



2025 Montana Individual Income Tax Return

Form 2

2025v3
12/2025

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

Mark if this is an amended return

First Name	Initial Last Name	Social Security Number	Deceased?
A	A	490549999	
Spouse's First Name	Initial Spouse's Last Name	Social Security Number	Deceased?

Current mailing address City State ZIP Code + 4

Federal Filing Status Single Married Filing Jointly Married Filing Separately
 Qualifying Surviving Spouse X Head of Household

Residency Status X Resident Part-year Resident Mixed Residency
 Nonresident ND Reciprocity Nonresident Military Spouse

Taxable Income

1	Federal adjusted gross income from Form 1040, line 11b	1	68950	00
2	Add Form 1040, lines 12e and 13b	2	31625	00
3	Subtract line 2 from line 1. If zero or less, enter 0 (zero).	3	37325	00
4	Montana additions to federal taxable income from Schedule I, Part I, line 7	4		00
5	Montana subtractions from federal taxable income from Schedule I, Part I, line 24	5		00
6	\$5,660 subtraction for taxpayers 65 and older (\$11,320 if married filing jointly and both are 65 and older)	6	5660	00
7	Add lines 3 and 4. Then subtract lines 5 and 6. If zero or less, enter 0 (zero).			
	This is your Montana taxable income.	7	31665	00

Tax, Credits, and Payments

8	Tax liability before tax credits (See instructions)	8	1488	00
9	Nonrefundable tax credits from Schedule III, Part I, line 14	9		00
10	Subtract line 9 from line 8. This is your tax after nonrefundable tax credits.	10	1488	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	2025 estimated tax payments	12		00
13	Overpayment applied from 2024 return	13		00
14	Extension payment	14		00
15	Earned Income Credit. Federal EIC 00 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	63	00
20	<i>If filing an amended return:</i> previous overpayment	20		00
21	Add lines 11 through 18, then subtract lines 19 and 20. This is your total payments.	21	-63	00

Tax Due or Overpayment

22	If line 21 is less than line 10, subtract line 21 from line 10. This is your tax due.	22	1551	00
23	If line 21 is more than line 10, subtract line 10 from line 21. This is your tax overpaid.	23		00
24	Enter the amount from line 23 you would like applied to your 2026 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. This is your refund.	26		00



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Name A 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 23; line 12 on Schedule II, line 18; 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 resident 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#, 529/529A Account, and 529/529A deposit amount.

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 05302026 Date of Birth 01011950 Phone

Spouse

Signature [x] Date Date of Birth 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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