No Staples

2021 Montana Individual Income Tax Return

Form 2

Page 1 For the year Jan 1 - Dec 31, 2021 or the tax year beginning and ending

First name and initial	Last name	Social Security Number	Deceased?	Date of death
A	A	490549999		

Mark if this is an **amended return.** (See page 2)

Spouse's first name and initial	Last name	Spouse's Social Security Number	Deceased?	Date of death
B A	A	490548888		

Current mailing address | City | State | ZIP Code + 4

Filing Status

1 Single | 3 Head of household | 4 Married filing jointly

X 2a Married filing separately on the same form.

2b Married filing separately on separate forms

2c Married filing separately and spouse not filing

If using 2b or 2c, enter your spouse's SSN below.

Residency Status Mark only one box.

X 1 Resident full-year | North Dakota reciprocity

2 Nonresident full-year

3 Resident part-year (See instructions)

Dependents

First name	Last name	Social Security Number	Relationship	Mark if disabled
V	A	490546666	DAU	

			Column A	Column B (for spouse when filing separately using filing status 2a)
Exemptions	a X Yourself 65 or older Blind Enter number marked	a	1	1
	b X Spouse 65 or older Blind Enter number marked	b	0	0
	c Enter the total number of dependents. If more than 3 dependents, see instructions.	c	1	1
	d Add lines a through c. **This is your total number of exemptions.**	d	2	1
Federal Income	1 Wages, salaries, tips, etc. Include federal Form(s) W-2	1	172857 00	25142 00
	2a Tax-exempt interest 2a 00 00 2b Taxable interest	2b	489 00	488 00
	3a Qualified dividends 3a 00 00 3b Ordinary dividends	3b	00	00
	4a IRA distributions 4a 00 00 4b Taxable amount	4b	00	00
	5a Pensions and annuities 5a 00 00 5b Taxable amount	5b	00	00
	6a Social Security benefits 6a 00 00 6b Taxable amount	6b	00	00
	7 Capital gain or (loss). Attach Schedule D if required. If not required, mark here	7	00	00
	8 Other income from Schedule 1, line 10 (See page 3)	8	00	00
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. **This is your total income.**	9	173346 00	25630 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 income.**	11	173346 00	25630 00
Taxable Income	12 Montana additions (See page 4)	12	00	00
	13 Montana subtractions (See page 5)	13	00	00
	14 **Montana Adjusted Gross Income.** Add lines 11 and 12, then subtract line 13.	14	173346 00	25630 00
	15 **Standard or itemized deductions.** Mark this box and include page 7 if you elect to itemize.	15	4830 00	4830 00
	16 **Exemptions**. Multiply $2,580 by your total number of exemptions.	16	5160 00	2580 00
	17 **Taxable income.** Subtract lines 15 and 16 from line 14. If zero or less, enter 0.	17	163356 00	18220 00
Tax, Credits and Payments	18 **Tax liability before credits** (See instructions)	18	10673 00	663 00
	19 Nonrefundable credits (See page9.) Do not enter an amount larger than line 18.	19	00	00
	20 **Tax after nonrefundable credits.** Subtract line 19 from line 18.	20	10673 00	663 00
	21 Montana tax withheld on Forms W--2 and 1099	21	00	00
	22 Other payments and refundable credits (See page 11)	22	00	00
	23a Earned Income Tax Credit **Enter your federal EITC** 23a 00			
	23b Multiply line 23a by 3% (0.03) and enter the result (Status 2a filers: See instructions)	23b	00	00
	24 Contributions, penalties, and interest (See page 11)	24	00	00
	25 **Total payments.** Add lines 21, 22, and 23b, then subtract line 24.	25	00	00
	26 If line 25 is less than line 20, subtract line 25 from line 20. **This is your TAX DUE ▶**	26	10673 00	663 00
	Pay online at https://tap.dor.mt.gov or make checks payable to *Montana Department of Revenue*			
	27 If line 25 is more than line 20, subtract line 20 from line 25. **This is your TAX OVERPAID ▶**	27	00	00

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

Filing Status 2a Payment Schedule

If your filing status is 2a, you **must complete** this schedule **only if** there is an amount on page 1, line 26, **and** on page 1, line 27.

Under filing status 2a, your overpayment is applied to the amount owed by your spouse before you can claim the net overpayment on the Refund Schedule.

1	Enter the amount from line 26, **tax due**	1	00
2	Enter the amount from line 27, **tax overpaid**	2	00
3	Subtract line 2 from line 1, enter the result but not less than zero **This is your net amount due.**	3	00
4	Subtract line 1 from line 2, enter the result but not less than zero **This is your net overpayment.**	4	00

The amount on line 4 (above) must be entered on Refund Schedule, line 1 (below), and in the column of the spouse with an overpayment on page 1, line 27.

Refund Schedule

			A	B
1	Enter your overpayment from page 1, line 27 or from the Filing Status 2a Payment Schedule, line 4	1	00	00
2	Amount from line 1 you want applied to your 2022 estimated tax	2	00	00
3	Amount from line 1 you want deposited into a 529 or 529A account (See page 12)	3	00	00
4	Subtract lines 2 and 3 from line 1. **This is your REFUND** ▶	4	00	00

If you are filing a return in Montana for the first time, direct deposit is not available. Stop here and sign your return below.

If the direct deposit option is available and you wish to use it, provide your bank account information, and sign your return below.

Your Direct Deposit Account

RTN# ACCT#

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

If this deposit is going to an account located outside of the United States or its territories, mark this box.

REQUIRED

Signature, Paid Preparer, and Third-Party Designee

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature is required. Spouse's signature

X _____ Date 07232026 X _____ Date 07232026

Taxpayer daytime phone number

Paid preparer's signature

Preparer's PTIN Firm's FEIN

Mark if paid preparer is also a Third-Party Designee.

_____

Preparer daytime phone number

Mark the box if you want to allow another person (other than a paid preparer) to discuss this return with us.

Name Phone number

Farming business net operating loss carryback waiver. Mark this box if you do not want to carry back your 2021 farming business net operating loss.

Amended Return Information

Mark the appropriate box.

- a NOL carryback
- b Federal audit
- c Amended federal return
- d Filing status
- e Other

In the table below, indicate the reasons for the changes you made to your Montana tax return.

Form or Schedule	Line or Box	Reason

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 11.

			A	B
Montana Source Income	1	Wages, salaries, tips, etc.	1	00	00
	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
	6	Business income or (loss)	6	00	00
	7	Capital gain or (loss)	7	00	00
	8	Other gains or (losses)	8	00	00
	9	IRAs, pensions, and annuities	9	00	00
	10	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Mark this box if Montana source losses are carried over to next year. (See instructions)	10	00	00
	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
MT AGI	17	Enter your Montana adjusted gross income from page 1, line 14	17	00	00
Ratio	18	Divide the amount on line 16 by the amount on line 17. 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

Full-year residents must skip lines 3a, 3b and 5. Nonresidents calculate their tax on lines 2 and 3a or compute the tax on their volume of sales on line 3b when eligible.

			A	B
Tax Liability	1	**Tax from the tax table below**	1	10673 00	663 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. Enter the total on page 1, line 18.	3a	00	00
	3b	Alternative tax method for certain nonresidents (See instructions)	3b	00	00
	4	Tax on lump-sum distributions. Include federal Form 4972.	4	00	00
	5	**Part-year resident tax.** Multiply line 1 by the part-year resident ratio above, and add lines 2 and 4. Enter the total on page 1, line 18.	5	00	00
	6	**Resident tax.** Add lines 1, 2 and 4, and enter the total on page 1, line 18.	6	10673 00	663 00

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