

2024 Montana Individual Income Tax Return



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

Mark if this is an amended return

Initial Last Name First Name Social Security Number Deceased?

490549999

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

Current mailing address City State ZIP Code + 4

Federal Filing Status X Single Married Filing Jointly Married Filing Separately

Head of Household Qualifying Surviving Spouse

Residency Status X Resident Part-year Resident Nonresident **ND** Reciprocity

(See Instructions)

2 Federal standard deduction or adjusted federal itemized deductions (See instructions) 3 Subtract line 2 from line 1. This is your federal taxable income for Montana. 4 Montana additions to federal taxable income from Schedule I, Part I, line 9 5 Montana subtractions from federal taxable income from Schedule I, Part I, line 27 6 \$5.500 subtraction for taxpayers 65 and older (\$1,000 if married filing jointly and both are 65 and older) 7 Add lines 3 and 4. Then subtract lines 5 and 6. This is your Montana taxable income. 7 Tax, Credits, and Payments 8 Tax liability before tax credits (See instructions) 9 Nonrefundable tax credits from Schedule III, Part I, line 14 9 Subtract line 9 from line 8. This is your tax after nonrefundable tax credits. 10 Montana income tax withheld from: 11a Form(s) W-2 11b Form(s) 1099 11c Total pass-through entity tax credit from Montana Schedule(s) K-1 11d Total withholding from Montana Schedule(s) K-1 11d Total withholding from Form LOWCERT 11d Total withholding from Form LOWCERT 11d 2024 estimated tax payments 12 12 2024 estimated tax payments 12 13 Overpayment applied from 2023 return 14 Extension payment 15 Earned Income Credit. Federal EIC 00 Multiply Federal EIC by 10% (0.10) 15 Elderly Homeowner/Renter Credit from Schedule 2EC, line 30 16 Refundable tax credits from Schedule III, Part I, line 17 18 If filling an amended return: payments made with original return 19 Contributions, penalties, interest, and other taxes from Schedule IV, line 8 19 20 If filling an amended return: previous overpayment 20 21 Add lines 11 through 18, then subtract line 19 and 20. This is your total payments. 21		(See Instructions)				
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Tax Due or Overpayment 22 If line 21 is less than line 10, subtract line 21 from line 10. 23 If line 21 is more than line 10, subtract line 10 from line 21. 24 Enter the amount from line 23 you would like applied to your 2025 estimated taxes 25 Enter the amount you want deposited into a 529 or 529A account 26 27 28 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20						00
22 If line 21 is less than line 10, subtract line 21 from line 10. This is your tax due. 22 23 If line 21 is more than line 10, subtract line 10 from line 21. This is your tax overpaid. 23 24 Enter the amount from line 23 you would like applied to your 2025 estimated taxes 24 25 Enter the amount you want deposited into a 529 or 529A account 25			your total payments.	21	-229	00
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24 Enter the amount from line 23 you would like applied to your 2025 estimated taxes 24 25 Enter the amount you want deposited into a 529 or 529A account 25					5022	00
25 Enter the amount you want deposited into a 529 or 529A account 25		·				00
·			mated taxes			00
26 Add lines 24 and 25, then subtract from line 23. This is your refund. 26		· · · · · · · · · · · · · · · · · · ·				00
	26	Add lines 24 and 25, then subtract from line 23.	This is your refund.	26		00



Name AA	Social Security Number	490549999
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N	lontana	Individ	lual	Income	Tay
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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
	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)

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1	Routii	aa N	ııml	oor

2 Account Number Checking Savings

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 depo

29	0/529A Account D	Deposit Information (See instruct	ions)	529/529A deposit amount
4	Account Type RTN#	529 Qualified Tuition Program ACCT#	529A Achieving a Better Life Experience	00
5	Account Type RTN#	529 Qualified Tuition Program ACCT#	529A Achieving a Better Life Experience	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.

statements, and to the best of my knowledge	e and belief, it is true, correct, and con	ipiele.	
Taxpayer			
Signature x	Date 01212025	Date of Birth	01011990
		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 d	liscuss this tax return with your tax pre	parer. PTIN	
Mark this box if you allow the DOR to discus	ss this tax return with someone other than y	our tax preparer.	
Name		Phone	



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