## 2018 Montana Individual Income Tax Return For the year lan 1 Dec 31 2018 or the tay year beginning MMDDD 2 0 1 9 and ending MMDDD 2 0 V V

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Your signature is required     Date     Spouse's signature     Date       x     M M D D Y Y X     M M D D Y Y Y X     M M D D Y Y Y Y       Paid preparer's signature     Preparer's PTIN     Firm's FEIN     Mark if paid preparer is also a 3rd Party Designee.     Daytime telephone number       Office Use Only     Image: Spouse's signature     Image: Spouse's signature     Image: Spouse's signature     Image: Spouse's signature	Owe	d 25 If line 21 is less than 16, subtract line 21 from line	16. This is the <b>amount you owe</b>	;		Owe 🕨	25	00	00
x       M       M       D       Y       Y       X       M       M       D       Y       Y       Y         Paid preparer's signature       Preparer's PTIN       Firm's FEIN       Mark if paid preparer is also       Daytime telephone number         Office Use Only       Image: Construction of the second se	Ur	der penalties of false swearing, I declare that I have examin	ed this return, including accompa				id to the best	t of my knowledge and belief,	it is true, correct, and complete.
Paid preparer's signature       Preparer's PTIN       Firm's FEIN       Mark if paid preparer is also       Daytime telephone number         Office Use Only       Image: Constraint of the state of the s	Your	signature is required	Date		Spouse's sig	nature		[	Date
Office Use Only       a 3rd Party Designee.								N	
Office Use Only	Paid	preparer's signature	Preparer's PTIN	Firm	's FEIN				aytime telephone number
							a 3	rd Party Designee.	
		Office Lice Only							
		Unice Use Uniy							
		Date Received							

Form 2 - Page 2 – 2018	Social Security Number
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#### Schedule 1 (federal Form 1040)

Additional	Income and	Adjustments to	Income

	Enter your additional income and adjustments to income from federal Schedule 1	А		В
	1-9b Reserved	1-9b		
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	00	00
	11 Alimony received	11	00	00
	12 Business income or (loss). Include federal Schedule C or C-EZ	12	00	00
a)	13 Capital gain or (loss). Include federal Schedule D if required	13	00	00
ional income	14 Other gains or (losses). Include federal Form 4797	14	00	00
	15 Reserved	15		
	16 Reserved	16		
Addi	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Include federal Schedule E	17	00	00
-	18 Farm income or (loss). Include federal Schedule F	18	00	00
	19 Unemployment compensation	19	00	00
	20 Reserved	20		
	21 Other income; list type	21	00	00
	22 Combine lines 1 through 21. Add this amount to total income on Form 2, Line 6	22	00	00
	23 Educator expenses	23	00	00
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials.			
	Include federal Form 2106	24	00	00
	25 Health savings account deduction. Include federal Form 8889	25	00	00
e	26 Moving expenses for members of the Armed Forces. Include federal Form 3903	26	00	00
come	27 Deductible part of self-employment tax. Include federal Schedule SE	27	00	00
⊑ 0	28 Self-employed SEP, SIMPLE, and qualified plans	28	00	00
UIS	29 Self-employed health insurance deduction	29	00	00
Adjustme	30 Penalty on early withdrawal of savings	30	00	00
valus	31 Alimony paid. Recipient's SSN	31	00	00
-	32 IRA deduction	32	00	00
	33 Student loan interest deduction	33	00	00
	34 Reserved	34		
	35 Reserved	35		
	36 Combine lines 23 through 35. Subtract this amount from total income on Form 2, Line 7	36	00	00

#### Net Operating Loss Election for Farming Losses

If you do not want to carry your 2018 farming loss back, mark the box You must make this election by the due date (including extension) for filing your income tax return.

Amended Return Information	In the table below, indicate the reasons for	u made to your Montana tax return.	
Mark the appropriate box	Form or Schedule	Line or Box	Reason
a NOL carryback			
b Federal audit			
c Amended federal return			
d Filing status			
e Other			

# Third Party Designee

Do you want to allow another person (other than a paid preparer) to discuss this return with us?

No

Yes (Complete name and phone number below)

Name



Phone number

	Montana Additions Schedule			
	Enter your additions to federal adjusted gross income on the corresponding lines.		А	В
SU	1 Recovery of federal income tax deducted in 2017. (See below)	1	00	00
General Additions	2 Other recoveries of amounts deducted in earlier years that reduced Montana taxable income	2	00	00
al Ad	3 Interest and mutual fund dividends from state, county, or municipal bonds from other states	3	00	00
nera	4 Dividends not included in federal adjusted gross income	4	00	00
Ge	5 Adjustment for smaller federal estate and trust taxable distributions	5	00	00
Savings Accounts	6 Medical care savings account nonqualified withdrawals. (See page 4)	6	00	00
Sav	7 First-time home buyer savings account nonqualified withdrawals	7	00	00
	8 Allocation of compensation to spouse in sole proprietorship	8	00	00
Suc	9 Federal net operating loss deduction	9	00	00
dditio	10 Dependent care assistance credit adjustment	10	00	00
ss Ac	11 Farm and ranch risk management account taxable distributions	11	00	00
Business Additions	12 Share of federal income taxes paid by your S corporation	12	00	00
Buis	13 Title plant depreciation and amortization	13	00	00
	14 Other additions. Specify:	14	00	00
Retirement	15 Subtotal to figure taxable social security benefits. Combine lines 1 through 14	15	00	00
Retirement	16 Addition to taxable social security benefits. (See page 5)	16	00	00
Total	17 Add lines 15 and 16, and enter the total on Form 2, line 8.			
iotai	This is your total additions to federal adjusted gross income	17	00	00

	Recovery of Federal Income Tax Deducted in 2017 Workshe	et		
	If you chose the standard deduction in 2017, your refund is not taxable. Do not complete this worksheet.		А	В
Was the	1 Enter your total federal taxes paid in 2017 as reported on Form 2, Schedule III, lines 7a through 7d	1	00	00
federal	2 Enter the federal income tax refund you received in 2018	2	00	00
refund from	3 Enter any refundable credits claimed on your 2017 federal Form 1040, 1040A, or 1040EZ	3	00	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	00	00
taxes paid?		If the result is	s zero or less, stop here. Your fea	deral refund is not taxable
How much	5 Enter the federal income taxes you deducted for 2017 as reported on Form 2, Schedule III, line 7e	5	00	00
	6 Subtract line 4 from line 1 and enter the result here, but not less than zero	6	00	00
of it did you	7 Subtract line 6 from line 5. This is the amount of taxes you deducted that were refunded to you	7	00	00
deduct?		If the result is	s zero or less, stop here. Your fea	deral refund is not taxable
	8 Enter the itemized deductions you claimed on your 2017 Form 2, Schedule III, line 30	8	00	00
Would the	9 Enter your Montana adjusted gross income from 2017 Form 2, line 41	9	00	00
	10 Calculate the 2017 standard deduction:			
standard deduction	<ul> <li>If your filing status was single or married filing separately, enter 20% (0.20) of line 9, but not less than \$2,000 or more than \$4,510.</li> </ul>			
have given	\$2,000 or more than \$4,510			
a better	<ul> <li>If your filing status was married filing jointly or head of household, enter 20% (0.20) of line 9, but not</li> </ul>	10	00	00
result?	less than \$4,000 or more than \$9,020	10	00	00
	11 Subtract line 10 from line 8	11		
		II the result is	s zero or less, stop here. Your feo	aerai reiund is not taxable
	12 Enter the smaller of line 7 or line 11 here. This is the portion of your federal tax deduction that	10	00	00
	reduced your taxable income and was refunded in 2017	12	00	00
How much	13 Enter here your 2017 Montana taxable income from Form 2, line 45.	10	00	00
of your	If your amount is less than zero, enter this amount as a negative amount	13	00	00
2017 fordered	14 If line 13 is zero or more, enter the amount from line 12 here and on Additions Schedule, line 1.			
federal	This is your taxable federal income tax refund.			
refund is	If line 13 is less than zero (a negative amount), add lines 12 and 13.			
taxable to	<ul> <li>If your result remains less than zero (a negative amount), enter 0 and stop here.</li> </ul>			
Montana?	None of your federal refund is taxable to Montana			
	<ul> <li>If your result is greater than zero (a positive amount), enter on Additions Schedule, line 1.</li> </ul>	14	0.0	0.0
	This is your recovery of federal income tax deducted in 2017	14	00	00



Form 2 ·	Page 4 – 2018 Social Security Number			
	Montana Subtractions Schedule			
	Enter your subtractions from federal adjusted gross income on the corresponding lines.		А	В
SUC	1 State income tax refunds included on federal Schedule 1, line 10. (See page 2)	1	00	00
actio	2 Interest and mutual fund dividends from federal bonds, notes and obligations	2	00	00
General Subtractions	3 Partial interest exemption for taxpayers 65 and older	3	00	00
	4 Adjustment for larger federal estate and trust taxable distribution	4	00	00
	5 Exemption for certain income of child taxed to parent	5	00	00
0	6 Recoveries of amounts deducted in earlier years that did not reduce Montana income tax	6	00	00
	7 Unemployment compensation	7	00	00
ent	8 Tribal income when exempt. Include Form ETM	8	00	00
Employment	9 Certain taxed tips and gratuities	9	00	00
Idm	10 Workers' compensation benefits	10	00	00
ш	11 Certain health insurance premiums taxed to employee	11	00	00
~	12 Student loan repayments for health care professional included in gross income	12	00	00
Military	13 Military salary of active duty service persons	13	00	00
Ξ	14 Life insurance premiums reimbursement or death benefits for National Guard and Reservist	14	00	00
~ ~ ~	15 Montana medical savings account deposits and earnings. (See below)	15	00	00
Savings Accounts	16 First-time home buyer savings account deposits and earnings. Include Form FTB	16	00	00
Sav	17 Family education savings account deposits (up to \$3,000 per taxpayer)	17	00	00
	18 Montana 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
St	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 Montana Form NOL	22	00	00
S	23 Business-related expenses for purchasing recycled material. Include Form RCYL	23	00	00
Business Subtractions	24 Wage expenses not deducted when taking the federal targeted jobs credit	24	00	00
btra	25 Certain expenses incurred by medical marijuana providers	25	00	00
s Su	26 Sales of land to beginning farmers	26	00	00
ines	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 Gain on eligible sale of mobile home park. Include Form MHPE	31	00	00
	32 Partial retirement disability income exemption for taxpayers under age 65	32	00	00
Retirement	33 Federal taxable Tier II Railroad Retirement benefits entered on Form 2, line 4b	33	00	00
etirer	34 Partial pension and annuity income exemption. (See page 5)	34	00	00
Re	35 Subtotal to figure taxable social security. Combine lines 1 through 34	35	00	00
	36 Subtraction from federal taxable social security benefits (see page 5) and Tier I Railroad Retirement	36	00	00
Total	37 Add lines 35 and 36, and enter the total on Form 2, line 9.			
	This is your total subtractions from federal adjusted gross income	37	00	00
	Mantana Madiaal Cavinga Account (MCA) Cabadula			
	Montana Medical Savings Account (MSA) Schedule		٨	D
	If you have an MSA, you must report your beginning and ending balance each year.	1	A	В
c	1 Beginning balance. If this is a new account, enter 0	1	00	00
actio	2 Total contributions for the year	2	00	00
Subtraction	3 Earnings from the account: interest, dividends, capital gains, etc.	3	00	00
Ś	4 Add lines 2 and 3. Enter the total on Subtractions Schedule, line 15. (See above)	4	00	00
	5 Ending balance	5	00	00
/al	1 Total withdrawals made during the year	1	00	00
draw	2 Withdrawals for eligible expenses. (See instructions)	2	00	00
Vitho	<ul> <li>3 Nonqualified withdrawal. Subtract line 2 from line 1, and enter the total on Additions Schedule, line 6</li> </ul>		00	00
alified Withcard		3	00	00
and	4 Nonqualified withdrawal not subject to the 10% penalty. (See instructions)			00
Nonqualified Withdrawal and Penalty	5 Nonqualified withdrawal subject to penalty. Subtract line 4 from line 3 6 Reparty, Multiply line 5 by 10% and pater the total on Contributions and Penaltics Schoolule, line 5 (See page 10)	5	00	00
Ž	6 Penalty. Multiply line 5 by 10% and enter the total on Contributions and Penalties Schedule, line 5. (See page 10)	) 6	00	00



Form 2 -	Page 5 – 2018 Social Security Number					
	Partial Pension and Annuity Income Exemption Workshee	<u>!</u>				
	If your federal adjusted gross income on Form 2, line 7 is \$36,910 (\$39,000 if filing jointly) or more, stop here.		٨		D	
	You do not qualify for the exemption.		А		В	
ig G	1 Enter your federal adjusted gross income from Form 2, line 7.	1		00		00
Fed AGI Limitation	2 Federal adjusted gross income limitation amount	2	34820	00	34820	00
щ г	If line 1 is less than line 2, stop here. Enter the smaller of your pension and annu	ty income	or \$4,180 on Subtrac	ctions Scheo	dule, line 34. (See paç	je 4)
	3 Subtract line 2 from line 1	3		00		00
Exemption Calculation	4a If you are single, head of household, or married filing separately, enter the smaller of each spouse's					
	taxable pension or annuity or \$4,180	4a		00		00
cula	4b If you are married filing jointly, enter the smaller of each spouse's taxable income or \$4,180 in the space	s below:				
Cal	Spouse 1         0.0         Spouse 2         0.0					
otion	Then, add the amounts for spouse 1 and 2	4b		00		00
kem	5 Multiply the amount on line 3 by 2	5		00		00
Ĥ	6 Pension and annuity exemption. Subtract line 5 from line 4a or 4b, whichever applies, and enter the					
	total on Subtractions Schedule, line 34. (See page 4.) If the result is less than zero, enter 0.					
	This is your partial pension and annuity exemption	6		00		00
	Tauahla Gastial Gasurita Danafita					
	Taxable Social Security Benefits         Workshee					
	The taxable amount of your social security benefits for Montana may be different than for federal purposes.		А		В	
	Complete this worksheet to figure how much you must enter on either the Additions or Subtractions Schedule.	1		00		00
æ	<ol> <li>Total amount from box 5 of all your federal Form SSA-1099s and RRB-1099s</li> <li>Multiply line 1 by 50% (0.50)</li> </ol>	2		00		00
	3 Combine Form 2, lines 1 through 4b and federal Schedule 1, line 22. (See page 2)	3		00		00
e	4 Subtract Additions Schedule, line 3 (See page 4) from Additions Schedule, line 15. (See page 3)	4		00		00
Modified Income	<ul> <li>Subtract Additions Schedule, line 5 (See page 4) from Additions Schedule, line 15. (See page 5)</li> <li>Combine exempt interest reported on Form 2, line 2a, with certain exclusions. (See instructions)</li> </ul>	5		00		00
	6 Combine lines 2, 3, 4, and 5	6		00		00
	<ul> <li>7 Enter federal Schedule 1, line 36 (See page 2) (Do not include student loan interest deduction)</li> </ul>	7		00		00
≥	<ul> <li>8 Add the amount on Subtractions Schedule, line 35 (See page 4) to line 7</li> </ul>	8		00		00
	If the amount on line 8 is greater than on line 6, none of your social security be		taxable. Stop here a		n line 20 and go to lin	
	9 Subtract line 8 from line 6	9		00		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>					
	Married filing separately, enter \$16,000 in columns A and B	10		00		00
	If the amount on line 10 is greater than on line 9, none of your social security be	enefits are	taxable. Stop here a	nd enter 0 o	n line 20 and go to lin	e 21
lefits	11 Subtract line 10 from line 9	11		00		00
	12 Enter the amount that corresponds to your filing status. If your filing status is:					
rity I	<ul> <li>Married filing jointly, enter \$12,000 in column A;</li> </ul>					
Secu	<ul> <li>Single or head of household, enter \$9,000 in column A;</li> </ul>					
cial	<ul> <li>Married filing separately, enter \$6,000 in columns A and B</li> </ul>	12		00		00
Taxable Social Security Be	13 Subtract line 12 from line 11. If less than zero, enter 0	13		00		00
cable	14 Enter the smaller of line 11 or line 12	14		00		00
Ta)	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 <b>Montana taxable social security benefits</b>	20		00		00
	21 Enter the federal taxable amount of social security benefits that you entered on Form 2, line 5b	21		00		00
ts	22 If line 21 equals line 20, the amount of the federal taxable social security benefits that you entered on	22				
nen	Form 2, line 5b is the same amount that is taxed by Montana. No additions or subtractions are necessary	22				
Adjustments	23 If line 21 is less than line 20, subtract line 21 from line 20. Enter the result on Additions Schedule, line 16	22		00		0.0
Ac	(See page 3). This is the <b>additional amount of your social security benefits</b> that is taxed by Montana 24. If line 21 is greater than line 20, subtract line 20 from line 21. Enter the result on Subtractions Schedule line 36.	23		00		00
	24 If line 21 is greater than line 20, subtract line 20 from line 21. Enter the result on Subtractions Schedule, line 36 (See page 4). This is the <b>reduction in taxable amount of your social security benefits</b> for Montana	24		00		00
	(See page 4). This is the reduction in taxable annound of your social security benefits for MORIANA	24		00		00



Form	2 - Page	6 –	2018	Social	Security	Number
1 01111	z rugo	0	2010	Jociai	Jocumy	Number

	Standard Deduction	Worksheet					
	When filing separately on the same form, each spouse must figure their own deduction.			А		В	
	1 Enter your Montana adjusted gross income from Form 2, line 10		1		00		00
Maximum	2 Multiply the amount on line 1 by 20% (0.20)		2		00		00
	3 If you are single or married filing separately, enter \$4,580. If you are married filing jointly	or					
	head of household, enter \$9,160		3		00		00
	4 Enter the amount from line 2 or line 3, whichever is smaller		4		00		00
	5 If you are single or married filing separately, enter \$2,030. If you are married filing jointly	or					
Minimum	head of household, enter \$4,060		5		00		00
	6 Enter the amount from line 4 or line 5, whichever is larger, here and on Form 2, line 11.						
Total	This is your standard deduction		6		00		00
	Itemized Deductions Schedule						
	If you choose to itemize your deductions, mark the box on Form 2, line 11.			А		В	
	1 Medical and dental expenses 1a 00	00				2	
al	Enter the amount from Form 2, line 10 1b 00	00					
Medical and Dental Expenses	Multiply line 1b by 7.5% (0.075) 1c 00	00					
ical and De Expenses	Subtract line 1c from line 1a and enter the total here, but not less than zero. This is your						
cal a Expe	medical and dental expenses subject to a percentage of Montana adjusted gross income		1		00		00
1edic	2 Medical insurance premiums not deducted elsewhere on your return	;	2		00		00
2			2		00		00
	3 Long-term care insurance premiums not deducted elsewhere on your return 4 Federal income tax withheld 4a 00	00	3		00		00
18		00					
Federal Tax Paid/Withheld in 2018		00					
Federal Tax Withheld in 2	2017 federal income taxes paid   4c   0.0						
ithhe	Other back year federal income taxes 4d 00	00					
Fe d/W	Add lines 4a through 4d and enter the total here, but not more than \$5,000 if you are sin	-					
Pai	head of household, or married filing separately; or \$10,000 if you are married filing jointly	<i>.</i>					
	This is your federal income tax deduction		4		00		00
SS -	5 General state and local sales taxes 5a 00	00					
Tax, 00C	Local income taxes 5b 00	00					
State and Local Taxes Limited to \$10,000	Real estate taxes paid   5c   00	00					
d to	Value-based personal property taxes 5d 00	00					
e ar nite	Add lines 5a to 5d, enter the total here, but not more than \$10,000 if your status is single	9					
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		00		00
tate s	6 Montana light vehicle registration fee		6		00		00
ther Sta Taxes	7 Per capita livestock fees		7		00		00
Other St Taxes	8 Other deductible taxes paid. List type and amount:						
Ŭ			8		00		00
est	9 Home mortgage interest and points. If paid to the person from whom you bought the hou	se, provide their i		al security number a	1		
Interest			9		00		00
_	10 Investment interest. Include federal Form 4952		10		00		00
ity to	11 Charitable contributions made by cash or check		11		00		00
Gifts to Charity	12 Charitable contributions made by other than cash or check		12		00		00
00	13 Charitable contribution carryover from the previous year		13		00		00
	14 Child and dependent care expenses. Include Montana Form 2441-M		14		00		00
suo	15 Casualty and theft losses. Include federal Form 4684	15		00		00	
Miscellaneous Deductions	16 Political contributions, limited to \$100 per taxpayer		16		00		00
scel	17 Gambling losses allowed under federal law		17		00		00
Ξ Ω	18 Other miscellaneous deductions. List type and amount:						
			18		00		00
Total	19 Add lines 1 through 18, and enter the total on Form 2, line 11. This is your total itemized	deductions	19		00		00



Form 2 - Page 7 – 2018	Social Security Number
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	Tax Liability Schedule			
	Full-year residents must skip lines 3a, 3b and 5. Nonresidents calculate their tax on line 3a or compute the tax		۸	D
	on their volume of sales on line 3b when eligible.		А	D
	1 Recapture taxes. (See instructions) Code Code	1	00	00
	2 Tax from the tax table based on taxable income. (See instructions)	2	00	00
₹	3a Nonresident tax. Multiply line 2 by the nonresident/part-year resident ratio (see below) and add line 1.			
Liability	Enter the total on Form 2, line 14	3a	00	00
Tax Li	3b Alternative tax method for certain nonresidents. (See instructions)	3b	00	00
Ê	4 Tax on lump-sum distributions. Include federal Form 4972	4	00	00
	5 Part-year resident tax. Add lines 1, 3a and 4, and enter the total on Form 2, line 14	5	00	00
	6 Resident tax. Add lines 1, 2 and 4, and enter the total on Form 2, line 14	6	00	00

				Resident Part-Year Requi	ired Information
				State moved to	State moved from
	Ν	Nonresident / Part-Year Resident Ratio Schedule			
	E	Inter your Montana source income that is included in Montana adjusted gross income on Form 2.		А	В
	1	Wages, salaries, tips, etc.	1	00	00
	2	2 Interest	2	00	00
	3	3 Ordinary dividends	3	00	00
	4	Refunds, credits, or offsets of local income taxes	4	00	00
	Ę	5 Alimony received	5	00	00
Je	e	6 Business income or (loss)	6	00	00
Montana Source Income	7	7 Capital gain or (loss)	7	00	00
celr	8	3 Other gains or (losses)	8	00	00
sour	ç	P IRAs, pensions, and annuities	9	00	00
na	10	) Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
onta		Mark this box if Montana source losses are carried over to next year. (See instructions)	10	00	00
Σ	11	Farm income or (loss)	11	00	00
	12	2 Social security benefits	12	00	00
	13	3 Other income. (See instructions)	13	00	00
	14	4 Montana source additions to income. (See instructions)	14	00	00
	15	5 Montana source net operating loss. (See instructions)	15	00	00
	16	5 Montana source income. Add lines 1 through 15	16	00	00
MT AGI	17	7 Enter your Montana adjusted gross income from Form 2, line 10	17	00	00
	18	3 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		

2018 M	ontana Individu	al Income Tax Rates	
If your taxable incom	me is		
More than	But not more than	Then your tax rate is	Less
\$0	\$3,000	1% of taxable income	\$0
\$3,000	\$5,200	2% of taxable income	\$30
\$5,200	\$8,000	3% of taxable income	\$82
\$8,000	\$10,800	4% of taxable income	\$162
\$10,800	\$13,900	5% of taxable income	\$270
\$13,900	\$17,900	6% of taxable income	\$409
More than \$17,900		6.9% of taxable income	\$570



	Nonrefundable Credits Schedule			
	Enter your nonrefundable credits, including any carryover credits that may be available from 2017.		А	В
	1 Resident capital gains credit. 2% of capital gain entered on federal Schedule 1, line 13. (See page 2)	1	00	00
Ľ	2 Nonresident capital gains credit.			
visic	2% of capital gains entered on Nonresident/Part-Year Resident Ratio Schedule, line 7. (See page 7)	2	00	00
Single Year Credits - No Carryover Provision	3 Credit for an income tax liability paid to another state or country. (See below)	3	00	00
over	4 College contribution credit. Include Form CC	4	00	00
arry	5 Qualified endowment credit. Include Form QEC	5	00	00
lo C	6 Energy conservation installation credit. Include Form ENRG-C	6	00	00
2 - 5	7 Alternative fuel credit. Include Form AFCR	7	00	00
edit	8 Health insurance for uninsured Montanans credit. Include Form HI	8	00	00
ar Cr	9 Elderly care credit. Include Form ECC	9	00	00
Yea	10 Recycle credit. Include Form RCYL	10	00	00
ngle	11 Innovative educational program credit	11	00	00
Si	12 Student scholarship organization credit	12	00	00
	13 Apprenticeship credit	13	00	00
	14 Biodiesel blending and storage credit. Include Form BBSC	14	00	00
c	15 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here			
Nonrefundable Credits with Carryover Provision	CGR Account ID: C G R	15	00	00
Prov	16 Geothermal systems credit. Include Form ENRG-A	16	00	00
ver	17 Alternative energy systems credit. Recognized nonfossil form of energy generation	17	00	00
arryc	18 Alternative energy systems credit. Low emission wood or biomass combustion device			
hС	Include Form ENRG-B if you are claiming a credit on lines 17 or 18	18	00	00
s wit	19 Alternative energy production credit. Include Form AEPC	19	00	00
edit	20 Dependent care assistance credit. Include Form DCAC	20	00	00
e C	21 Historic property preservation credit. Include federal Form 3468	21	00	00
dabl	22 Infrastructure users fee credit. Include Form IUFC	22	00	00
efuno	23 Empowerment zone credit	23	00	00
onre	24 Increasing research activities credit. Include a detailed schedule of the credit carryforward	24	00	00
Z	25 Mineral and coal exploration incentive credit. Include Form MINE-CRED	25	00	00
	26 Adoption credit. Include federal Form 8839	26	00	00
Total	27 Add lines 1 through 26, and enter the total on Form 2, line 15. This is your total of nonrefundable credits	27	0 0	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		А		В	
	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 Montana adjusted					
Z	gross income, or Montana source income if a part-year resident. (See instructions)	1		00		00
ount	2 Enter all income sourced and taxable to the other state or country					
or CC	Indicate state's abbreviation	2		00		00
Credit for Taxes Paid to Another State or Country	3 Enter your income sourced and taxable to Montana.					
ar St	If a full-year resident, enter Form 2, line 10.					
othe	If a part-year resident, enter Nonresident/Part-Year Resident Ratio Schedule, line 16. (See page 7)	3		00		00
o An	4 Enter your total income tax liability paid to the other state or country. (See instructions)	4		00		00
aid to	5 Enter your Montana tax liability. (See instructions)	5		00		00
S Pe	6 Divide line 1 by line 2. Enter the percentage here, but not more than 100%	6				
Тахє	7 Multiply line 4 by line 6 (when calculating a credit for taxes paid to another country, see instructions)	7		00		00
for	8 Divide line 1 by line 3. Enter the percentage here, but not more than 100%	8				
redit	9 Multiply line 5 by line 8	9		00		00
C	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		00		00



#### Other Payments and Refundable Credits Schedule

	Withholding reported on Forms W-2 and 1099 must be entered on Form 2, line 17.		А	В
	1 2018 estimated tax payments	1	00	00
s d	2 Overpayment applied from 2017 return	2	00	00
ts and redits	3 Total withholding from Montana Schedule(s) K-1	3	00	00
Payments Idable Cre	4 Emergency lodging credit. Include Form ELC	4	00	00
Pay Idab	5 Unlocking public land credit	5	00	00
Other Paym Refundable	6 Elderly homeowner/renter credit. (See below)	6	00	
5 K	7 Other payments. (See instructions)	7	00	00
	8 Add lines 1 through 7, enter the total on Form 2, line 18. This is your other payments and refundable credits	8	00	00

#### Flderly Homeowner/Renter Credit Schedule

	<ul> <li>When you claim this credit, you attest that:</li> <li>You are 62 or older as of December 31, 2018;</li> <li>Your total household income of all household members is less than \$45,000 for the tax year;</li> </ul>	Enter physical address of Montana r (if different than mailing address ent Address			
	Your total household income of all household members is less than \$45,000 for the tax year;		ered on		
		Address		Form 2)	
		1 1001 000			
	<ul> <li>You have lived in Montana for at least nine months during the tax year; and</li> </ul>	City			
	You occupied a Montana residence as a renter, owner or lessee for at least six months during the tax year.				
	1 Federal adjusted gross incomes (Form 2, line 7) reported by the household. (See instructions)		1		00
ne	2 Add line 2a reported on all Forms 2 or federal Forms 1040 filed by the household		2		00
ncor	3 Add any amount on lines 4a and 5a not included in 4b and 5b from Forms 2 or federal Forms 1040 filed b	by the household. (See instructions)	3		00
II plo	4 Social security payments not reported by the household, except when paid directly to a nursing hom	ne	4		00
Gross Household Income	$5\;$ Support money, cash public assistance and relief, non taxable strike benefits, and alimonies not rep	ported by the household	5		00
Hou	6 Refundable credits received, including the elderly homeowner/renter credit		6		00
SSO.	7 Other income not listed above		7		00
G	8 Enter all losses included in pages 1, line 7 for all Forms 2 or federal Forms 1040 filed by the house	nold. (See instructions)	8		00
	9 Combine lines 1 through 8. This is your gross household income		9		00
plot	10 Your standard exclusion is entered here for you		10	6300	00
Net Household Income	11 Subtract line 10 from line 9 and enter the result here, but not less than zero		11		00
Hoi	12 Enter your multiplier rate from the Household Income Reduction Table. (See below)		12		
Net	13 Multiply line 11 by line 12. This is your net household income		13		00
	14 Enter the property tax that you were billed for your Montana residence and up to one acre in 2018		14		00
	15 Enter the rent that you paid in 2018 for your Montana residence		15		00
tion	16 Multiply line 15 by 0.15 (15%)		16		00
Credit Computation	17 Add lines 14 and 16		17		00
Com	18 Subtract line 13 from line 17 and enter the result here, but not less than zero		18		00
edit (	19 Enter the lesser of line 18 or \$1,000		19		00
Cre	20 Enter the percentage from the Credit Multiplier Table that corresponds to your gross household inco	ome. (See below)	20		
	21 Multiply line 19 by the percentage on line 20, and enter the total on Other Payments and Refundabl	e Credits, line 6. (See above)			
	This is your elderly homeowner/renter credit		21		00

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

# 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% 2 3 If you received care (nursing care, assisted living care, memory care), multiply line 1 by 30% 3 4 Subtract lines 2 and 3 from line 1. This is your rent

Credit Multiplier	Table
If line 9 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%)

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Worksheet

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Form 2 - Page 10 – 2018	Social Security Number	
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	Contributions, Penalties,														
	Enter any voluntary contributions to c	neck-off	program	ns, penaltie	s, and inte	erest on the correspond	ding lines.	_							_
	Voluntary Contributions					А						В			
10	1 Nongame Wildlife Program	а	\$5	\$10	\$20	00	other amount	а	\$5	\$10	\$20		00	other amount	
tions	Child Abuse Prevention	b	\$5	\$10	\$20	00	other amount	b	\$5	\$10	\$20		00	other amount	
ribu	Agriculture Literacy in MT Schools	С	\$5	\$10	\$20	00	other amount	С	\$5	\$10	\$20		00	other amount	
Contributions	MT Military Family Relief Fund	d	\$5	\$10	\$20	00	other amount	d	\$5	\$10	\$20		00	other amount	
0										А				В	
	Total voluntary contributions							1				00		0 0	)
Amend	2 If filing an amended return, enter	r overpa	ayments	already r	efunded	or applied to 2019		2	2			00		00	)
pu	3 Interest on underpayment of est	mated	taxes. (S	See below	ı)			3	3			00			
nalties a Interest	If applicable, mark the appropriate I	хос	2/3 fa	arming gros	ss income	Estimated pa	yments were ma	ade usi	ng the an	nualization r	method				
Penalties and Interest	4 Late file penalty, late payment pe	enalty a	nd inter	est. (See	instructio	ns)		4	1			00		0 0	)
Pe	5 Other penalties. (See instruction	s)						5	5			00		0 0	٦
														0.0	
Total	6 Add lines 1 through 5, and enter the	e total or	n Form 2	, line 20. T	his is you	contributions, penal	ties, and interes	st 6	5			00		00	
Total	6 Add lines 1 through 5, and enter the Calculation of Interest on If you are filing separately on the s	Unde	rpaym	nent of	Estima	ted Taxes - Sho	rt Method	st é	5	Wo	rkshee	_			
Total	Calculation of Interest on	Unde ame for	r <b>payn</b> rm, com	nent of	Estima	ted Taxes - Sho	rt Method	st ć	5	Wo	rkshee	_		00	C
	Calculation of Interest on If you are filing separately on the s	Unde ame for 2, line 1	r <b>payn</b> rm, com	nent of bine colur	Estima	ted Taxes - Shoi B for each of the cale	rt Method	st 6	5	Wo	rkshee	et			0
	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form	<b>Unde</b> ame for 2, line 1 W-2 ar	r <b>payn</b> rm, com 16 nd 1099	nent of bine colur	Estima nn A and on Form	ted Taxes - Shor B for each of the cal 2, line 17	rt Method culations.			Wo	rkshee	et		00	0 0 0
	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form 2 Montana tax withheld on Forms	<b>Unde</b> ame for 2, line 1 W-2 ar	r <b>payn</b> rm, com 16 nd 1099	nent of bine colur	Estima nn A and on Form	ted Taxes - Shor B for each of the cal 2, line 17	rt Method culations.			Wo	rkshee	1 2		00	0 0 0 0
\$500 Threshold	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form 2 Montana tax withheld on Forms 3 Combine the amounts on Other	<b>Unde</b> ame for 2, line 1 W-2 ar	r <b>payn</b> rm, com 16 nd 1099	nent of bine colur	Estima nn A and on Form	ted Taxes - Shor B for each of the cal 2, line 17	rt Method culations.			Wo	rkshee	1 2 3		00	0 0 0 0 0
	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form 2 Montana tax withheld on Forms 3 Combine the amounts on Other 4 Add lines 2 and 3	<b>Unde</b> ame for 2, line 1 W-2 ar	r <b>payn</b> rm, com 16 nd 1099	nent of bine colur	Estima nn A and on Form	ted Taxes - Shoi B for each of the cale 2, line 17 Schedule, lines 2 thr	rt Method culations. rough 6. (See p	age 9)	)			1 2 3 4 5	est on you		0 0 0 0 0 0
	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form 2 Montana tax withheld on Forms 3 Combine the amounts on Other 4 Add lines 2 and 3	<b>Unde</b> ame for 2, line 1 W-2 ar	r <b>payn</b> rm, com 16 nd 1099	nent of bine colur	Estima nn A and on Form	ted Taxes - Shoi B for each of the cale 2, line 17 Schedule, lines 2 thr	rt Method culations. rough 6. (See p	age 9)	)			1 2 3 4 5	est on you		0 0 0 0 0 0 0 0
\$500 Threshold	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form 2 Montana tax withheld on Forms 3 Combine the amounts on Other 4 Add lines 2 and 3 5 Subtract line 4 from line 1	<b>Unde</b> ame for 2, line 1 W-2 ar Payme	rrpayn rm, com 16 nd 1099 ents and	hent of bine colur reported ( Refundat	Estima mn A and on Form ole Credit	ted Taxes - Shoi B for each of the cal 2, line 17 Schedule, lines 2 thr	rt Method culations. rough 6. (See p If your result is	age 9)	)			1 2 3 4 5 Dt owe inter	est on you	0 ( 0 ( 0 ( 0 ( 0 ( 1r underpaymen	0 0 0 0 0 0 0 0 0 1 1
\$500 Threshold	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form 2 Montana tax withheld on Forms 3 Combine the amounts on Other 4 Add lines 2 and 3 5 Subtract line 4 from line 1 6 Multiply line 1 by 90%	Unde ame for 2, line 1 W-2 ar Payme	rrpayn rm, com 16 nd 1099 ents and	hent of bine colur reported ( Refundat	Estima mn A and on Form ole Credit	ted Taxes - Shoi B for each of the cal 2, line 17 Schedule, lines 2 thr	rt Method culations. rough 6. (See p If your result is	age 9)	)			1 2 3 4 5 ot owe inter 6	est on you	0 ( 0 ( 0 ( 0 ( 0 ( 1r underpaymen 0 (	0 0 0 0 0 0 0 0 0 0 0 0 0 0
\$500 Threshold	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form 2 Montana tax withheld on Forms 3 Combine the amounts on Other 4 Add lines 2 and 3 5 Subtract line 4 from line 1 6 Multiply line 1 by 90% 7 Income tax liability that you enter	Unde ame for 2, line 1 W-2 ar Payme Payme	rm, com 16 nd 1099 ents and your 20	nent of bine colur reported Refundat	Estima mn A and on Form ole Credii 2, line 54	ted Taxes - Shor B for each of the cal 2, line 17 Schedule, lines 2 thr or 2017 Form 2EZ, li	rt Method culations. rough 6. (See p If your result is ne 15	oage 9) \$500 d	) or less, s			2 1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	est on you	0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 (	0 0 0 0 0 0 0 0 0 0 0 0
int \$500 Threshold	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form 2 Montana tax withheld on Forms 3 Combine the amounts on Other 4 Add lines 2 and 3 5 Subtract line 4 from line 1 6 Multiply line 1 by 90% 7 Income tax liability that you enter 8 Enter the smaller of line 6 or line	Unde ame for 2, line 1 W-2 ar Payme ered on e 7 : and O	rm, com 16 nd 1099 ents and your 20 ther Pay	nent of bine colur reported ( Refundat 17 Form 2 (ments an	Estima mn A and on Form ole Credit 2, line 54 d Refunc	ted Taxes - Shor B for each of the cale 2, line 17 Schedule, lines 2 thr or 2017 Form 2EZ, li lable Credits Schedul	rt Method culations. rough 6. (See p If your result is ne 15	oage 9) \$500 d	) or less, s			1 2 3 4 5 bt owe inter 6 7 8	est on you	0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 (	0 0 0 0 0 0 0 0 0 0 0 0 0 0
\$500 Threshold	Calculation of Interest on If you are filing separately on the s 1 Total tax due reported on Form 2 Montana tax withheld on Forms 3 Combine the amounts on Other 4 Add lines 2 and 3 5 Subtract line 4 from line 1 6 Multiply line 1 by 90% 7 Income tax liability that you enter 8 Enter the smaller of line 6 or line 9 Add the amount on line 5 above	Unde ame for 2, line 1 W-2 ar Payme ered on e 7 : and O	rm, com 16 nd 1099 ents and your 20 ther Pay	nent of bine colur reported ( Refundat 17 Form 2 (ments an	Estima mn A and on Form ole Credit 2, line 54 d Refunc	ted Taxes - Shor B for each of the cale 2, line 17 Schedule, lines 2 thr or 2017 Form 2EZ, li lable Credits Schedul	rt Method culations. rough 6. (See p If your result is ne 15 le, line 1. (See	nage 9) \$500 d page 9	) or less, s ?)	op here; y	ou do n	1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 ( 0 (	0 0 0 0 0 0 0 0 0 0 0 0 0 0

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12 If you paid the amount on line 10 on or after April 15, 2019, enter 0. If you paid the amount on line 10 before April 15, multiply the amount on line 10 by the number of days you paid before April 15 and then by 0.000137
13 Subtract line 12 from line 11, and enter on Contributions, Penalties, and Interest Schedule, line 3. (See above) This is your interest on the underpayment of estimated taxes

