



# 2024 Montana Individual Income Tax Return

## Form 2

2024v5  
11/2024

For the year Jan 1 - Dec 31, 2024, or the tax year beginning

and ending

Mark if this is an amended return

First Name A	Initial Last Name A	Social Security Number 490549999	Deceased?
Spouse's First Name B	Initial Spouse's Last Name A	Social Security Number 490548888	Deceased?
Current mailing address	City	State	ZIP Code + 4
Federal Filing Status	Single	<input checked="" type="checkbox"/> Married Filing Jointly	Married Filing Separately
	Qualifying Surviving Spouse		Head of Household
Residency Status	<input checked="" type="checkbox"/> Resident	Part-year Resident	Nonresident
	(See Instructions)		ND Reciprocity

### Taxable Income

1	Federal adjusted gross income from Form 1040, line 11	1	390708	00
2	Federal standard deduction or adjusted federal itemized deductions (See instructions)	2	29200	00
3	Subtract line 2 from line 1. <b>This is your federal taxable income for Montana.</b>	3	361508	00
4	Montana additions to federal taxable income from Schedule I, Part I, line 9	4		00
5	Montana subtractions from federal taxable income from Schedule I, Part I, line 27	5		00
6	\$5,500 subtraction for taxpayers 65 and older (\$11,000 if married filing jointly and both are 65 and older)	6		00
7	Add lines 3 and 4. Then subtract lines 5 and 6. <b>This is your Montana taxable income.</b>	7	361508	00

### Tax, Credits, and Payments

8	Tax liability before tax credits (See instructions)	8	20837	00
9	Nonrefundable tax credits from Schedule III, Part I, line 14	9		00
10	Subtract line 9 from line 8. <b>This is your tax after nonrefundable tax credits.</b>	10	20837	00
11	Montana income tax withheld from:			
	11a Form(s) W-2	11a	00	
	11b Form(s) 1099	11b	00	
	11c Total pass-through entity tax credit from Montana Schedule(s) K-1	11c	00	
	11d Total withholding from Montana Schedule(s) K-1	11d	00	
	11e Loan-out withholding from Form LOWCERT	11e	00	
	Add lines 11a through 11e	11		00
12	2024 estimated tax payments	12		00
13	Overpayment applied from 2023 return	13		00
14	Extension payment	14		00
15	Earned Income Credit. Federal EIC <sup>00</sup> Multiply Federal EIC by 10% (0.10)	15		00
16	Elderly Homeowner/Renter Credit from Schedule 2EC, line 30	16		00
17	Refundable tax credits from Schedule III, Part I, line 17	17		00
18	<i>If filing an amended return:</i> payments made with original return	18		00
19	Contributions, penalties, interest, and other taxes from Schedule IV, line 8	19		00
20	<i>If filing an amended return:</i> previous overpayment	20		00
21	Add lines 11 through 18, then subtract line 19 and 20. <b>This is your total payments.</b>	21		00

### Tax Due or Overpayment

22	If line 21 is less than line 10, subtract line 21 from line 10. <b>This is your tax due.</b>	22	20837	00
23	If line 21 is more than line 10, subtract line 10 from line 21. <b>This is your tax overpaid.</b>	23		00
24	Enter the amount from line 23 you would like applied to your 2025 estimated taxes	24		00
25	Enter the amount you want deposited into a 529 or 529A account	25		00
26	Add lines 24 and 25, then subtract from line 23. <b>This is your refund.</b>	26		00



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Name A AND B A

Social Security Number 490549999

Montana Individual Income Tax

Nonresidents, part-year residents, and Montana residents with nonresident or part-year resident spouses, enter line 11 on Schedule II, line 24; line 12 on Schedule II, line 19; and leave line 13 below blank.

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 13 for calculating Montana net long-term capital gains tax and Montana ordinary income tax.

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.

Direct Deposit Your Refund Complete 1, 2, and 3. (See instructions)

Table for Direct Deposit Your Refund with columns for Account Type, RTN#, and 529/529A deposit amount. Includes rows for 529 Qualified Tuition Program and 529A Achieving a Better Life Experience.

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.

Taxpayer

Signature [x] Date 03082026 Date of Birth 01011984 Phone

Spouse

Signature [x] Date 03082026 Date of Birth 01011984 Phone

Tax Preparer

Signature Date Signed Print Name Phone Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN Mark this box if you allow the DOR to discuss this tax return with someone other than your tax preparer. Name Phone



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