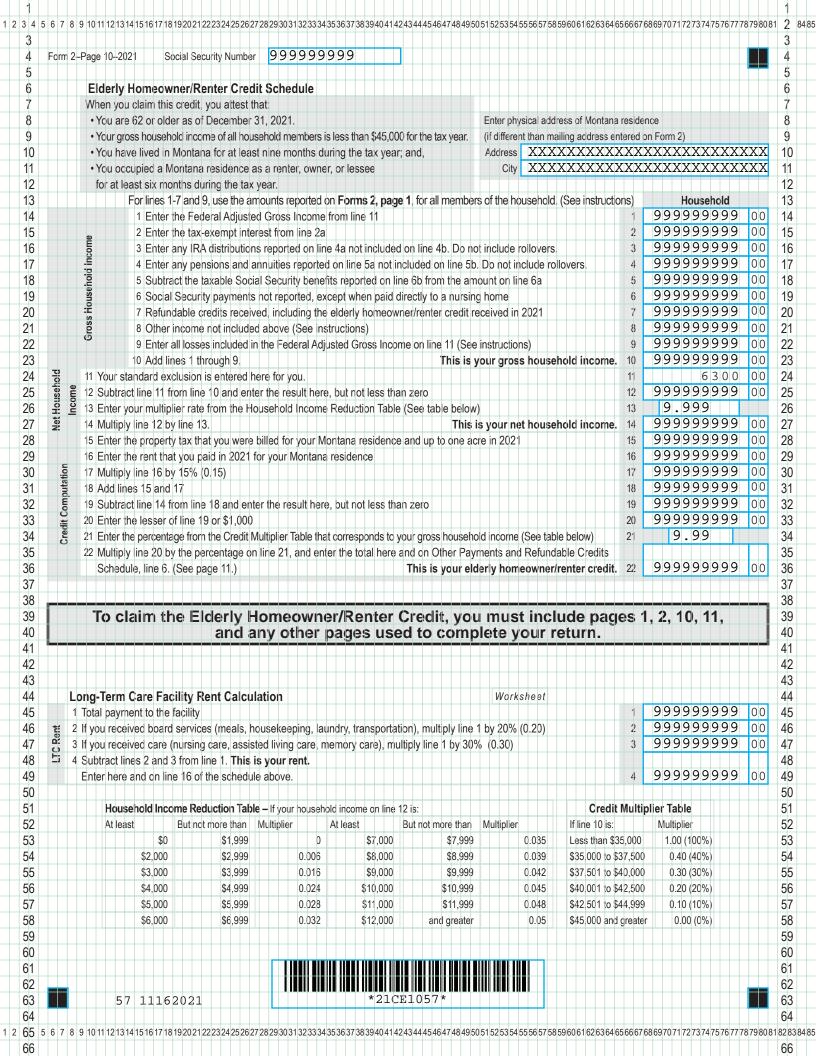


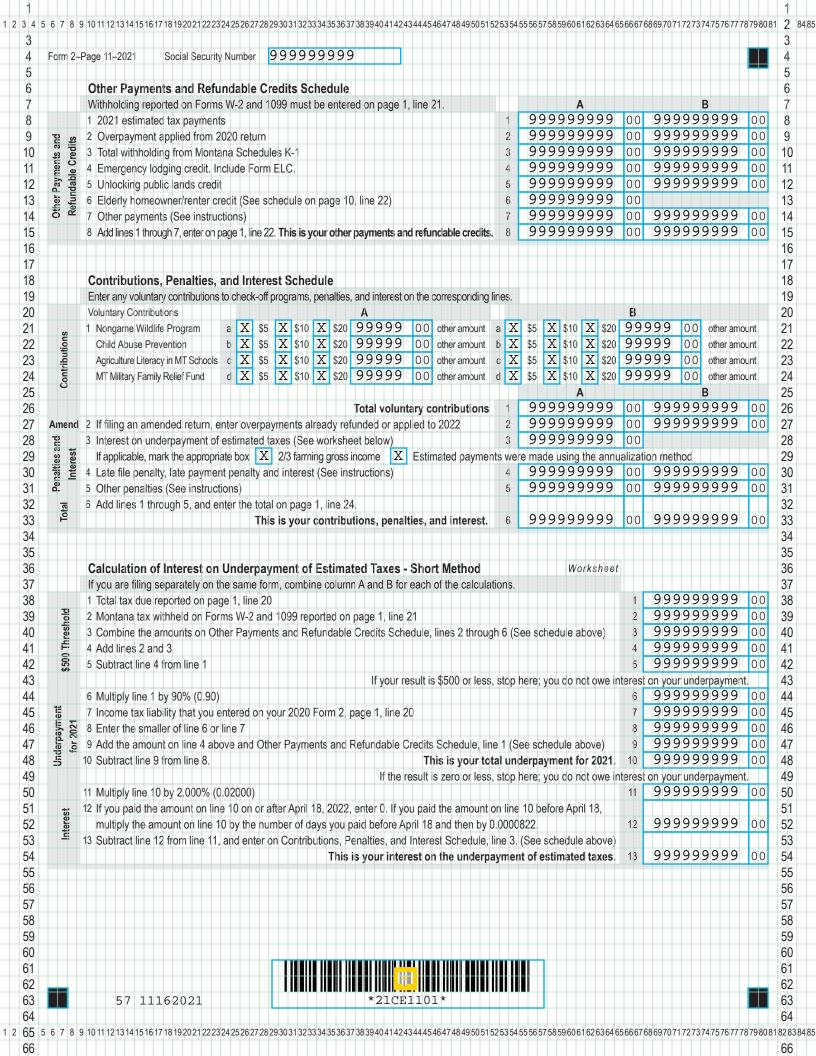
Form	2-Page 6-2021 Social Security Number 999999999			H		
7 0111				H		
	Partial Pension, Annuity, and IRA Income Exemption Schedule					
	If you are married filing jointly, complete lines 1 through 3a in Columns A and B separately for each spouse.		A		В	
	1 Maximum exclusion amount	1	4400	00	4400	00
	2 Pension, annuity, and IRA income. Enter the sum of page 1, line 4b and line 5b, reduced		00000000	0.0	000000000	0.0
	by any amount reported on Subtractions Schedule, line 34.	2	999999999	00	999999999	00
	3a Enter the smaller of line 1 or line 2.	3a	99999999	00	99999999	00
	3b If you are married filing jointly, add line 3a in Column A and line 3a in Column B and enter the total	215	999999999	00		
	here in Column A.  4 Enter your Federal Adjusted Gross Income from page 1, line 11.	3b 4	999999999	00	999999999	00
	5 Federal Adjusted Gross Income limitation amount	5		00	36700	00
	6 Subtract line 5 from line 4 and multiply the result by 2 (x 2). If less than zero, enter 0.	6	999999999		999999999	00
	7 Partial pension, annuity, and IRA income exemption. If single, head of household, or married			00		00
	filing separately, subtract line 6 from line 3a. If married filing jointly, subtract line 6 from line 3b.			$\forall$		
	If less than zero, enter 0. Enter the result on Subtractions Schedule, line 35 (See page 5).			H		
	This is your partial pension, annuity, and IRA income exemption.	7	999999999	00	999999999	00
	Taxable Social Security Benefits Schedule					
	The taxable amount of your Social Security benefits for Montana may be different than for federal purposes.					
	Complete this schedule to figure how much you must enter on either the Additions or Subtractions Schedule.		A		В	
	1 Total amount from box 5 of all your federal Forms \$\$A-1099	1		00	999999999	00
	2 Multiply line 1 by 50% (0.50)	2.		00	999999999	00
9	3 Subtract page 1, line 6b, from page 1, line 9, and enter the result here. (See instructions)	3	999999999	00	999999999	00
COM	4 Subtract Additions Schedule, line 3, from Additions Schedule, line 15 (See page 4)	4	999999999	00	999999999	00
Modified Income	5 Enter the amount, if any, from page 1, line 2a	5		00	999999999	00
diffie	6 Combine lines 2, 3, 4, and 5	6		00	999999999	00
Š	7 Enter Schedule 1, line 25 (See page 3.) Do not include student loan interest deduction.	7	999999999 999999999	00	999999999	00
	8 Add the amounts on Subtractions Schedule, line 36 (See page 5) and line 7.  If the amount on line 8 is greater than on line 6, none of your Social Security benef	8 its are		_		_
	9 Subtract line 8 from line 6	its are			99999999999999999999999999999999999999	00
	10 Enter the amount that corresponds to your fling status. If your filing status is:	Ð		UU		00
	• Married filing jointly, enter \$32,000 in column A;			$\mathbb{H}$		
	• Single or head of household, enter \$25,000 in column A;			H		+
	• Married filing separately, enter \$16,000 in columns A and B.	10	999999999	00	999999999	00
	If the amount on line 10 is greater than on line 9, none of your Social Security benef			_		_
axable Social Security Benefits	11 Subtract line 10 from line 9	11			999999999	00
Ben	12 Enter the amount that corresponds to your filing status. If your filing status is:					
Ţ.	Married filing jointly, enter \$12,000 in column A;					
i ec n	• Single or head of household, enter \$9,000 in column A;			Ш		
<u>                                      </u>	Married filing separately, enter \$6,000 in columns A and B.	12	999999999	00	999999999	00
Soc	13 Subtract line 12 from line 11. If less than zero, enter 0.	13		00	999999999	00
aple	14 Enter the smaller of line 11 or line 12	14		00	999999999	00
Tax.	15 Multiply line 14 by 50% (0.50)	15		00	999999999	00
	16 Enter here the smaller of line 2 or line 15	16		00	999999999	00
	17 Multiply line 13 by 85% (0.85). If line 13 is zero, enter 0.	17'	999999999 999999999	00	999999999	00
	18 Add lines 16 and 17 19 Multiply line 1 by 85% (0.85)	18 19	999999999	00	999999999	00
	20 Enter the smaller of line 18 or 19. This is your Montana taxable Social Security benefits.	20		00	999999999	00
	21 Enter the federal taxable amount of Social Security benefits that you entered on page 1, line 6b	21		00	999999999	00
	22 If line 21 equals line 20, the amount of the federal taxable Social Security benefits that you entered on					50
nts	page 1, line 6b, is the same amount that is taxed by Montana. No additions or subtractions are necessary.	22.				
tme	23 If line 21 is less than line 20, subtract line 21 from line 20. Enter the result on Additions Schedule, line 16					
Adjustments	(See page 4.) This is your additional amount of taxable Social Security benefits.	23	999999999	00	999999999	00
4	24 If line 21 is greater than line 20, subtract line 20 from line 21. Enter the result on Subtractions Schedule, line 37.					11
	(See page 5.) This is your reduction in taxable Social Security benefits.	24	999999999	00	999999999	00
	57 11162021 *21CE0657*					

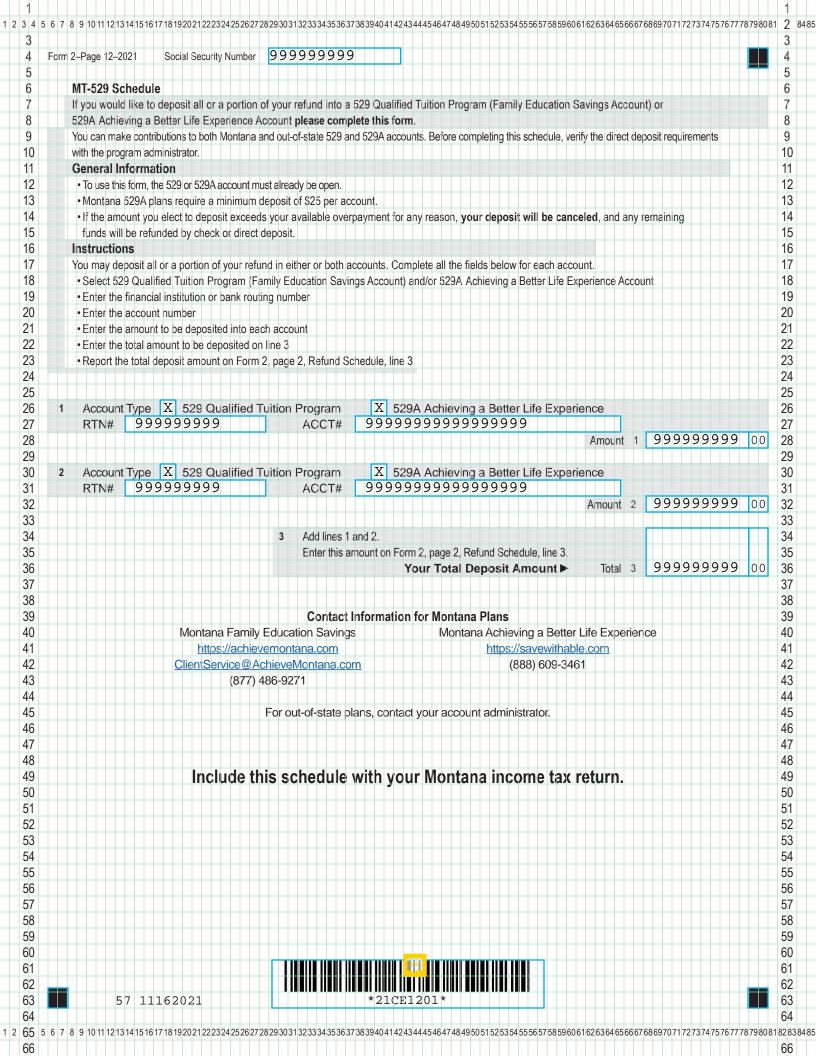
Eoro O	Page 7–2021 Social Security Number 999999999	
rorm 2	-age (-zuz1   Social Security Number   Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	
	Standard Deduction Worksheet	
	When filing separately on the same form, each spouse must figure their own deduction.	
	1 Enter your Mortana Adjusted Gross Income from page 1, line 14 1 99999999 00 99999999	
٤	2 Multiply the amount on line 1 by 20% (0.20) 2 99999999 00 99999999	9 00
Maximum	3 If you are single or married filing separately, enter \$4,830. If you are married filing jointly or	
Š	head of household, enter \$9,660. 3 99999999 00 99999999	
E	4 Enter the amount from line 2 or line 3, whichever is smaller 4 99999999 00 99999999	9 00
Minimum	5 If you are single or married filing separately, enter \$2,140. If you are married filing jointly or head of household, enter \$4,280. 5 9999999 00 99999999	9 00
	6 Enter the amount from line 4 or line 5, whichever is larger, here and on page 1, line 15.	9 00
Total	This is your standard deduction. 6 99999999 00 99999999	9 00
	Iternized Deductions Schedule	
	If you choose to itemize your deductions, mark the box on page 1, line 15.	
Ses	1 Medical and dental expenses 1a 99999999 00 9999999 00	ЩЩ
kpen	Enter the amount from page 1, line 14 1b 99999999 00 9999999 00	
Medical and Dental Expenses	Multiply line 1b by 7.5% (0.075) 1c 99999999 00 9999999 00 A B	
Dent	Subtract line 1¢ from line 1a and enter the total here, but not less than zero.  This is your deductible medical and dental expenses subject	+++
and	to a percentage of Montana Adjusted Gross Income. 1 99999999 00 99999999	9 00
2	2 Medical insurance premiums not deducted elsewhere on your return 2 99999999 00 99999999	
Med	3 Long-term care insurance premiums not deducted elsewhere on your return 3 99999999 00 99999999	
_	4 Federal income tax withheld 4a 99999999 00 9999999 00	
202	Federal estimated tax payments 4b 99999999 00 9999999 00	
Federal Tax Withheld in	2020 federal income taxes paid 4c 99999999 00 9999999 00	
dera	Other back year federal income taxes 4d 99999999 00 9999999 00	
Federal Tax	Add lines 4a through 4d and enter the total here, but not more than \$5,000 if you are single, head of household, or married filing separately; or \$10,000 if you are married filing jointly.	
Pai	This is your federal income tax deduction. 4 99999999 00 999999999	9 00
	5 General state and local sales taxes 5a 99999999 00 9999999 00	2 00
State and Local Taxes Limited to \$10,000	Local income taxes 5b 99999999 00 99999999 00	
tate and Local Taxe	Real estate taxes paid 5c 99999999 00 9999999 00	
5 5	Value-based personal property taxes 5d 99999999 00 9999999 00	
a san	Add lines 5a through 5d, enter the total here, but not more than \$10,000 if your status is single,	
Stat :	head of household or married filing jointly; or \$5,000 if you are married filing separately.  This is your state and local tax deduction. 5 99999999 00 999999999999999999999999	9 00
	This is your state and local tax deduction. 5 99999999 00 99999999 6 Montana light vehicle registration fees 6 99999999 00 999999999999999999999999	
State	7 Per capita livestock fees 7 9999999 00 99999999	
Other State	8 Other deductible taxes paid. List type and amount:	
Ö	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9 00
ts	9 Home mortgage interest and points. If paid to the person from whom you bought the house, provide their name, Social Security Number, and add	
Interest	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	10 Investment interest. Include federal Form 4952.  10 99999999 00 99999999	
Giffs to Charity	11 Charitable contributions made by cash or check 11 99999999 00 99999999 12 Charitable contributions made by other than cash or check 12 99999999 00 999999999999999999999999	
A S	13 Charitable contribution carryover from the previous year 13 99999999 00 999999999999999999999999	
	14 Child and dependent care expenses. Include Montana Form 2441-M. 14 99999999 00 99999999	
S 8	15 Casualty and theft losses. Include federal Form 4684. 15 99999999 00 99999999	
Miscellaneous Deductions	16 Political contributions, limited to \$100 per taxpayer 16 99999999 00 99999999	9 00
Boell	17 Gambling losses allowed under federal law 17 99999999 00 99999999	9 00
N C	18 Other miscellaneous deductions. List type and amount:	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9 00
Total	19 Add lines 1 through 18, and enter the total on page 1, line 15.  This is your total iternized deductions. 19 9999999 00 999999999	9 00
	Inis is your total hermaeu deductions. 13 222222 100 22222	2 00
	57 11162021 *21CE0757*	
1 1 7	, , , , , , , , , , , , , , , , , , ,	



Form 2	-Page 9-2021 Social Security Number 99999999					
	Nonrefundable Credits Schedule					
	Enter your nonrefundable credits, including any carryover credits that may be available from 2020.		A		В	
	Resident capital gains credit. 2% of capital gain entered on page 1, line 7.	1	999999999	00	999999999	00
	Nonresident/part-year resident capital gains credit.			00		00
.6	2% of capital gain entered on Nonresident/Part-Year Resident Ratio Schedule, line 7. (See page 8)	2	999999999	00	999999999	00
Carryover Provision	3 Credit for an income tax liability paid to another state or country (See schedule below)	3	999999999	00	999999999	00
- F	4 College contribution credit. Include Form CC.	4	999999999	00	999999999	00
S e	5 Qualified endowment credit. Include Form QEC.	5	999999999	00	999999999	00
ar 3	6 Energy conservation installation credit. Include Form ENRG-C.	6	999999999	00	999999999	00
9	7 Alternative fuel credit. Include Form AFCR.	7	999999999	00	999999999	00
	8 Health insurance for uninsured Montanans' credit. Include Form HI.	8	999999999	00	999999999	00
± ee	9 Elderly care credit. Include Form ECC.	9	999999999	00	999999999	00
Č	10 Recycle credit. Include Form RCYL.	10	999999999	00	999999999	00
Single Year Credits - No	11 Innovative educational program credit	11	999999999	00	999999999	00
ngle	12 Student scholarship organization credit	12	999999999	00	999999999	00
<u></u>	13 Apprenticeship credit	13	999999999	00	999999999	00
	14 Trades education and training credit	14	999999999	00	999999999	00
	15 Biodiesel blending and storage credit. Include Form BBSC.	15	999999999	00	999999999	00
	16 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here. X					
Sion	CGR Account ID: 999999999 C G R	16	999999999	00	999999999	00
Carryover Provision	17 Geothermal systems credit. Include Form ENRG-A.	17	999999999	00	999999999	00
er P	18 Alternative energy systems credit. Recognized non-fossil form of energy generation.	18	999999999	00	999999999	00
NO.	19 Alternative energy systems credit. Low emission wood or biomass combustion device.					
Car	Include Form ENRG-B if you are claiming a credit on lines 18 or 19.	19	999999999	00	999999999	00
ŧ	20 Alternative energy production credit. Include Form AEPC.	20	999999999	00	999999999	00
its v	21 Dependent care assistance credit. Include Form DCAC.	21	999999999	00	999999999	00
red	22 Historic property preservation credit. Include federal Form 3468.	22.	999999999	00	999999999	00
Nonrefundable Credits with	23 Infrastructure users fee credit. Include Form IUFC.	23	999999999	00	999999999	00
ldal	24 Empowerment zone credit	24	999999999	00	999999999	00
Ja Ja	25 Increasing research activities credit. Include a detailed schedule of the credit carryforward.	25	999999999	00	999999999	00
Į.	26 Mineral and coal exploration incentive credit. Include Form MINE-CRED.	26	999999999	00	999999999	00
	27 Adoption credit. Include federal Form 8839.	27	999999999	00	999999999	00
	28 Media credit. Include Form MEDIA-CLAIM	28	999999999	00	999999999	00
Total	29 Add lines 1 through 28, and enter the total on page 1, line 19.		000000000		00000000	
-	This is your total nonrefundable credits.	29	99999999	00	999999999	00
	Condit for Income Tay Bail to Another State on Country Selection					
	Credit for Income Tax Paid to Another State or Country Schedule					
	You may have paid income tax on income sourced to another state while a MT resident. Use this schedule to calculate this credit. You cannot claim this credit if a foreign tax credit is claimed for federal tax purposes.		A		В	
	Enter your income sourced and taxable to another state or country that is included in your Montana		A		D	
≥,	Adjusted Gross Income or in your Montana source income if a part-year resident. (See instructions)	1	999999999	00	999999999	00
Jum t	Enter all income sourced and taxable to the other state or country.			50		00
Credit for Taxes Paid to Another State or Country	Enter state's abbreviation. XX	2	999999999	00	999999999	00
ate	3 Enter your income sourced and taxable to Montana.	Ť				- 0
S	If a full-year resident, enter page 1, line 14.					
othe	If a part-year resident, enter Nonresident/Part-Year Resident Ratio Schedule, line 16. (See page 8)	3	999999999	00	999999999	00
And	4 Enter your total income tax liability paid to the other state or country (See instructions)	4.	99999999	00	999999999	00
d to	5 Enter your Montana tax liability (See instructions)	5	99999999	00	99999999	00
Pai	6 Divide line 1 by line 2. Enter the percentage here, but not more than 100%.	6	999.99		999.99	
эхе	7 Multiply line 4 by line 6	7	999999999	00	999999999	00
or Ta	8 Divide line 1 by line 3. Enter the percentage here, but not more than 100%.	8	999.99		999.99	
dit fe	9 Multiply line 5 by line 8. (If you have capital gains included on line 1, see instructions.)	9	999999999	00	999999999	00
Cre	10 Enter the smaller of the amounts on lines 4, 7, or 9 here and on Nonrefundable Credits Schedule,					
	line 3 (See above.) This is your credit for income tax paid to another state or country.	10	999999999	00	999999999	00
	57 11162021 *21CE0957*					

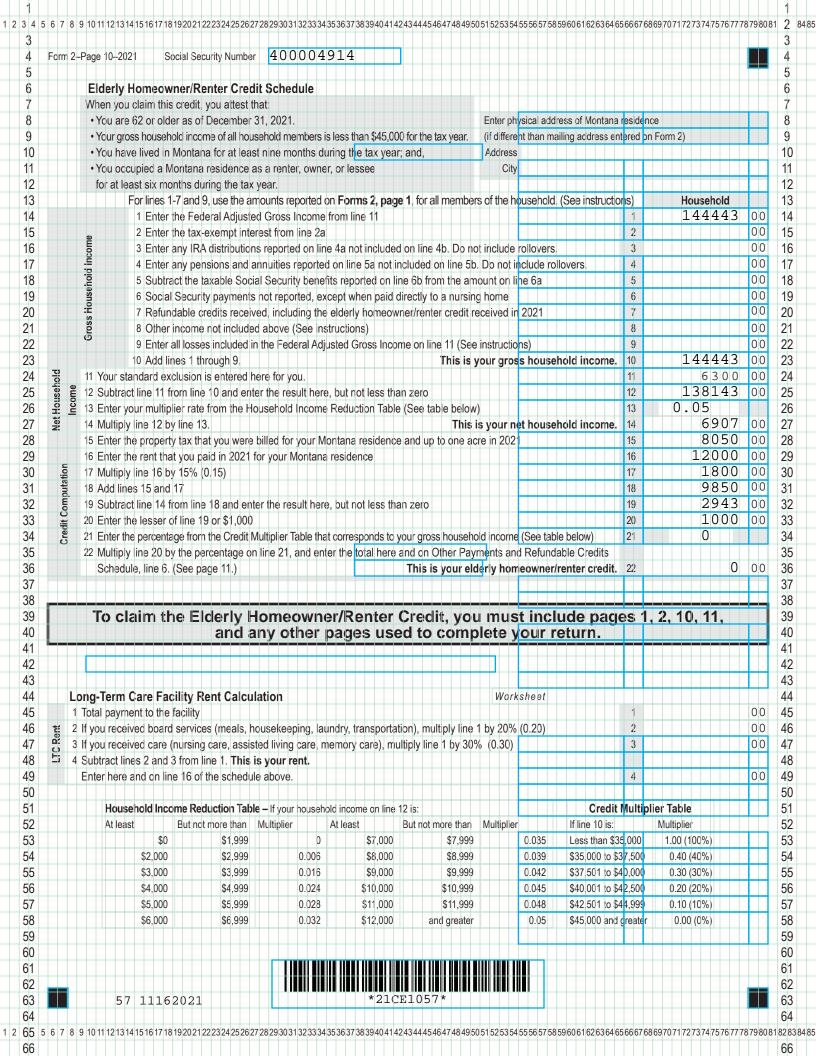






ples	2021 Montana Individual Income Tax Ro	<del></del>				Form 2	
Page	e 1 For the year Jan 1 – Dec 31, 2021, or the tax year beginning	and	ending				
	First name and initial Last name			ecurity Number		eceased? Date of o	leath
	CLARK T KENT			04914			
Ma	ark if this is Spouse's first name and initial Last name					eceased? Date of o	leath
an	amended LOIS L KENT		4000	04915		10012020	
		City		Sta	ate ZP	Code + 4	
(Se		HIGH P	OINT	M	[ 27!	573	
		Residency	Status X	1 Resident t	full-year	North Dakota reci	procity
Status		Mark only or		2 Nonreside			1 1
g S	2b Married filing separately on separate forms If using 2b or 2c, enter your spouse's S			3 Resident		<del></del>	ns)
Filing	2c Married filing separately and spouse not filing		<del> </del>		J , J	(500	,,
	First name Last name Social Security	v Number	Relati	onship		Mark if di	sabled
ent	The name East name Section Section 1	y rearries:	i toicti	Onsinp		- Wildirk ii di	Jabroa
Dependents							+++
Dep	<del>▗▘</del>					++++	+++
				Column A	0	olumn B (for spouse wh	en filing
	a X Yourself 65 or older Blind Enter number r	marked		JOIGH III	_		, i
ions				1		separately using filing stati	is Zd)
mpti				1 1			
Exemptions	c Enter the total number of dependents. If more than 3 dependents, see instructions.	0		1		++++++	
	d Add lines a through c. This is your total number of exem	ptions. d		1 77777	0.0		
	1 Wages, salaries, tips, etc. Include federal Form(s) W-2	1		77777	00	66666	
	2a Tax-exempt interest 2a 00 00 2b Taxable in				00		00
	3a Qualified dividends 3a 00 00 3b Ordinary di				00		00
e.	4a IRA distributions 4a 00 00 4b Taxable a		)		00		00
20	5a Pensions and annuities 5a 00 00 5b Taxable a	amount 5b	)		00		00
Federal Income	6a Social Security benefits 6a 00 00 6b Taxable a	amount 6b	)		00		00
ğer	7 Capital gain or (loss). Attach Schedule D if required. If not required, mark here	7			00		00
Ŧ.	8 Other income from Schedule 1, line 10 (See page 3)	8	3		00		00
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. <b>This is your total ir</b>	ncome. 9	)	77777	00	66666	00
	10 Adjustments to income from Schedule 1, line 25 (See page 3)	10	)		00		00
	11 Subtract line 10 from line 9. This is your Federal Adjusted Gross Ir	ncome. 11		77777	00	66666	
	12 Montana additions (See page 4)	12			00		00
me	13 Montana subtractions (See page 5)	13			00		00
Income	14 Montana Adjusted Gross Income. Add lines 11 and 12, then subtract line 13.	14		77777	00	66666	
ple	15 <b>Standard or itemized deductions.</b> Mark this box and include page 7 if you elect to			9160			00
axa	16 Exemptions. Multiply \$2,580 by your total number of exemptions.	16		2580	00	C	
	17 <b>Taxable income</b> . Subtract lines 15 and 16 from line 14. If zero or less, enter 0.	17		66037	00	66666	
	18 Tax liability before credits (See instructions)	18		5234	00	4297	
ts	19 Nonrefundable credits (See page 9.) Do not enter an amount larger than line 18.	19		5251	00	127	00
Payments	20 Tax after nonrefundable credits. Subtract line 19 from line 18.	20		5234	00	4297	
Pay	21 Montana tax withheld on Forms W-2 and 1099	21		5555	00	1111	
pu	22 Other payments and refundable credits (See page 11)	22		7524	00	2434	
its a				1324	UU	2434	. 00
45	23a Earned Income Tax Credit Enter your federal EITC 23a	0.0			0.0		0.0
X.	23b Multiply line 23a by 3% (0.03) and enter the result (Status 2a filers: See instructions)	23b			0.0		00
Ta	24 Contributions, penalties, and interest (See page 11)	24		12074	00	20	
	25 Total payments. Add lines 21, 22, and 23b, then subtract line 24.	25		13074	00	3525	
	26 If line 25 is less than line 20, subtract line 25 from line 20. This is your TAX				00	772	00
	Pay online at https://tap.dor.rnt.gov or make checks p					venue	
	27 If line 25 is more than line 20, subtract line 20 from line 25. This is your TAX OVER	RPAID ► 27		7840	00		00
							Ш
							ШШ
	Go to Page 2 to complete your return	and cla	aim an	v refund			
				1			
	Office Use Only						
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	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48						004 04

1 3 4 5	5 6 7 8 9 10 11 12 13 14 15 16 1	7 18 19 20 21 22 23 24 25 26 27 28 3	29 30 31 32 33 34 35 36 37 38 39	940414243444546474849505152	253545556575859606162	63 64 65 66 67 68 69 70	71727374757677	78798081
3	F 2 P 2 2024		400004914					
5	Form 2-Page 2-2021	Social Security Number	400004914					
;	Filing Status 2a P	avment Schedule						
7			schedule only if there i	s an amount on page 1, line 2	6, and on page 1, line 2	7.		
}				your spouse before you can cla			edule.	
)	1 Enter the amount	from line 26, tax due			1	318	6 00	
0	2 Enter the amount	from line 27, tax overpaid	i		2	32		1
1	3 Subtract line 2 fro	m line 1, enter the result t	out not less than zero	This is your net	amount due. 3	286	5 00	1
2		m line 2, enter the result b		This is your net			0 00	1
3	The amount on line 4 (	above) must be entered on F	Refund Schedule, line 1 (l	below), and in the column of the	spouse with an overpay	ment on page 1, lin	e 27.	1
14								1
15	Refund Schedule							1
16					A	0.1	B 2106	1
17				2a Payment Schedule, line 4		21 00	3186	
18		1 you want applied to you		(0 40)		15 00	2000	
19	4 Subtract lines 2 a	1 you want deposited into	a 529 or 529A account	1		00 00 06 00	999 187	
20	4 Subtract lines 2 a		aturn in Mantana for th	This is your REFUND ▶				00 2
21 22				e first time, direct deposit is n				
23		ii the direct depos	it option is available; an	d you wish to use it, provide y	our bank account into	mation, and sign	your return belo	Jw. 2
23 24								2
25	Your	RTN# 98798	87987	ACCT# 1020304	0506070809		<del></del>	2
26	Direct			mark one box. X Checkin				2
27	Deposit	in doing direct dops	ot, you are roquilled to	inancono box. [22] Ondonin	g			2
28	Account	If this deposit is go	ing to an account locat	ed outside of the United State	es or its territories, mai	k this box.		2
29								2
30								3
31	REQUIRED							3
32	Signature, Paid F	Preparer, and Third-Pa	rty Designee					3
33	Under penalties of f	alse swearing, I declare th	at I have examined this	return, including accompany	ing schedules and stat	ernents,		3
34	and to the best of m	y knowledge and belief, it	is true, correct, and cor					3
35	Your signature is required	1.		Spouse's signature				3
36			Date			Date	00000	3
37	X		01012022	X		020	22022	3
38		ver daytime phone number	654 321 65	043				3
39	Paid preparer's signature							3
10			Preparer's PTIN	Firm's FEIN 124578986	37 14 126 21			4
11	D		P65478932 508 090 60		X Mark if paid p	reparer is also a T	nird-Party Desig	
12		er daytime phone number						4
3  4	Name JANE I		er person (other than a	paid preparer) to discuss this		number 807	909 50	50 4
5	Name OANE I	700GII			FIIOIR	riullibei 007	JUJ JU	20 2
16								
17	Farming busi	ness net operating los	s carryback waiver	. Mark this box if you do no	nt want to carry back	VOLIT		
8		farming business net of		i mark and box ii you do ik		y our		
.9		3 , 3 , 3 , 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
0	Amended Return	Information						5
1	Mark the appropriate		ole below, indicate the r	easons for the changes you r	made to your Montana	tax return.		5
2	a NOL carrybac		Schedule	Line or Box Reason				5
3	b Federal audit							5
4	c Amended fed	eral return						5
5	d Filing status							5
6	e Other							5
7								5
8								5
59								5
60								6
31								6
62								
63	57 11:	162021	7	*21CE0257*				<b>1</b> 6
64								6
	5 6 7 8 9 10 11 12 13 14 15 16 1	7 18 19 20 21 22 23 24 25 26 27 28 2	29 30 31 32 33 34 35 36 37 38 39	940414243444546474849505152	253 54 55 56 57 58 59 60 61 62	63 64 65 66 67 68 69 70	71 72 73 74 75 76 77	
66								6



6 Multiply line 1 by 90% (0.90)

	Other Payments and Refundable Credits Schedule					
	Withholding reported on Forms W-2 and 1099 must be entered on page 1, line 21.		Α		В	
	1 2021 estimated tax payments	1	5555	00	1111	00
ts a	2 Overpayment applied from 2020 return	2	555	00	111	00
ts a redi	3 Total withholding from Montana Schedules K-1	3	404	00	202	00
men le C	4 Emergency lodging credit. Include Form ELC.	4		00		00
Pay dab	5 Unlocking public lands credit	5		00		00
Other	6 Elderly homeowner/renter credit (See schedule on page 10, line 22)	6		00		
₽ %	7 Other payments (See instructions)	7	1010	00	1010	00
	8 Add lines 1 through 7, enter on page 1, line 22. This is your other payments and refundable credits.	8	7524	00	2434	00

	Contributions, Penalties,	and	d Inte	erest (	Schedu	ıle												
	Enter any voluntary contributions	to c	check-	off prog	jrams, pe	enalties, and	interest on the	corresponding	lines									
	Voluntary Contributions					Α									В			
ဟ	1 Nongame Wildlife Program	а	X	\$5	\$10	\$20	0.0	other amount	а	\$5	5	\$10	Χ	\$20		00	other amo	ount
tion	Child Abuse Prevention	b		\$5	\$10	\$20	0.0	other amount	b	\$5	5	\$10		\$20		0.0	other amo	ount
ä	Agriculture Literacy in MT Schools	С		\$5	\$10	\$20	0.0	other amount	С	\$5	5	\$10		\$20		0.0	other amo	ount
Contributions	MT Military Family Relief Fund	d		\$5	\$10	\$20	00	other amount	d	\$5	5	\$10		\$20		00	other amo	ount
O												A	١				В	
						Tota	al voluntary c	ontributions	1					5	00		20	00
Amend	2 If filing an amended return, e					•		2022	2						00			00
and	3 Interest on underpayment of								3						00			
Penalties and Interest	If applicable, mark the appropri					g gross incor		nated payme	nts w	ere m	nade i	using	the a			method		
Inte	4 Late file penalty, late paymer	-		y and ir	nterest (	See instruc	tions)		4						00			00
a	5 Other penalties (See instruct		,						5						00			00
Total	6 Add lines 1 through 5, and e	nter												_				
Ľ				This is	your co	ontribution	s, penalties, a	and interest.	6					5	00		20	0.0
	Calculation of Interest on If you are filing separately on t	he s	same	form, o					ations	S.		Wo	rksl	heet				
	1 Total tax due reported on page	ge ´	1, line	20											1			00
\$500 Threshold	2 Montana tax withheld on For					. •									2			00
res	3 Combine the amounts on Ot	her	Payn	nents a	nd Refu	indable Cre	dits Schedule,	lines 2 through	gh 6	(See	sched	lule a	bove	e)	3			00
<u></u> ⊢ 0	4 Add lines 2 and 3														4			0 0
\$50	5 Subtract line 4 from line 1														5			00
							If your result is	s \$500 or less	s, sto	p here	e; you	ı do n	ot ov	we int	erest on	your unde	erpaymen	ıt.
	0.14 10: 1 1: 41 000/ (0.00)														•			0.0

Ψ.	income tax nature, that job entered on jobs 2020 to man 2, page 1, mile 20		7.7
2021	8 Enter the smaller of line 6 or line 7	8	00
derpayme for 2021	9 Add the amount on line 4 above and Other Payments and Refundable Credits Schedule, line 1 (See schedule above)	9	00
P L	10 Subtract line 9 from line 8. This is your total underpayment for 2021.	10	00
	If the result is zero or less, stop here; you do not owe in	terest	on your underpayment.
	11 Multiply line 10 by 2.000% (0.02000)	11	00
st	12 If you paid the amount on line 10 on or after April 18, 2022, enter 0. If you paid the amount on line 10 before April 18,		
Interest	multiply the amount on line 10 by the number of days you paid before April 18 and then by 0.0000822.	12	00
드	13 Subtract line 12 from line 11, and enter on Contributions, Penalties, and Interest Schedule, line 3. (See schedule above)		
	This is your interest on the underpayment of estimated taxes.	13	00

00

00

6 7



7 Income tax liability that you entered on your 2020 Form 2, page 1, line 20

		2021 M	ont	tana Ir	divi	dual Incoi	me Tax F	Retur	n				Form 2	
Pag	je 1	For the year Jan	1 – D	ec 31, 2021, c	r the tax	year beginning			and e	nding			1 01111 2	
		First name and				name				Social Sec	curity Number		eceased? Date of d	eath
Σ	ζ	CHARLIE	C	N.	BRO	NWC				40000	14900			
M	ark if this is	Spouse's first	name	and initial	Last	name				Spouse's S	Social Security N	lumber D	eceased? Date of d	eath
ar	amended													
re	turn.	Current mailing	g addı	ess				City			Sta	te ZIP	Code + 4	
(S	ee page 2)	215 LAI	[D	BACK W	ΙΑΥ			BILL	INC	SS	MΠ	27!	573	
sn	X 1 Si	ngle 3	3 Hea	d of househo	old	4 Married filing j	jointly	Resider	ncy S	tatus X	1 Resident f	ull-year	North Dakota recip	orocity
Stal		arried filing sepa						Mark on	•	e box.	2 Nonreside	•		
Filing Status		arried filing sepa	-	-		If using 2b or 2c, er	nter your spouse's	SSN belov	W.		3 Resident	oart-year	(See instructio	ns)
正	2c Ma	arried filing separ		· ·	ot filing									
nts	First name	е	Lá	ast name			Social Secur	ity Numbe	er	Relation	nship		Mark if dis	sabled
nde														
Dependents														
												•	1 2"	
	. V \	/If	٥٢ -		DI:	d	Cataa a a a a ba				Column A		olumn B (for spouse whe	
ons		Yourself		or older	Bli		Enter number		a				separately using filing statu	s 2a)
npti		Spouse		or older	Bli		Enter number	r marked	b					
Exemptions			or de	pendents. If	more tha	an 3 dependents, se			C					
_		es a through c.	oto In	aluda fadarı	l Form/s	This is your total	number of exer	nptions.	d 1		55555	0.0		00
	-	s, salaries, tips,		iciude federa 5 C			0 0 2b Taxable	intoroot	2b		33333	0.0		0.0
		empt interest ed dividends	2a	50	00							0.0		0.0
	4a IRA dist		3a		00		0 0 3b Ordinary 0 0 4b Taxable		3b			0.0		0.0
Federal Income		ns and annuities	4a		00		0 0 4b Taxable		4b 5b			0.0		0.0
<u>ü</u>		Security benefits		987			0 0 6b Taxable		6b		9876	00		0.0
eral		•				ired. If not required		aniount	7		2010	00		0.0
Fed		ncome from Sc			-	-	, mark nere		8		606	00		0.0
		es 1, 2b, 3b, 4b			. •	,	his is your total	income	9		66037	00	0	
		ments to income					ilis is your total	mcome.	10		1200	00		0.0
		ct line 10 from l		Ochodule 1		is is your Federal <i>i</i>	Adjusted Gross	Income	11		44444	00	0	
		na additions (Se		ie 4)			tujuotou o. ooo		12			00		0.0
me		na subtractions		. ,					13		1515	00		0.0
axable Income					l lines 11	and 12, then subtra	act line 13.		14		42929	00	0	
ple		ard or itemized				his box and include p		o itemize.	15		4710	00		00
аха	16 Exemp	otions. Multiply	\$2,58	0 by your to		er of exemptions.			16		0	00	0	00
_						ine 14. If zero or les	ss, enter 0.		17		38219	00	0	00
	18 <b>Tax lia</b>	bility before cr	edits	(See instruc	tions)				18		2121	00		00
nts	19 Nonref	undable credits	(See	page 9.) Do	not ente	r an amount larger t	than line 18.		19		1221	00		00
yme		ter nonrefunda	•			-			20		900	00	0	00
l Pa	21 Montar	na tax withheld	on Fo	rms W-2 and	1099				21			00		00
<b>Credits and Payments</b>	22 Other p	payments and re	efunda	able credits (	See pag	e 11)			22			00		00
dits	23a Earned	d Income Tax C	redit		Enter	your federal EITC	23a	00						
	23b Multiply	/ line 23a by 3%	(0.03)	and enter th	e result (	Status 2a filers: See i	instructions)		23b			00		00
Tax,	24 Contrib	outions, penaltie	s, and	d interest (Se	ee page	11)			24			00		00
	25 Total p	ayments. Add	lines 2	21, 22, and 2	23b, ther	subtract line 24.			25		0	00	0	00
	26 If line 2	25 is less than li					This is your TA				900	00	0	00
		Pay	y onl	ine at htt	os://tap	o.dor.mt.gov or	make checks	payable	to /	Montana	Departmen	t of Re	venue	

Go to Page 2 to complete your return and claim any refund.

27 If line 25 is more than line 20, subtract line 20 from line 25. This is your TAX OVERPAID ▶ 27



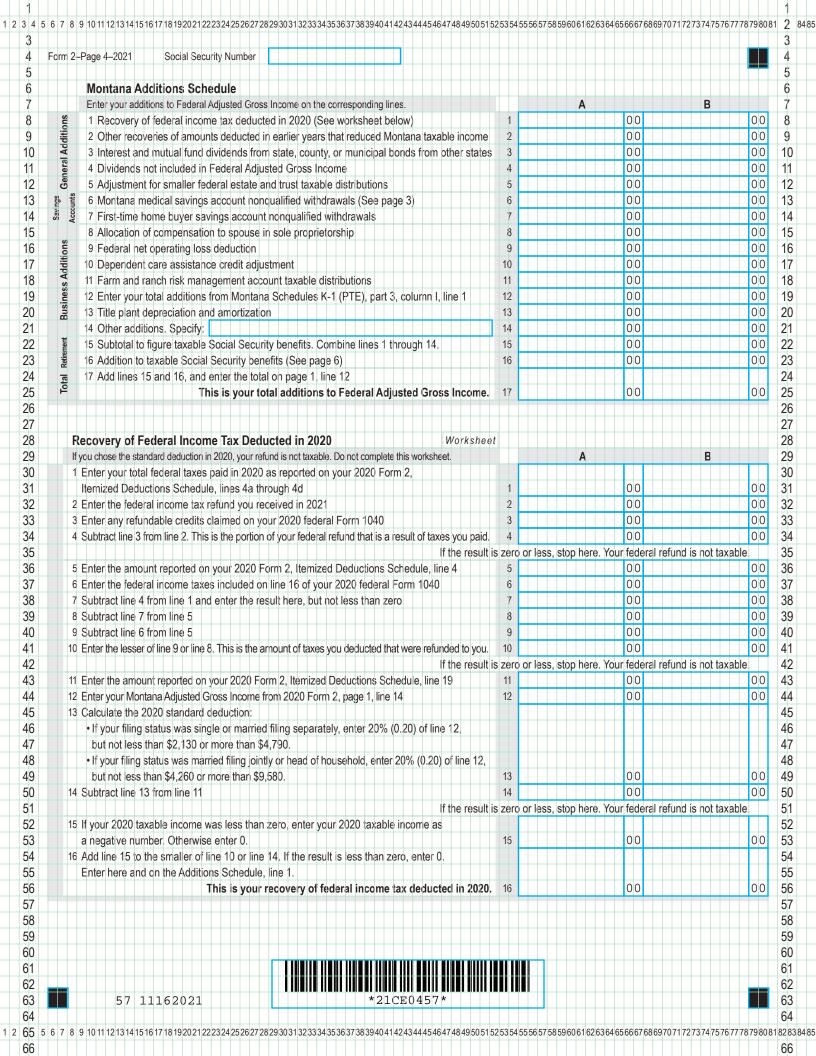
00

Filing Status 2a Payment Sche	dula							
If your filing status is 2a, you <b>must co</b>		chedule <b>only if</b> there is a	an amount on	page 1 line 2	% and on page	1 line 27		
Under filing status 2a, your overpaymer	-						efund Schedule.	
1 Enter the amount from line 26, <b>ta</b> :		and announcement by ye	а. орошоо во.	or of our our on	u	1	900 00	
2 Enter the amount from line 27, ta						2	0.0	
3 Subtract line 2 from line 1, enter t	-	t not less than zero	Th	is is your ne	et amount due.	3	900 00	
4 Subtract line 1 from line 2, enter t				-	overpayment.		0 00	
The amount on line 4 (above) must be e	entered on Re	fund Schedule, line 1 (be	low), and in th	e column of the	e spouse with an	overpayment on	page 1, line 27.	
Refund Schedule								
						Α	В	
1 Enter your overpayment from page	1, line 27 or f	rom the Filing Status 2a	Payment Sch	edule, line 4	1	0	00	00
2 Amount from line 1 you want app	lied to your 2	022 estimated tax			2	0	00	00
3 Amount from line 1 you want dep					3		00	00
4 Subtract lines 2 and 3 from line 1			-	REFUND ►	4		00	00
	•	urn in Montana for the f		•			•	
If the di	rect deposit	option is available and	you wish to u	se it, provide	your bank acco	unt information,	and sign your retu	rn below.
Vous DTN#			ACCT#					
Your RTN# Direct If using	direct denseit	Lucu are required to ma	ACCT#	Chaolsis	og Covin			
Deposit	allect deposi	t, you are required to ma	ark one box.	Checki	ng Savir	igs		
-	anneit ie anin	g to an account located	d outside of th	a United Stat	tee or ite territor	ies mark this ho	NV.	
Account	eposit is goiri	g to air account located	i outside of ti	ie Officed Oca	tes of its territor	ies, mark tills be	/Λ.	
REQUIRED Signature, Paid Preparer, and Under penalties of false swearing, I and to the best of my knowledge an	declare that	I have examined this re		ng accompan	ying schedules	and statements,		
Your signature is required.	iu bellet, it is	true, correct, and comp		se's signature	<u>م</u>			
Tour signature is required.		Date	Орой	30 3 Signature	•		Date	
х		02022022	Х				Dato	
Taxpayer daytime phon		987 987 987						
Paid preparer's signature								
		Preparer's PTIN	Firm's FE	IN				
		P65465465	12312	23123	Mark	if paid preparer is	s also a Third-Party	Designee.
Preparer daytime phon	ne number							
X Mark the box if you want to al	llow another	person (other than a pa	aid preparer)	to discuss this	s return with us.			
Name JOE BLOUGH						Phone numbe	- 101 010	
						i ilollo llallibo	1 101 010	1010
						T Hono Hambo	1 101 010	1010
Farming business net oper 2021 farming business Amended Return Information	-	•	Mark this bo	x if you do n	ot want to car		1 101 010	1010
2021 farming busing Amended Return Information	ness net op	•				ry back your		1010
2021 farming busin	ness net op	erating loss. below, indicate the rea		changes you	made to your M	ry back your		1010
2021 farming busing Amended Return Information Mark the appropriate box.	ness net ope	erating loss. below, indicate the rea	asons for the	changes you ox Reasor	made to your M	ry back your Iontana tax retur		1010
Amended Return Information Mark the appropriate box.  a NOL carryback	In the table	erating loss. below, indicate the rea	asons for the Line or B	changes you ox Reasor	made to your M	ry back your Iontana tax retur		1010

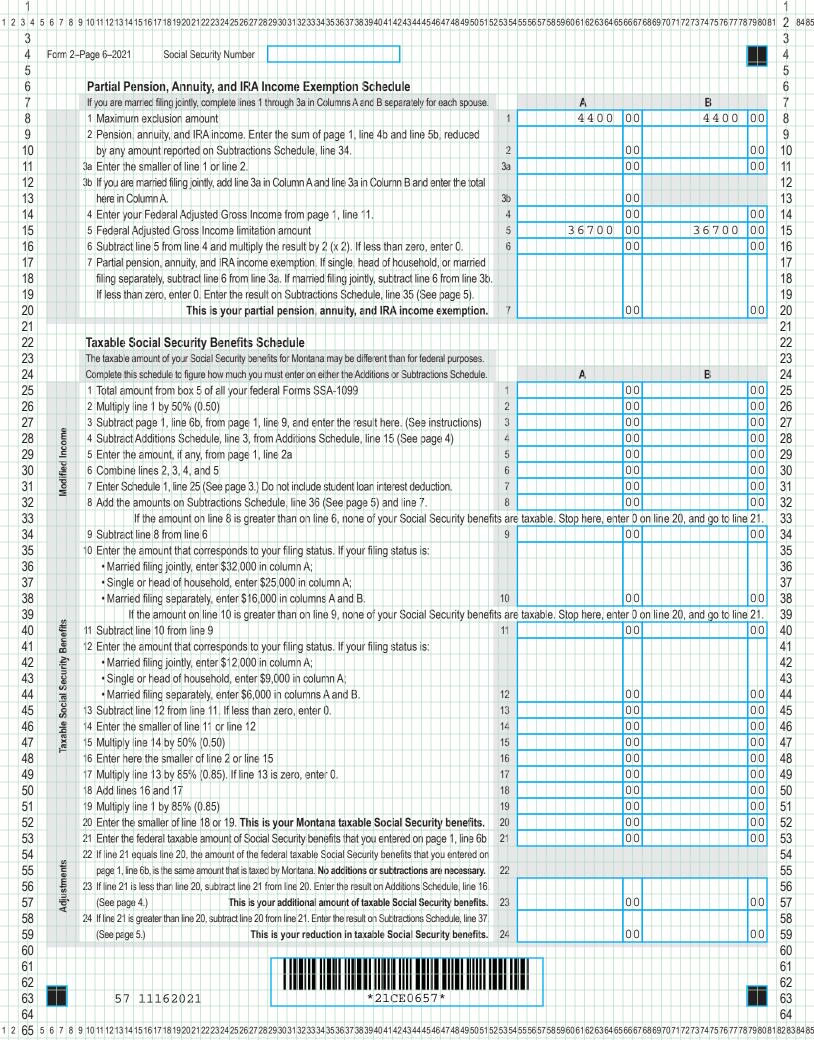


e Other

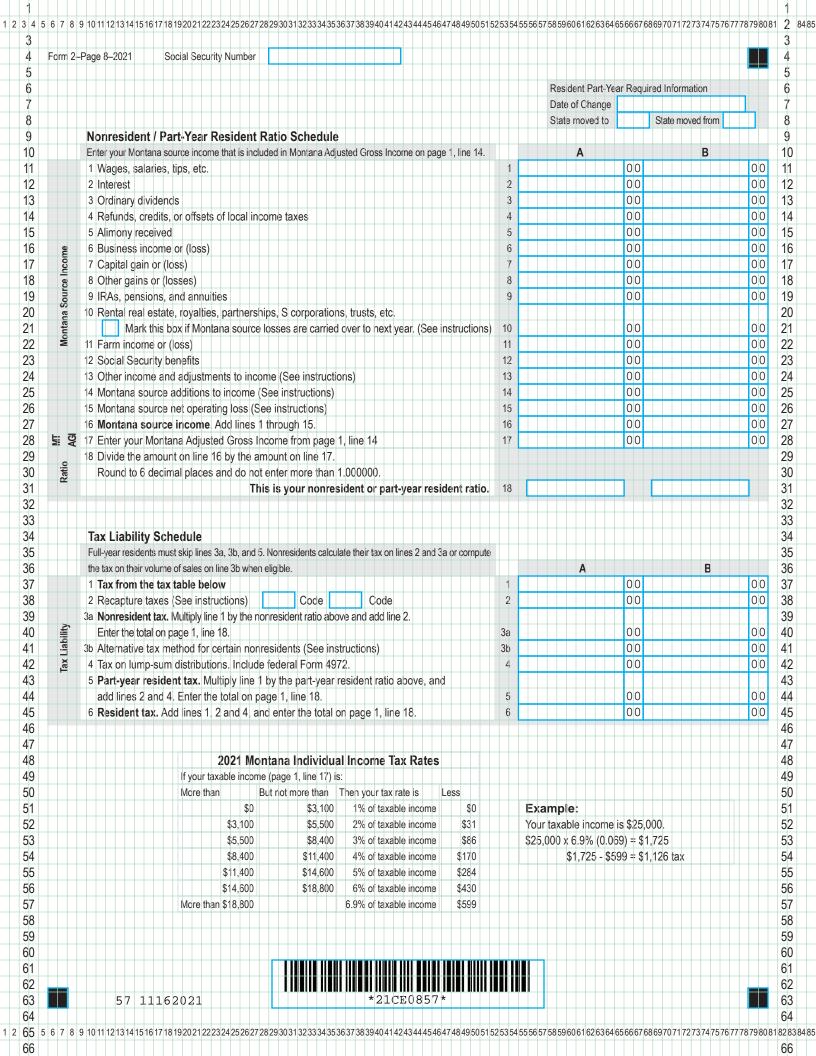
Form 2-Page 3-2021 Social Security Number 400004900				
Schedule 1 (federal Form 1040 or 1040-SR)				
Additional Income and Adjustments to Income				
Enter your additional income and adjustments to income from Form 1040, Schedule 1		A		В
1 Taxable refunds, credits, or offsets of state and local income taxes	1	606	00	00
2a Alimony received	2a		00	0.0
2b Date of original divorce or separation agreement 2b				
3 Business income or (loss). Include federal Schedule C.	3		00	00
4 Other gains or (losses). Include federal Form 4797.	4		00	00
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E.	5		00	00
	6		00	00
2 7 Unemployment compensation	7		00	00
8 Other income.				
6 Farm income or (loss). Include federal Schedule F. 7 Unemployment compensation 8 Other income. 8a Net operating loss 8b Gambling income	8a		00	00
8b Gambling income	8b		00	00
8c Cancellation of debt	8c		00	00
8d Foreign earned income exclusion from Form 2555	8d		00	00
85 Section 461(I) excess business loss adjustment	80		00	00
8x Other income from Form 1040, Schedule 1 lines 8e through 8n,8p, and 8z	8x		00	00
9 Total other income. Add lines 8a through 8x.	9		00	00
10 Combine lines 1 through 7 and 9. Enter here and on page 1, line 8.	10	606	00	00
11 Educator expenses	11		00	00
12 Certain business expenses of reservists, performing artists, and fee-basis government officials.				
Include federal Form 2106.	12	1000	00	00
13 Health savings account deduction. Include federal Form 8889	13	1200	00	00
14 Moving expenses for members of the Armed Forces. Include federal Form 3903.	14		00	00
15 Deductible part of self-employment tax. Include federal Schedule SE.	15		00	00
16 Self-employed SEP, SIMPLE, and qualified plans	16		00	00
3 17 Self-employed health insurance deduction	17		00	00
a 18 Penalty on early withdrawal of savings	18		00	00
17 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 19a Alimony paid 19b Recipient's SSN 19c Date of original divorce or separation agreement 19c 20 IRA deduction	19a		00	00
19b Recipient's SSN 19b				
19c Date of original divorce or separation agreement 19c 20 IRA deduction	2:0		00	00
21 Student loan interest deduction			00	00
22 Reserved for future use	21		00	00
23 Archer MSA deduction	23		00	00
24 Other adjustments. List types and total amount.	2.0			
2.1 Other adjustments. List types and local arrivants.	2:4		00	00
25 Add lines 11 through 24. Enter the total on page 1, line 10.	25	1200	00	00
Montana Medical Savings Account (MSA) Schedule				
If you have an MSA, you must report your beginning and ending balance each year.		Α		В
1 Beginning balance. If this is a new account, enter 0.	1		00	00
	2		00	00
2 Total contributions for the year  3 Earnings from the account: interest, dividends, capital gains, etc.  4 Add lines 2 and 3. Enter the total on Subtractions Schedule, line 15. (See page 5)	3		00	00
4 Add lines 2 and 3. Enter the total on Subtractions Schedule, line 15. (See page 5)	4		00	00
5 Ending balance. Enter your ending balance as shown on your year-end account statement.	5		00	00
1 Total withdrawals made during the year	1		00	00
2 Withdrawals for eligible expenses (See instructions)	2		00	00
3 Nonqualified withdrawals. Subtract line 2 from line 1. Enter the total on Additions Schedule, line 6. 4 Nonqualified withdrawals not subject to the 10% (0.10) penalty (See instructions)	3		00	00
4 Nonqualified withdrawals not subject to the 10% (0.10) penalty (See instructions)	4		00	00
2 Withdrawals finate dufflightle year  2 Withdrawals for eligible expenses (See instructions)  3 Nonqualified withdrawals. Subtract line 2 from line 1. Enter the total on Additions Schedule, line 6.  4 Nonqualified withdrawals not subject to the 10% (0.10) penalty (See instructions)  5 Nonqualified withdrawals subject to penalty. Subtract line 4 from line 3.  6 Penalty. Multiply line 5 by 10% (0.10) and include the total on	5		00	00
6 Penalty. Multiply line 5 by 10% (0.10) and include the total on				
Contributions, Penalties, and Interest Schedule, line 5 (See page 11)	6		00	00
57 11162021 *21CE0357*				



$\perp$	Fa 0	-Page 5–2021 Social Security Number 400004900					
+	rurm 2	-Page 5-2021 Social Security Number 4 0 0 0 0 4 9 0 0					
		Montana Subtractions Schedule					+
		Enter your subtractions from Federal Adjusted Gross Income on the corresponding lines.		Α		В	
	S	1 State income tax refunds included on Schedule 1, line 1 (See page 3)	1		00	00	0
Т	General Subtractions	2 Interest and mutual fund dividends from federal bonds, notes, and obligations	2		00	0(	_
)	otra	3 Partial interest exemption for taxpayers 65 and older	3		00	0(	_
	S	4 Adjustment for larger federal estate and trust taxable distribution	4.		00	0(	_
2	eral	5 Exemption for certain income of child taxed to parent	5		00	0(	_
3	Gen	6 Recoveries of amounts deducted in earlier years that did not reduce Montana income tax	6		00	0(	_
, 		7 Unemployment compensation	7		00	0(	_
5		8 Exempt tribal income. Include Form ETM.	8		00	0(	_
3	ent	9 Certain taxed tips and gratuities	9		00	0(	_
7	n yo	10 Workers' compensation benefits	10		00	0(	_
3	Employment	11 Certain health insurance premiums taxed to employee	11		00	0(	_
)	II	12a Student loan repayments for health care professional included in gross income	1281		00	0(	_
)		12b Student loan repayments for educator included in gross income	12b		00	0(	_
, 	,	13 Military salary of active duty servicemembers	13		00	0(	
2	Military	14 Life insurance premiums reimbursement or death benefits for National Guard and Reservist	14		00	0(	
3		15 Montana medical savings account deposits and earnings (See page 3)	15		00	0(	
, ļ	o t		16		00	0(	
5	Savings	17 Family education savings account (529) deposits (up to \$3,000 per taxpayer)	17'		00	0(	
3	Sa	18 Achieving a Better Life Experience Act (ABLE) account deposits					
7		(up to \$3,000 per taxpayer)	18		00	00	0
3	8	19 Carryover of capital losses incurred prior to 2007	19		00	0(	
)	Status	20 Carryover of passive losses incurred prior to 2007	20		00	0(	
)		21 Allocation of compensation to spouse in sole proprietorship	21		00	0(	_
, 		22 Montana net operating loss carryover from Form NOL	22.		00	0(	_
2		23 Business-related expenses for purchasing recycled material. Include Form RCYL.	23		00	0(	_
3	Suc	24 Business expenses not included on page 1, line 11, due to an existing federal credit taken.					
ļ	ness Subtractions	(Do not include depreciation deductions)	24		00	00	0
5	btra	25 Certain expenses incurred by medical marijuana providers (See instructions)	25		00	0(	_
3	SSI	26 Sales of land to beginning farmers	26		00	0(	_
7		27 Capital gains and dividends from small business investment companies	27		00	00	_
3	Busi	28 Certain gains recognized by liquidating corporation	28		00	0(	
)		29 Farm and ranch risk management account deposits. Include Form FRM.	29		00	00	_
)		30 Donation of mineral exploration information	30		00	00	_
		31 Capital gain on eligible sale of mobile home park.	31		00	00	_
2		32 Total subtractions from Montana Schedules K-1 (PTE), part 3, column I, line 2	32.		00	00	
3		33 Partial retirement disability income exemption for taxpayers under age 65	33		00	00	
ļ	+	34 Federal taxable Tier II Railroad Retirement benefits entered on page 1, line 5b	34		00	00	0
5	me	35 Partial pension, annuity, and IRA income exemption (See page 6)	35		00	0(	0
3	Retirement	36 Subtotal to figure taxable Social Security benefits. Combine lines 1 through 35.	36	1515	00	00	
7	ď	37 Add your subtraction from federal taxable Social Security benefits (See page 6) and your					
3		Tier I Railroad Retirement benefits	37'		00	0(	_
)	2	38 Add lines 36 and 37, and enter the total on page 1, line 13.					
)	Total	This is your total subtractions from Federal Adjusted Gross Income.	38	1515	00	0(	0
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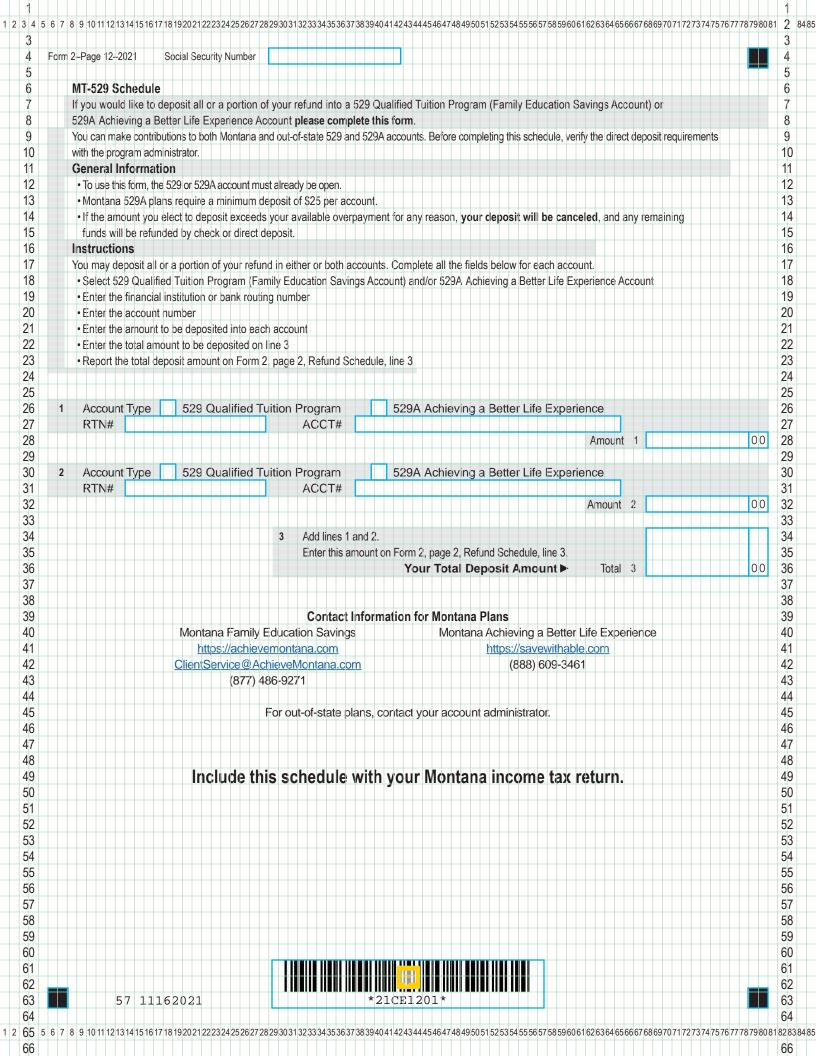
Ecm- 0	Pogo 7 2021 Cosial Costil Number	400004900			
Form 2-	-Page 7–2021 Social Security Number	400004900			<del>                                     </del>
	Standard Deduction		Worksheet		
	When filing separately on the same form, each	spouse must figure their own deduction.		A	В
	1 Enter your Montana Adjusted Gross Inc		1	42929 00	00
Ē	2 Multiply the amount on line 1 by 20% ((		2	8586 00	00
Maximum	3 If you are single or married filing separa	ately, enter \$4,830. If you are married	filing jointly or		
Ma	head of household, enter \$9,660.		3	4710 00	00
	4 Enter the amount from line 2 or line 3, v	whichever is smaller	4	4710 00	00
Minimum	5 If you are single or married filing separa	ately, enter \$2,140. If you are married			
Ξ.	head of household, enter \$4,280.		5	2090 00	00
Total	6 Enter the amount from line 4 or line 5, v			4710 00	
F		This is your standar	rd deduction. 6	4710 00	00
	Haveined Dedications Calendale				
	Itemized Deductions Schedule  If you choose to itemize your deductions, mark	k the box on page 1 line 15			+++++++++++++++++++++++++++++++++++++++
Ø.	1 Medical and dental expenses 1a	100 00	00		
ense	Enter the amount from page 1, line 14 1b	42929 00	00		
EXD	Multiply line 1b by 7.5% (0.075) 1c	3220 00	00	A	В
Medical and Dental Expenses	Subtract line 1c from line 1a and enter	<del></del>			
d De		deductible medical and dental expe	nses subject		
and	to a	percentage of Montana Adjusted G		0 00	00
dica	2 Medical insurance premiums not deduc	cted elsewhere on your return	2	00	00
Me	3 Long-term care insurance premiums no		3	00	00
2	4 Federal income tax withheld 4a	00	00		
× 205	Federal estimated tax payments 4b	00	00		
Federal Tax Paid/Withheld in 2021	2020 federal income taxes paid 4c	00	00		
thhe	Other back year federal income taxes 4d	00 05 000 if w	00		<del>                                     </del>
d/Wi	Add lines 4a through 4d and enter the to head of household, or married filing separate the separate for the				
Pa.	nead of household, of married filling sepa	This is your federal income to		00	00
	5 General state and local sales taxes 5a	654 00	00	00	00
3xes	Local income taxes 5b	321 00	00		
tate and Local Taxe Limited to \$10,000	Real estate taxes paid 5c	00	00		
100 to \$	Value-based personal property taxes 5d	00	00		
anc	Add lines 5a through 5d, enter the total he				
State and Local Taxes Limited to \$10,000	head of household or married filing jointly				
,		This is your state and local ta		00	00
<u>63</u>	6 Montana light vehicle registration fees		6	00	00
Other State Taxes	7 Per capita livestock fees	and amount	7'	00	00
4 P	8 Other deductible taxes paid. List type a	iriu arriourit.	8	00	00
	9 Home mortgage interest and points. If	raid to the nerson from whom you ha			
Interest	a rising mongage interest and points. If I	para to the person from whom you but	grit the nouse, provide th	00	00
Inte	10 Investment interest. Include federal For	rm 4952.	10	00	00
0 >			11	00	00
Giffs to Charity	12 Charitable contributions made by other		12	00	00
0 0	13 Charitable contribution carryover from t		13	00	00
	14 Child and dependent care expenses. In		14	00	00
Snoo	15 Casualty and theft losses. Include fede		15	00	00
Miscellaneous Deductions	16 Political contributions, limited to \$100 p		16	00	00
isce!	17 Gambling losses allowed under federal		17	00	00
<b>2</b>	18 Other miscellaneous deductions. List ty	/pe and amount:	10		
	10 Add lines 1 through 10 and the the title	on page 1 line 15	18	00	00
Total	19 Add lines 1 through 18, and enter the total	on page 1, line 15.  This is your total iternize	d deductions. 19	0 00	00
		This is your total hernize	a deductions. 19	0 00	00
				1	
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Form 2-	Page 9–2021 Social Security Number 4 0 0 0 0 4 9 0 0					
	Nonrefundable Credits Schedule					
	Enter your nonrefundable credits, including any carryover credits that may be available from 2020.		A		В	444
	1 Resident capital gains credit 2% of capital gain entered on page 1, line 7.	1	999	00		00
5	2 Nonresident/part-year resident capital gains credit.					$\perp \perp \mid$
Carryover Provision	2% of capital gain entered on Nonresident/Part-Year Resident Ratio Schedule, line 7. (See page 8)	2		00		00
D.	3 Credit for an income tax liability paid to another state or country (See schedule below)	3		00		00
yover	4 College contribution credit. Include Form CC.	4		00		00
Z.	5 Qualified endowment credit. Include Form QEC.	5		00		00
ဋ	6 Energy conservation installation credit. Include Form ENRG-C.	6		00		00
2	7 Alternative fuel credit. Include Form AFCR.	7		00		00
Single Year Credits - No	8 Health insurance for uninsured Montanans' credit. Include Form HI.	8		00		00
C	9 Elderly care credit. Include Form ECC.	9		00		00
(ear (	10 Recycle credit. Include Form RCYL.	10		00		00
<u> </u>	11 Innovative educational program credit	11		0.0		00
Sin	12 Student scholarship organization credit	12	+++++++	0.0		00
	13 Apprenticeship credit	13	+++++++	0.0		00
	14 Trades education and training credit	14	+++++++	00		00
	15 Biodiesel blending and storage credit. Include Form BBSC.	15		UU		00
Carryover Provision	16 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here.  CGR Account ID:  C G R	16		00		00
<u> </u>		16		00		00
- Pr	17 Geothermal systems credit. Include Form ENRG-A.	18	222	00		00
ove.	18 Alternative energy systems credit. Recognized non-fossil form of energy generation	10	222	00		00
ar ý	19 Alternative energy systems credit. Low emission wood or biomass combustion device.	19		00		00
Ü	Include Form ENRG-B if you are claiming a credit on lines 18 or 19.	20		00		00
Nonrefundable Credits with	20 Alternative energy production credit. Include Form AEPC. 21 Dependent care assistance credit. Include Form DCAC.	21		00		00
dite	22 Historic property preservation credit. Include federal Form 3468.	22		00		00
le Cred	23 Infrastructure users fee credit. Include Form IUFC.	23		00		00
dable	24 Empowerment zone credit	24		00		00
<u></u>	25 Increasing research activities credit. Include a detailed schedule of the credit carryforward.	25		00		00
onrefu	26 Mineral and coal exploration incentive credit. Include Form MINE-CRED.	26		00		00
2	27 Adoption credit. Include federal Form 8839.	27		00		00
	28 Media credit. Include Form MEDIA-CLAIM	28	333	00		00
	29 Add lines 1 through 28, and enter the total on page 1, line 19.	20	333	00		
Total	This is your total nonrefundable credits.	29	1554	00		00
	Credit for Income Tax Paid to Another State or Country Schedule					
	You may have paid income tax on income sourced to another state while a MT resident. Use this schedule					
	to calculate this credit. You cannot claim this credit if a foreign tax credit is claimed for federal tax purposes.		Α		В	
	1 Enter your income sourced and taxable to another state or country that is included in your Montana					
yıtı	Adjusted Gross Income or in your Montana source income if a part-year resident. (See instructions)	1		00		00
or Country	2 Enter all income sourced and taxable to the other state or country.					
or (	Enter state's abbreviation.	2		00		00
r State	3 Enter your income sourced and taxable to Montana.			$\coprod$		$\perp \! \! \perp \! \! \perp$
S	If a full-year resident, enter page 1, line 14.			ШШ		Ш
ot	If a part-year resident, enter Nonresident/Part-Year Resident Ratio Schedule, line 16. (See page 8)	3		00		00
Credit for Taxes Paid to Another State	4 Enter your total income tax liability paid to the other state or country (See instructions)	4		00		00
aidt	5 Enter your Montana tax liability (See instructions)	5		00		00
Q,	6 Divide line 1 by line 2. Enter the percentage here, but not more than 100%.	6				41
Тахе	7 Multiply line 4 by line 6	7		00		00
for	8 Divide line 1 by line 3. Enter the percentage here, but not more than 100%.	8		0.5		4
edit	9 Multiply line 5 by line 8. (If you have capital gains included on line 1, see instructions.)	9		00		00
ວັ	10 Enter the smaller of the amounts on lines 4, 7, or 9 here and on Nonrefundable Credits Schedule,			0.0		
	line 3 (See above.) This is your credit for income tax paid to another state or country.	10		00		00
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	m 2-	Page 102021	Social Se	curity Number								
				enter Credit Sc	hedule							
				you attest that:								
				f December 31, 20				Enter physical add				
				me of all household				(if different than ma	ailing address en	tered on	Form 2)	
				na for at least nine			r; and,	Address				
				a residence as a re		r, or lessee		City				
-				uring the tax year.			4 6 11 1	6.0	(0)			
							e 1, for all member	rs of the household.	(See instructio	ns)	Household	
				deral Adjusted Gro						1		00
		2		-exempt interest fi			1 1: 41 5			2		00
		-0						of include rollovers.		3		00
		= 4						. Do not include ro	llovers.	4		00
		5					ne 6b from the am			5		00
		Sin o					directly to a nursing			6		00
		- K					rner/renter credit re	eceived in 2021		7		
		9		e not included abo	- 1	,				8		00
					-ederal Adj	usted Gross Inco	me on line 11 (See			9		00
73			Add lines 1 th	9			inisis	our gross house	noid income.	10	(22	0 0 0 0
O V	Φ	11 YOU' STANO	iaiu exclusion	is entered here for	n you.	Sout not less #	n Toro			11	630	0 00
Household	COM	12 Sudifact III	ne i i irom iin	e ro and enter the	old lace	, put not less tha	an zero e (See table below	1		12		UU
Net H	=				ola ilicome	reduction table			hald incores	13 14		00
Ž.		14 Multiply lin			£			is your net house	noid income.			00
							e and up to one ac	cre in 2021		15		00
	5			aid in 2021 for yo	ur Montana	residence				16		00
	ţaţi	17 Multiply lin		(0.15)						17		00
	Computation	18 Add lines		- 40 1 1 11-						18		00
-	3			e 18 and enter the	result nere	e, but not less tha	an zero			19		00
	Credit	20 Enter the I			au Tabla dha	4		1 d i	la halawa	20		00
-	င်							old incorne (See tab ments and Refund		21		
			line 6. (See p		zi, anu em	er the total here		derly homeowner/		22		0.0
		Ochsauls,	ше о. (осс р	age II.)			Tills is your eld	ierry morneowner/	renter credit.	Li.		00
		To clai	m the E	Iderly Hon	neown(	er/Renter	Credit. vou	must incl	ude page	es 1.	2. 10. 11.	
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	Lo				other					es 1,	2, 10, 11,	
	1	ong-Term Ca Total payment	re Facility F	and any	other	pages use	ed to comp	Worksheet		es <b>1</b> ,	2, 10, 11,	00
100	1	ong-Term Ca Total payment	re Facility F	and any	other	pages use		Worksheet		1 2	2, 10, 11,	00
CRent	1 2	ong-Term Ca Total payment	re Facility F to the facility	and any Rent Calculation ses (meals, housel	other	pages use	ed to comp	Worksheet  1 by 20% (0.20)		1	2, 10, 11,	
LTC Rent	1 2 3	ong-Term Ca Total payment If you received	re Facility F to the facility board service care (nursing	and any Rent Calculation ses (meals, housel	other	pages use	ed to comp	Worksheet  1 by 20% (0.20)		1 2	2, 10, 11,	00
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C	1 2 3 4	ong-Term Ca Total payment If you received Subtract lines Enter here and At least	re Facility F to the facility board service care (nursing 2 and 3 from d on line 16 of bild Income Re But no \$0 \$2,000 \$3,000 \$4,000 \$5,000	and any Rent Calculation res (meals, housel g care, assisted liv line 1. This is you f the schedule abo reduction Table – If 1 the throne than Multip \$1,999 \$3,999 \$4,999 \$5,999	n keeping, lau ving care, mur rent. vve. vour householier 0 0.006 0.016 0.024 0.028	undry, transportanemory care), munding discome on line At least \$7,000 \$8,000 \$9,000 \$10,000	tion), multiply line ultiply line 1 by 30% 12 is: But not more than \$7,999 \$9,999 \$10,999	Worksheet  1 by 20% (0.20)  (0.30)  Multiplier  0.035  0.042  0.045  0.048	Credit If line 10 is: Less than \$3: \$35,000 to \$3: \$37,501 to \$40,001 to \$4	1 2 3 4 4 Multipli 5,000 87,500 10,000 12,500 14,999	ier Table Multiplier 1.00 (100%) 0.40 (40%) 0.30 (30%) 0.20 (20%)	00
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		90					_										
	(	Other Payments and Refundab	le Cred	dits Sc	hedule												
	٧	Withholding reported on Forms W-2	and 109	9 must	be entere	ed on pag	e 1, line	21.				Α				В	
	1	2021 estimated tax payments								1				00			00
क्ष क	2	Overpayment applied from 2020 re	turn							2.				00			00
Payments and dable Credits	3	Total withholding from Montana Sc	hedules	K-1						3				00			00
le C	4	Emergency lodging credit. Include	Form El	LC.						4.				00			00
other Payme Refundable	5	Unlocking public lands credit								5				00			00
Other	6	Elderly homeowner/renter credit (S	ee sche	edule or	n page 10	), line 22)				6				00			
5 ~	7	Other payments (See instructions)								7				00			00
	8	Add lines 1 through 7, enter on page 1,	line 22. <b>T</b>	Γhis is y	our other	payments	and refu	ındable	credits.	8				00			00
	(	Contributions, Penalties, and I	iterest	Sche	dule												
	E	Enter any voluntary contributions to che	:k-off pro	ograms,	penalties,	, and intere	st on the	correspo	onding li	ines.							
	-	/oluntary Contributions				A								В			
v.	1	Nongarne Wildlife Program a	\$5	\$10	\$20		00	other a	mount	<b>2</b> 1	\$5	\$10	\$20		0.0	other a	mount
Contributions	Ш	Child Abuse Prevention b	\$5	\$10	\$20		00	other a	mount	b	\$5	\$10	\$20		0.0	other a	mount
di		Agriculture Liferacy in MT Schools c	\$5	\$10	\$20		_	other a		С	\$5	\$10	\$20		00	other a	mount
ont	Ш	M <sup>™</sup> Military Family Relief Fund cl	\$5	\$10	\$20		00	other a	mount	cl	\$5	\$10	\$20		00	other a	mount
Ĭ	Ш											Α				В	
	Ш					Total vol			ıtions	1				00			00
		If filing an amended return, enter or					applied t	o 2022		2.				00			00
0 +c	3	Interest on underpayment of estima								3				00			
Interest	Ш	If applicable, mark the appropriate box	_				Esti	mated p	aymen	ts we	re mad	e using th	e annu		n method		
Interes	_	Late file penalty, late payment pena	Ity and	interest	t (See ins	structions)				4.				00			00
3.	_	Other penalties (See instructions)								5				00			00
		Add lines 1 through 5, and enter th	a total o	n nage	1 line 24	4											
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Total	6	7 44 11 60 1 411 643 11 65 11 65 11					nalties,	and inte	erest.	6				00			00
Total			This is	s your	contribu	itions, pe				6				00			00
Total	(	Calculation of Interest on Unde	This is	s your	contribu Estima	itions, pe	s - Sho	rt Meth	nod			Work	(sheet	00			00
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	C If	Calculation of Interest on Under f you are filing separately on the san Total tax due reported on page 1, li	This is rpaym ne form, ne 20	s your	eontribu Estima ne colum	tions, pe ted Taxe n A and B	s - Sho for each	rt Meth	nod			Work	csheet	1			00
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Underpayment \$500 Threshold for 2021	C Iff 1 2 3 4 5 6 7 8 9 10 11 12	Calculation of Interest on Under fyou are filing separately on the san Total tax due reported on page 1, list Montana tax withheld on Forms W-Combine the amounts on Other Para Add lines 2 and 3 Subtract line 4 from line 1  Multiply line 1 by 90% (0.90) Income tax liability that you entered Enter the smaller of line 6 or line 7 Add the amount on line 4 above an Subtract line 9 from line 8.  Multiply line 10 by 2.000% (0.0200) If you paid the amount on line 10 o multiply the amount on line 10 by the	This is rpaym ne form, ne 20 2 and 10 yments	ent of combined to the combine	Estima ne column ported on fundable Form 2, p ents and I	tecl Taxe n A and B page 1, li Credits S  If you page 1, lin Refundabl  If th enter 0. I baid before	s - Sho for each ne 21 chedule ir result i e 20 e Credit T ne result f you pai	rt Method fine of the o	through through through through the contest, mount communit community commu	stop  stop  initial stop  stop  stop  initial stop  stop  initial stop  stop  initial stop  stop  stop  stop  initial stop  st	here; y ee sch derpay here; y 10 be 822. (See s	edule aboredule aboredule aboredule aboredule aboredule aboredule acchedule	ove) ove in ove) 2021, owe in	1 2 3 4 5 terest c 6 7 8 9 10 terest c 11 12			00 00 00 00 00 ent. 00 00 ent. 00 00
Underpayment \$500 Threshold for 2021	C Iff 1 2 3 4 5 6 7 8 9 10 11 12	Calculation of Interest on Under fyou are filing separately on the san Total tax due reported on page 1, list Montana tax withheld on Forms W-Combine the amounts on Other Para Add lines 2 and 3 Subtract line 4 from line 1  Multiply line 1 by 90% (0.90) Income tax liability that you entered Enter the smaller of line 6 or line 7 Add the amount on line 4 above an Subtract line 9 from line 8.  Multiply line 10 by 2.000% (0.0200) If you paid the amount on line 10 o multiply the amount on line 10 by the	rpaym ne form, ne 20 2 and 10 yments  I on you d Other	ent of combined to the combine	Estima ne column ported on fundable Form 2, p ents and I	tecl Taxe n A and B page 1, li Credits S  If you page 1, lin Refundabl  If th enter 0. I baid before	s - Sho for each ne 21 chedule ir result i e 20 e Credit T ne result f you pai	rt Method fine of the o	through through through through the contest, mount communit community commu	stop  stop  initial stop  stop  stop  initial stop  stop  initial stop  stop  initial stop  stop  stop  stop  initial stop  st	here; y ee sch derpay here; y 10 be 822. (See s	edule aboredule aboredule aboredule aboredule aboredule aboredule acchedule	ove) ove in ove) 2021, owe in	1 2 3 4 5 terest c 6 7 8 9 10 terest c 11 12			00 00 00 00 00 ent. 00 00 ent. 00 00
Underpayment \$500 Threshold for 2021	C Iff 1 2 3 4 5 6 7 8 9 10 11 12	Calculation of Interest on Under fyou are filing separately on the san Total tax due reported on page 1, list Montana tax withheld on Forms W-Combine the amounts on Other Para Add lines 2 and 3 Subtract line 4 from line 1  Multiply line 1 by 90% (0.90) Income tax liability that you entered Enter the smaller of line 6 or line 7 Add the amount on line 4 above an Subtract line 9 from line 8.  Multiply line 10 by 2.000% (0.0200) If you paid the amount on line 10 o multiply the amount on line 10 by the	rpaym ne form, ne 20 2 and 10 yments  I on you d Other	ent of combined to the combine	Estima ne column ported on fundable Form 2, p ents and I	tecl Taxe n A and B page 1, li credits S  If you page 1, lin Refundabl  If th enter 0. I paid before enalties, a is your in	s - Sho for each ne 21 chedule ir result i e 20 e Credit T ne result f you pai e April 18 and Inter- iterest o	s \$500 designed by the art of the	through through through through the contest, mount communit community commu	stop  stop  initial stop  stop  stop  initial stop  stop  initial stop  stop  initial stop  stop  stop  stop  initial stop  st	here; y ee sch derpay here; y 10 be 822. (See s	edule aboredule aboredule aboredule aboredule aboredule aboredule acchedule	ove) ove in ove) 2021, owe in	1 2 3 4 5 terest c 6 7 8 9 10 terest c 11 12			00 00 00 00 00 ent. 00 00 ent. 00 00
Underpayment \$500 Threshold for 2021	C Iff 1 2 3 4 5 6 7 8 9 10 11 12	Calculation of Interest on Under fyou are filing separately on the san Total tax due reported on page 1, list Montana tax withheld on Forms W-Combine the amounts on Other Para Add lines 2 and 3 Subtract line 4 from line 1  Multiply line 1 by 90% (0.90) Income tax liability that you entered Enter the smaller of line 6 or line 7 Add the amount on line 4 above an Subtract line 9 from line 8.  Multiply line 10 by 2.000% (0.0200) If you paid the amount on line 10 o multiply the amount on line 10 by the	rpaym ne form, ne 20 2 and 10 yments  I on you d Other	ent of combined to the combine	Estima ne column ported on fundable Form 2, p ents and I	tecl Taxe n A and B page 1, li credits S  If you page 1, lin Refundabl  If th enter 0. I paid before enalties, a is your in	s - Sho for each ne 21 chedule ir result i e 20 e Credit T ne result f you pai e April 18 and Inter- iterest o	s \$500 designed by the art of the	through through through through the contest, mount communit community commu	stop  stop  initial stop  stop  stop  initial stop  stop  initial stop  stop  initial stop  stop  stop  stop  initial stop  st	here; y ee sch derpay here; y 10 be 822. (See s	edule aboredule aboredule aboredule aboredule aboredule aboredule acchedule	ove) ove in ove) 2021, owe in	1 2 3 4 5 terest c 6 7 8 9 10 terest c 11 12			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Underpayment \$500 Threshold for 2021	C Iff 1 2 3 4 5 6 7 8 9 10 11 12	Calculation of Interest on Under fyou are filing separately on the san Total tax due reported on page 1, list Montana tax withheld on Forms W-Combine the amounts on Other Para Add lines 2 and 3 Subtract line 4 from line 1  Multiply line 1 by 90% (0.90) Income tax liability that you entered Enter the smaller of line 6 or line 7 Add the amount on line 4 above an Subtract line 9 from line 8.  Multiply line 10 by 2.000% (0.0200) If you paid the amount on line 10 o multiply the amount on line 10 by the	rpaym ne form, ne 20 2 and 10 yments  I on you d Other	ent of combined to the combine	Estima ne column ported on fundable Form 2, p ents and I	tecl Taxe n A and B page 1, li credits S  If you page 1, lin Refundabl  If tr enter 0. I paid before enalties, a is your in	s - Sho for each ne 21 chedule ir result i e 20 e Credit T ne result f you pai	rt Method the control of the control	through through through through the contest, mount communit community commu	stop  stop  initial stop  stop  stop  initial stop  stop  initial stop  stop  initial stop  stop  stop  stop  initial stop  st	here; y ee sch derpay here; y 10 be 822. (See s	edule aboredule aboredule aboredule aboredule aboredule aboredule acchedule	ove) ove in ove) 2021, owe in	1 2 3 4 5 terest c 6 7 8 9 10 terest c 11 12			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0



		2021 M	ontana	Indiv	/idual	Incom	e Tax F	Returi	n				Form 2	
Pag	je 1	For the year Jar	n 1 – Dec 31, 202	1, or the ta	ax year begin	ning			and er	nding				
		First name and	d initial	La	st name					Social Se	curity Number	. [	Deceased? Date of de	ath
		PETER		L D	ALE					9001	21234			
M	lark if this is	Spouse's first	name and initia	ıl La	st name					Spouse's S	Social Security N	lumber [	Deceased? Date of de	ath
ar	n <b>amended</b>	LOISE		M D	ALE					3331	25432			
re	eturn.	Current mailing	g address					City			Sta	te ZIP	Code + 4	
(S	ee page 2)	505 MA	IN STRE	ET Al	PT. #1	L23		SKYLI	INE	]	N.	7 14	3211234	
ns	1 Si	ingle :	3 Head of hous	ehold	4 Ma	rried filing join	itly	Residen	icy St	tatus	1 Resident f	ull-year	North Dakota recipi	rocity
Status	X 2a M	arried filing sepa	arately on the s	ame form				Mark onl	ly one	e box.	2 Nonreside	nt full-ye	ear	
Filing		arried filing sepa	•		_	2b or 2c, enter	your spouse's	SSN belov	V.		3 Resident	oart-yea	r (See instruction	ns)
		arried filing sepa			]		Casial Casu	it. Ni	_	Dalatia			Maula if alia	ام ملما م
Dependents	First nam		Last name				Social Secur 232541		Γ	Relatio SON	nsnip		Mark if disa	abled
end	MAGG1		DALE				123326				GHER			
Dep	CHRIS		DALE				543236			SON	JULK			
	CHKI	5	DALE				343230	1343			Column A	,	Column D (for contract	. CI:
	. V \	Yourself	65 or older	X	Blind		Enter number	r markad	•		2	,	Column B (for spouse where	
ions		Spouse X			Blind		Enter number		a b		4		separately using filing status  1	(Za)
mpt								Hillarkeu			7			
Exemptions		the total number nes a through c.	•	s. II IIIOI e		your total nu		mntiono	c d		9		1	
		s, salaries, tips,		loral Forn		your total nu	illibel of exe	inpuons.	1		J	00		00
		empt interest	2a		00		0 0 2b Taxable	intoract	2b			00		0.0
		ed dividends	3a		00		0 0 3b Ordinary		3b			00		0.0
	4a IRA dis		4a		00		0 0 4b Taxable		4b			00		0.0
ome		ns and annuities			00		0 0 4b Taxable		5b			00		0.0
<u>2</u>		Security benefits			00		0 0 6b Taxable		6b			00		0.0
Federal Income		I gain or (loss).						amount	7			0.0		0.0
Fed		income from Sc			-	ot roquirou, m	and note		8		63	00	301	00
		nes 1, 2b, 3b, 4b		٠.	age o <sub>j</sub>	Thie	is your total	income	9		63	00	301	00
		ments to income			25 (See nag		is your total	moonic.	10		95	00	812	00
		ct line 10 from I				r Federal Adj	iusted Gross	Income.	11		0	00	0	00
		na additions (Se							12		71	0.0	74	00
me		na subtractions	,						13		54285	0.0	86181	00
nco		na Adjusted G		Add lines	11 and 12.	then subtract	line 13.		14		-54214	00	-86107	00
Taxable Income		ard or itemized				nd include page		to itemize.	15		4580	00	7020	00
axa		ptions. Multiply				. •	,		16		23220	00	2580	00
_		le income. Sub					enter 0.		17		0	00	0	00
		bility before c				,			18		9000	00	10000	00
nts		fundable credits	,	,		unt larger tha	n line 18.		19		500	00	2000	00
/me		ter nonrefunda	, ,			•			20		8500	00	8000	00
Pa		na tax withheld							21		9000	00	9200	00
and		payments and r							22		9000	00	9200	00
Credits and Payments		d Income Tax C			er your fed	eral EITC 2	3a	00						
		y line 23a by 3%			-		ructions)		23b			00		00
Tax,		outions, penaltie	` '		•		,		24		25	00	8	00
		payments. Add			. ,	line 24.			25		17975	00	18392	00
		25 is less than li					nis is your T <i>A</i>	X DUE ▶	26			00		00

Go to Page 2 to complete your return and claim any refund.

27 If line 25 is more than line 20, subtract line 20 from line 25. This is your TAX OVERPAID ▶ 27

Pay online at https://tap.dor.mt.gov or make checks payable to Montana Department of Revenue



9475 00

# Additional Dependents

					Disabled
	First Name	Last Name	SSN	Relationship	Y/N
1	CEE	DALE	400040404	DAUGHTER	N
2	DEE	DALE	400050505	SON	Y
3	QUEUE	DALE	400060606	DAUGHTER	N
4	ZEE	DALE	400070707	SON	N
5					
6					
7					
8					
9					
10					
11					
12					

Filing Status 2a Payment Sche		amount on nogo 1	line 26 and an nage	1 line 97			
	mplete this schedule only if there is an				Daff and Calcada	de	
	nt is applied to the amount owed by your	spouse perore you	can claim the net over	payment on the F	Retuna Scheal		
1 Enter the amount from line 26, ta				1	1700	00	
2 Enter the amount from line 27, ta		<b>T1</b> · ·		2	1700	00	
3 Subtract line 2 from line 1, enter		-	our net amount due		1700	0.0	
4 Subtract line 1 from line 2, enter		•	ur net overpayment		1700	00	
The amount on line 4 (above) must be	entered on Refund Schedule, line 1 (belov	w), and in the colum	in of the spouse with ar	n overpayment on	page 1, line 2	<i>(</i> .	
Refund Schedule							
				Α		В	
1 Enter your overpayment from page	1, line 27 or from the Filing Status 2a Pa	ayment Schedule, I	line 4 1	500	00	1200	00
2 Amount from line 1 you want app	lied to your 2022 estimated tax		2		00		00
	osited into a 529 or 529A account (Se	e page 12)	3		00		00
4 Subtract lines 2 and 3 from line 1	. Т	his is your REFU	<b>ND</b> ► 4	500	00	1200	00
If you a	re filing a return in Montana for the firs	st time, direct depo	osit is not available. S	top here and sig	gn your return	below.	
If the d	rect deposit option is available and yo	u wish to use it, pr	rovide your bank acco	ount information	, and sign you	r return belo	W.
Your RTN#	555123445 A	CCT# 1234	1567891234	5678			
<b>Direct</b> If using	direct deposit, you are required to mark	k one box.	Checking X Savi	ngs			
Deposit	,		Ü	· ·			
•	eposit is going to an account located o	outside of the Unite	ed States or its territo	ries, mark this b	OX.		
	.,			,			
REQUIRED							
Signature, Paid Preparer, and	Third-Party Designed						
•	declare that I have examined this retu	ırn including acco	mnanving schedules	and statements			
	nd belief, it is true, correct, and comple	-	impariying scriedules	and statements	,		
Your signature is required.	id belief, it is tide, correct, and comple	Spouse's sig	anoturo.				
rour signature is required.	Data	Spouse's sig	Juature		Doto		
v	Date 01022022	· ·			Date 0 2 0 2 2	0000	
X		X			_ 02022	3022	
Taxpayer daytime phore	ne number 987 987 9879	9					
Paid preparer's signature							
	Preparer's PTIN	Firm's FEIN					
	P10101010	20202022	20 X Mark	if paid preparer	is also a Third	-Party Desigr	nee.
Preparer daytime phor							
Mark the box if you want to a	llow another person (other than a paid	preparer) to discu	uss this return with us				
Name				Phone number	er 456 5	555 432	21
Farming business net ope	rating loss carryback waiver. Ma	ark this box if you	u do not want to car	rry back your			
	ness net operating loss.	,		, ,			
3 111	3						
Amended Return Information							
Mark the appropriate box.	In the table below, indicate the reason	ons for the change	es vou made to vour M	/ontana tay retu	ırn		
a NOL carryback	Form or Schedule	-	Reason	Montana tax retu			
b Federal audit	1 om or ourequie	FILIE OF DOX	งธนอบท				
c Amended federal return							



d Filing status e Other

# Schedule 1 (federal Form 1040 or 1040-SR)

	Schedule 1 (federal Form 1040 or 1040-SR)						
	Additional Income and Adjustments to Income						
	Enter your additional income and adjustments to income from F	orm 1040, Schedule 1		Α		В	
	1 Taxable refunds, credits, or offsets of state and local in	come taxes	1	1	00	10	00
	2a Alimony received		2a	2	00	20	00
	2b Date of original divorce or separation agreement	2b					
	3 Business income or (loss). Include federal Schedule C.		3	3	00	30	00
	4 Other gains or (losses). Include federal Form 4797.		4	4	00	40	00
	5 Rental real estate, royalties, partnerships, S corporations,	trusts, etc. Include federal Schedule E.	5	5	00	50	00
шe	6 Farm income or (loss). Include federal Schedule F.		6	6	00	60	00
သူ	7 Unemployment compensation		7	7	00	70	00
Additional Income	8 Other income.						
ij	8a Net operating loss		8a		00		00
Add	8b Gambling income		8b		00		00
_	8c Cancellation of debt		8c	35	00	21	00
	8d Foreign earned income exclusion from Form 2555		8d		00		00
	8o Section 461(I) excess business loss adjustment		80		00		00
	8x Other income from Form 1040, Schedule 1 lines 8e thro	ough 8n 8n, and 8z	8x		00		00
	9 Total other income. Add lines 8a through 8x.	34g1 511,5p, 4114 5 <u>L</u>	9	35	00	21	00
	10 Combine lines 1 through 7 and 9. Enter here and on page	age 1 line 8	10	63	00	301	00
	11 Educator expenses	290 1, 11110 0.	11	0.5	00	301	00
	12 Certain business expenses of reservists, performing arti	sts, and fee-hasis government officials					
	Include federal Form 2106.	sto, and lee basis government emotals.	12	9	00	90	00
	13 Health savings account deduction. Include federal Form	n 8889	13	45	00	450	00
	14 Moving expenses for members of the Armed Forces. In		14	1	00	10	00
	15 Deductible part of self-employment tax. Include federa		15	2	00	20	00
	16 Self-employed SEP, SIMPLE, and qualified plans	Scriedule SL.	16	3	00	30	00
ome	17 Self-employed bealth insurance deduction		17	4	00	40	00
2	18 Penalty on early withdrawal of savings		18	5	00	50	00
Adjustments to Income	19a Alimony paid		19a	<u> </u>	00	30	00
ent	19b Recipient's SSN	19b	190		00		00
ıstı	·						
Adju	19c Date of original divorce or separation agreement	19c	20		00		00
_	20 IRA deduction		20	11	00	110	0.0
	21 Student loan interest deduction		21	11	00	110	00
	22 Reserved for future use		22		0.0		0.0
	23 Archer MSA deduction		23		00		00
	24 Other adjustments. List types and total amount.		0.4	1 -	0.0	10	0.0
	OTHER	10	24	15		12	0.0
	25 Add lines 11 through 24. Enter the total on page 1, line	10.	25	95	00	812	00
	Montana Medical Savings Account (MSA) Sch					_	
	If you have an MSA, you must report your beginning and end			Α	0.0	В	0.0
_	1 <b>Beginning balance.</b> If this is a new account, enter (	J.	1		0.0		0.0
ctio	2 Total contributions for the year		2		0.0		0.0
Subtraction	3 Earnings from the account: interest, dividends, capit		3		0.0		0.0
Su	4 Add lines 2 and 3. Enter the total on Subtractions So	,	4		0.0		0.0
	5 <b>Ending balance.</b> Enter your ending balance as show	n on your year-end account statement.	5		00		00

Nonqualified Withdraw	and Penalty
-----------------------	-------------

**Ending balance**. Enter your ending balance as shown on your year-end account statement. 1 Total withdrawals made during the year 2 Withdrawals for eligible expenses (See instructions) 3 Nonqualified withdrawals. Subtract line 2 from line 1. Enter the total on Additions Schedule, line 6. 4 Nonqualified withdrawals not subject to the 10% (0.10) penalty (See instructions) 5 Nonqualified withdrawals subject to penalty. Subtract line 4 from line 3. 6 Penalty. Multiply line 5 by 10% (0.10) and include the total on Contributions, Penalties, and Interest Schedule, line 5 (See page 11)



## **Montana Additions Schedule**

	Enter your additions to Federal Adjusted Gross Income on the corresponding lines.		Α		В	
Suc	1 Recovery of federal income tax deducted in 2020 (See worksheet below)	1	7	00	8	00
General Additions	2 Other recoveries of amounts deducted in earlier years that reduced Montana taxable income	2	10	00	1	00
₽ P	3 Interest and mutual fund dividends from state, county, or municipal bonds from other states	3	2	00	3	00
Jera	4 Dividends not included in Federal Adjusted Gross Income	4	8	00	9	00
	5 Adjustment for smaller federal estate and trust taxable distributions	5	4	00	5	00
Savings	6 Montana medical savings account nonqualified withdrawals (See page 3)	6	6	00	7	00
Savi	7 First-time home buyer savings account nonqualified withdrawals	7	3	00	4	00
	8 Allocation of compensation to spouse in sole proprietorship	8	1	00	2	00
ions	9 Federal net operating loss deduction	9	3	00	4	00
Business Additions	10 Dependent care assistance credit adjustment	10	4	00	5	00
S A	11 Farm and ranch risk management account taxable distributions	11		00		00
ines	12 Enter your total additions from Montana Schedules K-1 (PTE), part 3, column I, line 1	12	5	00	6	00
Bus	13 Title plant depreciation and amortization	13	9	00	10	00
	14 Other additions. Specify: 1	14	2	00	2	00
Retirement	15 Subtotal to figure taxable Social Security benefits. Combine lines 1 through 14.	15	64	00	66	00
Retire	16 Addition to taxable Social Security benefits (See page 6)	16	7	00	8	00
Total	17 Add lines 15 and 16, and enter the total on page 1, line 12					
ပု	This is your total additions to Federal Adjusted Gross Income.	17	71	00	74	00

Recovery of Federal Income Tax Deducted in 2020  Workshee	t				
If you chose the standard deduction in 2020, your refund is not taxable. Do not complete this worksheet.		Α		В	
1 Enter your total federal taxes paid in 2020 as reported on your 2020 Form 2,					
Itemized Deductions Schedule, lines 4a through 4d	1	1177	00	1177	00
2 Enter the federal income tax refund you received in 2021	2	88	00	99	00
3 Enter any refundable credits claimed on your 2020 federal Form 1040	3	10	00	15	00
4 Subtract line 3 from line 2. This is the portion of your federal refund that is a result of taxes you paid.	4	78	00	84	00
If the result	s zero	o or less, stop here. You	r fede	eral refund is not taxable	e.
5 Enter the amount reported on your 2020 Form 2, Itemized Deductions Schedule, line 4	5	6543	00	9876	00
6 Enter the federal income taxes included on line 16 of your 2020 federal Form 1040	6	6050	00	9090	00
7 Subtract line 4 from line 1 and enter the result here, but not less than zero	7	1099	00	1093	00
3 Subtract line 7 from line 5	8	5444	00	8783	00
9 Subtract line 6 from line 5	9	493	00	786	00
10 Enter the lesser of line 9 or line 8. This is the amount of taxes you deducted that were refunded to you.	10	493	00	786	00
	s zero	o or less, stop here. You			e.
11 Enter the amount reported on your 2020 Form 2, Itemized Deductions Schedule, line 19	11	5505	00	5606	00
12 Enter your Montana Adjusted Gross Income from 2020 Form 2, page 1, line 14	12	9890	00	19890	00
13 Calculate the 2020 standard deduction:					
<ul> <li>If your filing status was single or married filing separately, enter 20% (0.20) of line 12, but not less than \$2,130 or more than \$4,790.</li> </ul>					
• If your filing status was married filing jointly or head of household, enter 20% (0.20) of line 12,					
but not less than \$4,260 or more than \$9,580.	13	1998	00	398	00
14 Subtract line 13 from line 11	14	3507	00	5208	00
If the result	s zero	o or less, stop here. You	r fede	eral refund is not taxable	e.
15 If your 2020 taxable income was less than zero, enter your 2020 taxable income as					
a negative number. Otherwise enter 0.	15		00		00
16 Add line 15 to the smaller of line 10 or line 14. If the result is less than zero, enter 0. Enter here and on the Additions Schedule, line 1.					
This is your recovery of federal income tax deducted in 2020.	16	493	0.0	786	0.0



	Montana Subtractions Schedule					
	Enter your subtractions from Federal Adjusted Gross Income on the corresponding lines.		Α		В	
Suc	1 State income tax refunds included on Schedule 1, line 1 (See page 3)	1		00		00
cţi	2 Interest and mutual fund dividends from federal bonds, notes, and obligations	2	40000	00	50000	00
btra	3 Partial interest exemption for taxpayers 65 and older	3	3	00		00
General Subtractions	4 Adjustment for larger federal estate and trust taxable distribution	4		00		00
Jera	5 Exemption for certain income of child taxed to parent	5	6	00		00
Ge	6 Recoveries of amounts deducted in earlier years that did not reduce Montana income tax	6		00	1000	00
	7 Unemployment compensation	7		00	35000	00
	8 Exempt tribal income. Include Form ETM.	8		00		00
Employment	9 Certain taxed tips and gratuities	9	1	00	6	00
<u>8</u>	10 Workers' compensation benefits	10	12000	00		00
E.	11 Certain health insurance premiums taxed to employee	11		00	100	00
	12a Student loan repayments for health care professional included in gross income	12a	200	00		00
	12b Student loan repayments for educator included in gross income	12b	22	00	19	00
Military	13 Military salary of active duty servicemembers	13	2000	00		00
Ē	14 Life insurance premiums reimbursement or death benefits for National Guard and Reservist	14	1	00	2	00
	15 Montana medical savings account deposits and earnings (See page 3)	15		00	50	00
Js Jts	16 First-time home buyer savings account deposits and earnings. Include Form FTB.	16	50	00		00
Savings Accounts	17 Family education savings account (529) deposits (up to \$3,000 per taxpayer)	17		00		00
Sa Ac	18 Achieving a Better Life Experience Act (ABLE) account deposits					
	(up to \$3,000 per taxpayer)	18		00		00
Status	19 Carryover of capital losses incurred prior to 2007	19		00		00
Sta	20 Carryover of passive losses incurred prior to 2007	20		00		00
	21 Allocation of compensation to spouse in sole proprietorship	21		00		00
	22 Montana net operating loss carryover from Form NOL	22		00		00
	23 Business-related expenses for purchasing recycled material. Include Form RCYL.	23		00		00
ons	24 Business expenses not included on page 1, line 11, due to an existing federal credit taken.					
acti	(Do not include depreciation deductions)	24		00		00
<del>b</del>	25 Certain expenses incurred by medical marijuana providers (See instructions)	25		00		00
လွ	26 Sales of land to beginning farmers	26		00		00
Business Subtractions	27 Capital gains and dividends from small business investment companies	27		00		00
Bus	28 Certain gains recognized by liquidating corporation	28		00		00
	29 Farm and ranch risk management account deposits. Include Form FRM.	29		00		00
	30 Donation of mineral exploration information	30		00		00
	31 Capital gain on eligible sale of mobile home park.	31		00		00
	32 Total subtractions from Montana Schedules K-1 (PTE), part 3, column I, line 2	32		00		00
	33 Partial retirement disability income exemption for taxpayers under age 65	33		00	1	00
ŧ	34 Federal taxable Tier II Railroad Retirement benefits entered on page 1, line 5b	34		00		00
Retirement	35 Partial pension, annuity, and IRA income exemption (See page 6)	35	2	00	3	00
etire	36 Subtotal to figure taxable Social Security benefits. Combine lines 1 through 35.	36	54285	00	86181	00
~	37 Add your subtraction from federal taxable Social Security benefits (See page 6) and your					
	Tier I Railroad Retirement benefits	37		00		00
Total	38 Add lines 36 and 37, and enter the total on page 1, line 13.					
2	This is your total subtractions from Federal Adjusted Gross Income.	38	54285	00	86181	00



r dridd r cholon, Almaity, and max moonic Exemption concade					
If you are married filing jointly, complete lines 1 through 3a in Columns A and B separately for each spouse.		Α		В	
1 Maximum exclusion amount	1	4400	00	4400	00
2 Pension, annuity, and IRA income. Enter the sum of page 1, line 4b and line 5b, reduced					
by any amount reported on Subtractions Schedule, line 34.	2		00		00
3a Enter the smaller of line 1 or line 2.	3a		00		00
3b If you are married filing jointly, add line 3a in Column A and line 3a in Column B and enter the total					
here in Column A.	3b		00		
4 Enter your Federal Adjusted Gross Income from page 1, line 11.	4	1000	00	2100	00
5 Federal Adjusted Gross Income limitation amount	5	36700	00	36700	00
6 Subtract line 5 from line 4 and multiply the result by 2 (x 2). If less than zero, enter 0.	6		00		00
7 Partial pension, annuity, and IRA income exemption. If single, head of household, or married					
filing separately, subtract line 6 from line 3a. If married filing jointly, subtract line 6 from line 3b.					
If less than zero, enter 0. Enter the result on Subtractions Schedule, line 35 (See page 5).					
This is your partial pension, annuity, and IRA income exemption.	7		00		00

	Taxable Social Security Benefits Schedule					
	The taxable amount of your Social Security benefits for Montana may be different than for federal purposes.					
	Complete this schedule to figure how much you must enter on either the Additions or Subtractions Schedule.		Α		В	
	1 Total amount from box 5 of all your federal Forms SSA-1099	1		00		00
Modified Income	2 Multiply line 1 by 50% (0.50)		0	00		00
	3 Subtract page 1, line 6b, from page 1, line 9, and enter the result here. (See instructions)		63	00		00
	4 Subtract Additions Schedule, line 3, from Additions Schedule, line 15 (See page 4)	4	62	00	3	00
2	5 Enter the amount, if any, from page 1, line 2a	5	3	00		00
fied	6 Combine lines 2, 3, 4, and 5	6	128	00		00
lodi	7 Enter Schedule 1, line 25 (See page 3.) Do not include student loan interest deduction.	7		00		00
2	8 Add the amounts on Subtractions Schedule, line 36 (See page 5) and line 7.	8	54285	00		00
	If the amount on line 8 is greater than on line 6, none of your Social Security benefit	its are	taxable. Stop here, ent	er 0 d	on line 20, and go to line	e 21.
	9 Subtract line 8 from line 6	9		00	0	00
	10 Enter the amount that corresponds to your filing status. If your filing status is:					
	Married filing jointly, enter \$32,000 in column A;					
	<ul> <li>Single or head of household, enter \$25,000 in column A;</li> </ul>					
	<ul> <li>Married filing separately, enter \$16,000 in columns A and B.</li> </ul>	10	7	00	7	00
	If the amount on line 10 is greater than on line 9, none of your Social Security benefit	its are	taxable. Stop here, ent	er 0 d	on line 20, and go to line	e 21.
faxable Social Security Benefits	11 Subtract line 10 from line 9	11		00		00
Ben	12 Enter the amount that corresponds to your filing status. If your filing status is:					
ij	<ul> <li>Married filing jointly, enter \$12,000 in column A;</li> </ul>					
ecn	<ul> <li>Single or head of household, enter \$9,000 in column A;</li> </ul>					
al S	<ul> <li>Married filing separately, enter \$6,000 in columns A and B.</li> </ul>	12		00		00
Soci	13 Subtract line 12 from line 11. If less than zero, enter 0.	13		00		00
ple (	14 Enter the smaller of line 11 or line 12	14		00		00
axa	15 Multiply line 14 by 50% (0.50)	15		00		00
_	16 Enter here the smaller of line 2 or line 15	16		00		00
	17 Multiply line 13 by 85% (0.85). If line 13 is zero, enter 0.	17		00		00
	18 Add lines 16 and 17	18		00		00
	19 Multiply line 1 by 85% (0.85)	19		00		00
	20 Enter the smaller of line 18 or 19. This is your Montana taxable Social Security benefits.	20	0	00	0	00
	21 Enter the federal taxable amount of Social Security benefits that you entered on page 1, line 6b	21	4	00	4	00
	22 If line 21 equals line 20, the amount of the federal taxable Social Security benefits that you entered on					
ents	page 1, line 6b, is the same amount that is taxed by Montana. No additions or subtractions are necessary.	22				
stm	23 If line 21 is less than line 20, subtract line 21 from line 20. Enter the result on Additions Schedule, line 16.					
Adjustments	(See page 4.) This is your additional amount of taxable Social Security benefits.	23		00		00
4	24 If line 21 is greater than line 20, subtract line 20 from line 21. Enter the result on Subtractions Schedule, line 37.					
	(See page 5.) This is your reduction in taxable Social Security benefits.	24	4	00	4	00



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	Standard Deduction				Worksh	neet					
	When filing separately on the same for	orm, eac	h spouse must figure t	heir own d	eduction.			Α		В	
	1 Enter your Montana Adjusted (	Gross In	come from page 1,	line 14		•	1		00		00
E	2 Multiply the amount on line 1 b					2	2		00		00
Maximum	3 If you are single or married filing			If you are	married filing jointly	or /					
Ma	head of household, enter \$9,66	•	<b>3</b> , . ,	,	0,	3	3		00		00
	4 Enter the amount from line 2 o		whichever is smalle	r		4	1		00		00
E	5 If you are single or married filin				married filing jointly	or /					
Minimum	head of household, enter \$4,28			,	0,		5		00		00
<u></u>	6 Enter the amount from line 4 o	r line 5,	whichever is larger,	here and	on page 1, line 15.						
Total			-		r standard deduction	on.	6		00		00
	Itemized Deductions Sched	lule									
	If you choose to itemize your deducti		k the box on page 1, I	ine 15.							
es	Medical and dental expenses	1a	1	00	2	00					
ens	Enter the amount from page 1, line 14	1b	-54214	00	-86107	00					
Ä	Multiply line 1b by 7.5% (0.075)	1c	-4066	00	-6458	00		Α		В	
Medical and Dental Expenses	Subtract line 1c from line 1a ar	nd enter	the total here, but r	ot less th							
<u>D</u>					ntal expenses subj	ect					
and		-			justed Gross Incor		1	4067	00	6460	00
ical	2 Medical insurance premiums n			-			2	5	00	6	00
Med	3 Long-term care insurance pren					3		6	00	7	00
	4 Federal income tax withheld	4a	7	00	8	00					
120	Federal estimated tax payments	4b	8	0.0	9	00					
i Ž	2020 federal income taxes paid	4c	9	0.0	10	00					
ral T	Other back year federal income taxes			0.0		0.0					
Federal Tax Paid/Withheld in 2021	Add lines 4a through 4d and en		otal here, but not mo		5 000 if you are singl						
F Š	head of household, or married f					0,					
Ра	ricad of floaderiola, of fliathea i	iii ig sop			ncome tax deduction	on. 4	1	1	00	2	00
	5 General state and local sales taxes	5a	2	00	3	00	•		00		00
xes 00	Local income taxes	5b	3	00	4	00					
1 Ta	Real estate taxes paid	5c	4	00	5	00					
-oc	Value-based personal property taxes		5	00	6	00					
State and Local Taxes Limited to \$10,000	Add lines 5a through 5d, enter the										
ate a	head of household or married fili					10,					
Sts	ricad of fiodocricia of financia iii	ng jonia			d local tax deduction	on. 5	5		00		00
gu,	6 Montana light vehicle registrati	on fees	Tillo lo your	otate and	a room tax acadom		3		00		0.0
State	7 Per capita livestock fees	011 1000				-			00		00
Other State Taxes	8 Other deductible taxes paid. Li	st type a	and amount:						1		+++
ਰੋ	cuitor academic taxes para: 2	011,001				8	3		00		00
+	9 Home mortgage interest and p	oints. If	paid to the person f	rom whon	n you bought the ho			eir name. Social S		Number, and address	
Interest	p and the igage interest and p		p		,		9	100	00	,	00
<u>r</u>	10 Investment interest. Include fed	deral Fo	rm 4952.			10	)		00		00
0 >	11 Charitable contributions made by cash or check					1′			00		00
Giffs to Charity	12 Charitable contributions made by other than cash or check				12			00	6	00	
<u>គ</u> ្គ ភ	13 Charitable contribution carryover from the previous year				13		7	00	-	00	
	14 Child and dependent care expe			m 2441-N	Л.	14		6	00	3	00
s n	15 Casualty and theft losses. Inclu					15		3	00	1	00
neo		16 Political contributions, limited to \$100 per taxpayer					3		00		00
liscellaneou Deductions	17 Gambling losses allowed under					17			00		00
Miscellaneous Deductions	18 Other miscellaneous deduction					17					30
_	- Strioi milosolianosas acadotioi	.o10t t	, po una amount.			18	3		00		00
_	19 Add lines 1 through 18, and enter	the tota	on page 1 line 15						33		
Total		tota		s vour tot:	al itemized deductio	<b>ns.</b> 19	9	4192	00	6485	0.0
			111131	- , - ai tou						0 100	- 5 0



Resident Part-Year Required Information						
Date of Change						
State moved to	State moved from					

## Nonresident / Part-Year Resident Ratio Schedule

	Enter your Montana source income that is included in Montana Adjusted Gross Income on page 1, line 14.		Α	В
	1 Wages, salaries, tips, etc.	1	00	0.0
	2 Interest	2	00	00
	3 Ordinary dividends	3	00	00
	4 Refunds, credits, or offsets of local income taxes	4	00	00
	5 Alimony received	5	00	00
je L	6 Business income or (loss)	6	00	0.0
COL	7 Capital gain or (loss)	7	00	0.0
Montana Source Income	8 Other gains or (losses)	8	00	00
onu	9 IRAs, pensions, and annuities	9	00	00
na S	10 Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
ıntaı	Mark this box if Montana source losses are carried over to next year. (See instructions)	10	00	00
Š	11 Farm income or (loss)	11	00	00
	12 Social Security benefits	12	00	00
	13 Other income and adjustments to income (See instructions)	13	00	00
	14 Montana source additions to income (See instructions)	14	00	00
	15 Montana source net operating loss (See instructions)	15	00	00
	16 Montana source income. Add lines 1 through 15.	16	00	00
₽	17 Enter your Montana Adjusted Gross Income from page 1, line 14	17	00	00
0	18 Divide the amount on line 16 by the amount on line 17.			
Ratio	Round to 6 decimal places and do not enter more than 1.000000.			
_	This is your nonresident or part-year resident ratio.	18		

## **Tax Liability Schedule**

add lines 2 and 4. Enter the total on page 1, line 18.

6 Resident tax. Add lines 1, 2 and 4, and enter the total on page 1, line 18.

Full-year residents must skip lines 3a, 3b, and 5. Nonresidents calculate their tax on lines 2 and 3a or compute В the tax on their volume of sales on line 3b when eligible. 1 Tax from the tax table below 1 00 00 2 Recapture taxes (See instructions) Code Code 2 00 00 3a Nonresident tax. Multiply line 1 by the nonresident ratio above and add line 2. За 00 00 Enter the total on page 1, line 18. 3b Alternative tax method for certain nonresidents (See instructions) 3b 00 00 00 00 4 Tax on lump-sum distributions. Include federal Form 4972. 4 5 Part-year resident tax. Multiply line 1 by the part-year resident ratio above, and

2021 Montana Individual Income Tax Rates							
If your taxable income (page 1, line 17) is:							
More than	But not more than	Then your tax rate is	Less				
\$0	\$3,100	1% of taxable income	\$0				
\$3,100	\$5,500	2% of taxable income	\$31				
\$5,500	\$8,400	3% of taxable income	\$86				
\$8,400	\$11,400	4% of taxable income	\$170				
\$11,400	\$14,600	5% of taxable income	\$284				
\$14,600	\$18,800	6% of taxable income	\$430				
More than \$18,800		6.9% of taxable income	\$599				

# Example:

5

6

Your taxable income is \$25,000. \$25,000 x 6.9% (0.069) = \$1,725 \$1,725 - \$599 = \$1,126 tax

00

00

00



## Nonrefundable Credits Schedule

	Enter your nonrefundable credits, including any carryover credits that may be available from 2020.  1 Resident capital gains credit. 2% of capital gain entered on page 1, line 7.		Α	В
_	1. Desident capital gains gradit 20% of capital gain entered on page 1. line 7			
_	Resident Capital gains credit. 270 of Capital gain entered on page 1, line 7.	1	00	0.0
uo	2 Nonresident/part-year resident capital gains credit.			
isio	2% of capital gain entered on Nonresident/Part-Year Resident Ratio Schedule, line 7. (See page 8)	2	00	0.0
ō	3 Credit for an income tax liability paid to another state or country (See schedule below)	3	00	00
er F	4 College contribution credit. Include Form CC.	4	00	0.0
8	5 Qualified endowment credit. Include Form QEC.	5	00	0.0
Car	6 Energy conservation installation credit. Include Form ENRG-C.	6	00	0.0
2	7 Alternative fuel credit. Include Form AFCR.	7	00	0.0
<u>:</u>	8 Health insurance for uninsured Montanans' credit. Include Form HI.	8	00	0.0
red	9 Elderly care credit. Include Form ECC.	9	00	0.0
ar C	0 Recycle credit. Include Form RCYL.	10	00	0.0
Single Year Credits - No Carryover Provision	11 Innovative educational program credit	11	00	0.0
ing	2 Student scholarship organization credit	12	0.0	0.0
S	3 Apprenticeship credit	13	0.0	0.0
	4 Trades education and training credit	14	0.0	0.0
	5 Biodiesel blending and storage credit. Include Form BBSC.	15	0.0	0.0
	6 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here.			
Nonrefundable Credits with Carryover Provision	CGR Account ID: C G R	16	00	0.0
rovi	7 Geothermal systems credit. Include Form ENRG-A.	17	00	0.0
er P	8 Alternative energy systems credit. Recognized non-fossil form of energy generation.	18	00	0.0
yo.	9 Alternative energy systems credit. Low emission wood or biomass combustion device.			
Carr	Include Form ENRG-B if you are claiming a credit on lines 18 or 19.	19	00	0.0
. €	20 Alternative energy production credit. Include Form AEPC.	20	00	0.0
ts ×	21 Dependent care assistance credit. Include Form DCAC.	21	00	0.0
redi	22 Historic property preservation credit. Include federal Form 3468.	22	00	0.0
<u>ခ</u>	23 Infrastructure users fee credit. Include Form IUFC.	23	00	0.0
dab	24 Empowerment zone credit	24	00	0.0
Jun 2	25 Increasing research activities credit. Include a detailed schedule of the credit carryforward.	25	0.0	0.0
oure 2	26 Mineral and coal exploration incentive credit. Include Form MINE-CRED.	26	0.0	0.0
Ž	27 Adoption credit. Include federal Form 8839.	27	0.0	0.0
	28 Media credit. Include Form MEDIA-CLAIM	28	0.0	0.0
	29 Add lines 1 through 28, and enter the total on page 1, line 19.			
Total	This is your total nonrefundable credits.	29	0.0	0.0

#### Credit for Income Tax Paid to Another State or Country Schedule

You may have paid income tax on income sourced to another state while a MT resident. Use this schedule to calculate this credit. You cannot claim this credit if a foreign tax credit is claimed for federal tax purposes.

- 1 Enter your income sourced and taxable to another state or country that is included in your Montana Adjusted Gross Income or in your Montana source income if a part-year resident. (See instructions)
- 2 Enter all income sourced and taxable to the other state or country.

  Enter state's abbreviation.
- 3 Enter your income sourced and taxable to Montana.
  - If a full-year resident, enter page 1, line 14.

    If a part-year resident, enter Nonresident/Part-Year Resident Ratio Schedule, line 16. (See page 8)
- 4 Enter your total income tax liability paid to the other state or country (See instructions)
- 5 Enter your Montana tax liability (See instructions)
- 6 Divide line 1 by line 2. Enter the percentage here, but not more than 100%.
- 7 Multiply line 4 by line 6

Credit for Taxes Paid to Another State or Country

- 8 Divide line 1 by line 3. Enter the percentage here, but not more than 100%.
- 9 Multiply line 5 by line 8. (If you have capital gains included on line 1, see instructions.)
- 10 Enter the smaller of the amounts on lines 4, 7, or 9 here and on Nonrefundable Credits Schedule, line 3 (See above.)

  This is your credit for income tax paid to another state or country.

	Α		В	
1		00		00
2		00		00
3		00		00
4		00		00
		00		00
5 6				
		00		00
7 8				
9		00		00
10		00		00
10		0 0		00



## **Elderly Homeowner/Renter Credit Schedule**

When you claim this credit, you attest that:

- You are 62 or older as of December 31, 2021.
- Your gross household income of all household members is less than \$45,000 for the tax year.
- You have lived in Montana for at least nine months during the tax year; and,
- You occupied a Montana residence as a renter, owner, or lessee for at least six months during the tax year.

nter physical address of Montana residence						
f differen	nt than mailing address entered on Form 2)					
Address						
City						

		For lines 1-7 and 9, use the amounts reported on Forms 2, page 1, for all members of the household	d. (See instructions	s)	Household	
		1 Enter the Federal Adjusted Gross Income from line 11		1		00
	Φ	2 Enter the tax-exempt interest from line 2a		2		00
	E O	3 Enter any IRA distributions reported on line 4a not included on line 4b. Do not include rollover	S.	3		00
	Ĕ	4 Enter any pensions and annuities reported on line 5a not included on line 5b. Do not include r	ollovers.	4		00
	hole	5 Subtract the taxable Social Security benefits reported on line 6b from the amount on line 6a		5		00
	esno	6 Social Security payments not reported, except when paid directly to a nursing home		6		00
	S H	7 Refundable credits received, including the elderly homeowner/renter credit received in 2021		7		0 0
	Gross Household Income	8 Other income not included above (See instructions)		8		00
	O	9 Enter all losses included in the Federal Adjusted Gross Income on line 11 (See instructions)		9		00
		10 Add lines 1 through 9. This is your gross hous	ehold income.	10		00
Net Household Income		andard exclusion is entered here for you.		11	6300	00
Househ	12 Subtrac	ct line 11 from line 10 and enter the result here, but not less than zero		12		00
옷 을	13 Enter y	our multiplier rate from the Household Income Reduction Table (See table below)		13		
Set		y line 12 by line 13. This is your net hous	ehold income.	14		00
	15 Enter th	he property tax that you were billed for your Montana residence and up to one acre in 2021		15		00
_		he rent that you paid in 2021 for your Montana residence		16		00
Credit Computation		y line 16 by 15% (0.15)		17		00
part		es 15 and 17		18		00
S	19 Subtract line 14 from line 18 and enter the result here, but not less than zero			19		00
ij		he lesser of line 19 or \$1,000		20		00
ဦ		ne percentage from the Credit Multiplier Table that corresponds to your gross household income (See ta	,	21		
		y line 20 by the percentage on line 21, and enter the total here and on Other Payments and Refun				
	Schedu	ule, line 6. (See page 11.)  This is your elderly homeowne	r/renter credit.	22		00

# To claim the Elderly Homeowner/Renter Credit, you must include pages 1, 2, 10, 11, and any other pages used to complete your return.

Worksheet

## **Long-Term Care Facility Rent Calculation**

1 Total payment to the facility

- 2 If you received board services (meals, housekeeping, laundry, transportation), multiply line 1 by 20% (0.20)
- 3 If you received care (nursing care, assisted living care, memory care), multiply line 1 by 30% (0.30)
- 4 Subtract lines 2 and 3 from line 1. This is your rent.

Enter here and on line 16 of the schedule above.

Household Income Reduction Table – If your household income on line 12 is:									
At least	But not more than	Multiplier	At least	But not more than	Multiplier				
\$0	\$1,999	0	\$7,000	\$7,999	0.035				
\$2,000	\$2,999	0.006	\$8,000	\$8,999	0.039				
\$3,000	\$3,999	0.016	\$9,000	\$9,999	0.042				
\$4,000	\$4,999	0.024	\$10,000	\$10,999	0.045				
\$5,000	\$5,999	0.028	\$11,000	\$11,999	0.048				
\$6,000	\$6,999	0.032	\$12,000	and greater	0.05				

2 00 3 00	1	00
	2	00
4 00	3	00
4 0 0		
	4	00

Credit Multiplier Table								
If line 10 is:	Multiplier							
Less than \$35,000	1.00 (100%)							
\$35,000 to \$37,500	0.40 (40%)							
\$37,501 to \$40,000	0.30 (30%)							
\$40,001 to \$42,500	0.20 (20%)							
\$42,501 to \$44,999	0.10 (10%)							
\$45,000 and greater	0.00 (0%)							



8 Add lines 1 through 7, enter on page 1, line 22. This is your other payments and refundable credits. 8

	Other Payments and Refundable Credits Schedule					
	Withholding reported on Forms W-2 and 1099 must be entered on page 1, line 21.		Α		В	
	1 2021 estimated tax payments	1	9000	00	9200	00
and	2 Overpayment applied from 2020 return	2		00		00
Other Payments a Refundable Credi	3 Total withholding from Montana Schedules K-1	3		00		00
	4 Emergency lodging credit. Include Form ELC.	4		00		00
	5 Unlocking public lands credit	5		00		00
	6 Elderly homeowner/renter credit (See schedule on page 10, line 22)	6		00		
2 %	7 Other payments (See instructions)	7		00		00

9000 00

9200

Enter any voluntary contributions to check-off programs, penalties, and interest on the corresponding lines.  Voluntary Contributions  A  B  1  Nongame Wildlife Program  A  S  S  S  1  Nongame Wildlife Program  A  S  S  S  S  S  S  S  S  S  S  S  S																	
Voluntary Contributions  A \$5 \$10 \$20 00 other amount a \$5 \$10 \$20 00 other amount b \$5 \$10 00 oth		Contributions, Penalties, and Interest Schedule  Enter any voluntary contributions to check-off programs, penalties, and interest on the corresponding lines															
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Social Security Number

#### MT-529 Schedule

If you would like to deposit all or a portion of your refund into a 529 Qualified Tuition Program (Family Education Savings Account) or 529A Achieving a Better Life Experience Account please complete this form.

You can make contributions to both Montana and out-of-state 529 and 529A accounts. Before completing this schedule, verify the direct deposit requirements with the program administrator.

### **General Information**

- To use this form, the 529 or 529A account must already be open.
- Montana 529A plans require a minimum deposit of \$25 per account.
- If the amount you elect to deposit exceeds your available overpayment for any reason, your deposit will be canceled, and any remaining funds will be refunded by check or direct deposit.

### Instructions

You may deposit all or a portion of your refund in either or both accounts. Complete all the fields below for each account.

- Select 529 Qualified Tuition Program (Family Education Savings Account) and/or 529A Achieving a Better Life Experience Account
- Enter the financial institution or bank routing number
- Enter the account number
- Enter the amount to be deposited into each account
- Enter the total amount to be deposited on line 3
- Report the total deposit amount on Form 2, page 2, Refund Schedule, line 3

1	Account Type RTN#	529 Qualified Tui	tion Program ACCT#	529A Achieving a Better Life Exper	ience		
					Amount	1	00
2	Account Type RTN#	529 Qualified Tui	tion Program ACCT#	529A Achieving a Better Life Exper	ience		
					Amount	2	00
			3 Add lines 1 a Enter this an	Form 2, page 2, Refund Schedule, line 3.	Total	3	0.0

### **Contact Information for Montana Plans**

Montana Family Education Savings <a href="https://achievemontana.com">https://achievemontana.com</a> ClientService@AchieveMontana.com (877) 486-9271 Montana Achieving a Better Life Experience https://savewithable.com (888) 609-3461

For out-of-state plans, contact your account administrator.

Include this schedule with your Montana income tax return.



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