



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

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☐ Head of Household

Residency Status

☒ Resident☐ Part-year Resident☐ Nonresident☐ ND Reciprocity

(See Instructions)

Taxable Income

| | | | | |
|---|--|---|-------|----|
| 1 | Federal adjusted gross income from Form 1040, line 11 | 1 | 99999 | 00 |
| 2 | Federal standard deduction or adjusted federal itemized deductions (See instructions) | 2 | 14600 | 00 |
| 3 | Subtract line 2 from line 1. This is your federal taxable income for Montana. | 3 | 85399 | 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. This is your Montana taxable income. | 7 | 85399 | 00 |

Tax, Credits, and Payments

| | | | | |
|-----|--|-----|------|----|
| 8 | Tax liability before tax credits (See instructions) | 8 | 4793 | 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 | 4793 | 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 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 | If filing an amended return: payments made with original return | 18 | | 00 |
| 19 | Contributions, penalties, interest, and other taxes from Schedule IV, line 8 | 19 | 229 | 00 |
| 20 | If filing an amended return: previous overpayment | 20 | | 00 |
| 21 | Add lines 11 through 18, then subtract line 19 and 20. This is your total payments. | 21 | -229 | 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 | 5022 | 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 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. This is your refund. | 26 | | 00 |



24CE01C2

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 24; line 12 on Schedule II, line 19; and leave line 13 below blank.

| | | | | |
|----|--|----|-------|----|
| 1 | Enter your total Montana taxable income from page 1, line 7. If zero or less, enter 0 (zero). If you do not have a net long-term capital gains, skip lines 2 through 10 and enter 0 (zero) on line 11. | 1 | 85399 | 00 |
| 2 | Enter your net long-term capital gains from federal Schedule D, line 15 (See instructions) | 2 | | 00 |
| 3 | Enter the lesser of line 1 or line 2 | 3 | | 00 |
| 4 | Subtract line 3 from line 1 | 4 | | 00 |
| 5 | Enter the amount for your federal filing status: \$20,500 if single or married filing separately \$41,000 if married filing jointly or qualifying surviving spouse \$30,750 if head of household | 5 | | 00 |
| 6 | Subtract line 4 from line 5. If zero or less, enter zero | 6 | | 00 |
| 7 | Enter the lesser of line 3 or line 6 | 7 | | 00 |
| 8 | Multiply line 7 by 3% (0.03) | 8 | | 00 |
| 9 | Subtract line 6 from line 3. If zero or less, enter zero | 9 | | 00 |
| 10 | Multiply line 9 by 4.1% (0.041) | 10 | | 00 |
| 11 | Add lines 8 and 10. This is your Montana net long-term capital gains tax. | 11 | | 00 |
| 12 | If you do not have a net long-term capital gain, figure your tax on the amount on line 1 using the Montana Ordinary Income Tax Table. If you have a net long-term capital gain, figure your tax on the amount on line 4 using the Montana Ordinary Income Tax Table. This is your Montana ordinary income tax. | 12 | 4793 | 00 |
| 13 | Residents add lines 11 and 12, and enter this amount on page 1, line 8. This is your Montana resident tax. | 13 | 4793 | 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.

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

| | | |
|--|--|--------------------------------|
| 1 | Routing Number | |
| 2 | Account Number | |
| 3 | Mark this box if this refund is going to an account that is located outside of the United States or its territories. | |
| 529/529A Account Deposit Information (See instructions) | | 529/529A deposit amount |
| 4 | Account Type 529 Qualified Tuition Program 529A Achieving a Better Life Experience | |
| | RTN# ACCT# | 00 |
| 5 | Account Type 529 Qualified Tuition Program 529A Achieving a Better Life Experience | |
| | RTN# ACCT# | 00 |

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 ☒ _____ Date 01212025 Date of Birth 01011990
Phone _____

Spouse

Signature ☒ _____ 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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