Form 2 2009 Montana Individual Income Tax Return For the year Jan 1 – Dec 31, 2009 or the tax year beginning [ 1. 2009. ending [ ], 20[ First name and initial Last name Social security number Check this box if this is an amended ouse's first name and initia return Check here if Mailing address Citv State Zip+4 this is a NOL carryback Filing Status (check only one box) 1 Single 2 Married filing jointly 3a Married filing separately on the same form 3b Married filing separately on separate forms. Spouse's SSN▶ 4 Head of household 3c Married filing separately and spouse not filing. Spouse's SSN ▶ 5a Resident full year Resident part-year required information ▼ Column A (for single **Residency Status** oint, separate, or head of Column B (for spouse when 5b Nonresident full year Date of change (check only one filing separately using filing household) box) 5c Resident part-year State moved to State moved from status 3a) ■ Yourself ◆ 65 or older ■ Blind Enter number checked ▶ 6a 6a X ■ Blind ■ Spouse ■ 65 or older Enter number checked ▶ 6b 6c First name Last name Social security number Relationship Disabled Yes ▶ Enter the total number of dependents in line 6c. If Dependents additional dependents, see instructions on page 11. Yes▶ Yes▶ Yes▶ 6c 6c Add lines 6a thru 6c and enter total exemptions here 6d 6d Enter amounts corresponding to your federal return. Round to nearest dollar. If no entry, leave blank. Wages, salaries, tips, etc. Attach federal Form(s) W-2. 8a 8a 8a Taxable interest. Attach federal Schedule B if more than \$1500. 8b Tax-exempt interest. Do not include on line 8a. ▶ 8b 9 9 9 Ordinary dividends. Attach federal Schedule B if more than \$1500. ▶ Taxable refunds, credits, or offsets of state and local income taxes. 10 10 10 Alimony received. 11 11 11  $\blacktriangleright$ Business income or (loss). Attach federal Schedule C or C-EZ. 12 12 12 13 Capital gain or (loss). Attach federal Schedule D if required. 13 13 14 Other gains or (losses). Attach federal Schedule 4797. 14 14 15b 15a IRA distributions. ► 15a 15a Taxable amount.▶ 15b 16a Pensions and annuities. ► 16a 16a Taxable amount.▶ 16b 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts. Attach federal Schedule E. 17 17 Farm income or (loss). Attach federal Schedule F. 18 18 18 19 Unemployment compensation in excess of \$2,400 per recipient. 19 19 20a 20b Social security benefits. ► 20a 20a Taxable amount.▶ 20b 21 21 21 Other income, list type. ▶ Amount. This is your total income. ▶ 22 22 22 Add the amounts in columns A and B for lines 7 thru 21. 23 Educator expenses 23 23 24 Certain business expenses of reservist, etc. Attach federal Form 2106 or 2106-EZ. 24 24 25 25 Health savings account deduction. Attach federal Form 8889. 25 Þ 26 26 26 Moving expenses. Attach federal Form 3903.  $\triangleright$ 27 One-half of self-employment tax. Attach federal Schedule SE. 27 27 28 Self-employed SEP, SIMPLE, and qualified plans. 28 28 29 Self-employed health insurance deduction. Þ 29 29 30 Penalty on early withdrawal of savings 30 30 31a Alimony paid 31a 31a  $\blacktriangleright$ 31b Recipient's SSN. ▶ 31b 31b 32 IRA deduction. 32 32 ▶ 33 33 33 Student loan interest deduction.  $\blacktriangleright$ Tuition and fees deduction. Attach federal Form 8917. 34 34 34 Domestic production activities deduction. Attach federal Form 8903 35 35 35 36 36 Add lines 23 through 35 and enter the result here. Federal write-ins. 36 37 Subtract line 36 from line 22 and enter result here. 37 37 37a Combine amounts on line 37 columns A and B and enter here. This is your federal adjusted gross income. ▶ 37a Enter Montana additions to federal adjusted gross income from Form 2, page 3, Schedule I, line 17. Attach Form 2, page 3, Schedule I. 38 38 Enter Montana subtractions from federal adjusted gross income from Form 2, page 4, 39 Schedule II, line 35. Attach Form 2, page 4, Schedule II. 39 40 Add lines 37 and 38; subtract line 39. This is your Montana adjusted gross income. ▶ 40 40

Form 2, Page 2 - 2009  Questions?  Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD  (406) 444-2830 for hearing impaired.								olumn A (for single, t, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)	
41 Montana adjusted gross income from line 40.							41	<u> </u>	<b>V</b>	41
Taxable Income	42	, ,		(see Worksheet V on	nage 51)		71			71
	12	(check only one box)		from Form 2, Schedu		34	42			42
	43						43			43
	44		als are entitled to at least one		\$2.110 by	the number	10			
		of exemptions on line 6d a		· · · · · · · · · · · · · · · · · · ·	,,	<b>&gt;</b>	44			44
	45	Subtract line 44 from line	43 and enter the result here.	This is you	r taxable i	ncome. <b>&gt;</b>	45			45
d Recapture	46	Tax from the tax table on	page 16 or from Form 2, pag	e 3. If line 45 is zero c	or less than	zero,				
		enter zero.				<b>•</b>	46			46
	47	2% capital gains tax credit.					47			47
	48	Subtract line 47 from line 46; enter the result here, but not less than zero.  This is your resident tax after capital gains tax credit.								48
s an	48a	Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from Form					48			40
edit	Tou	2, Schedule IV, line 21, but not less than zero.				48a			48a	
Tax, Nonrefundable credits and Recapture	49						49			49
	50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax. ▶					50			50
	51	Enter the amount from Form 2, Schedule V, line 24, but do not enter an amount larger than the								
		amount on line 50. This is your total nonrefu					51			51
		52 Recapture tax(es) (see instructions on page 17). Code								52
	53	Add lines 50 and 52, then	add lines 50 and 52, then subtract the amount on line 51 and enter the result here.  This is your 2009 tax liability. I							E2
	54	Montana income tay withh	neld. Attach federal Form(s)		2009 tax	ilability.	53 54			53 54
ıdable	55		withheld. Attach federal Form		n schedule	if any	55			55
	56		tity withholding. Attach Monta	* * * * * * * * * * * * * * * * * * * *			56			56
efur	57		ents and amount applied from		0	<u> </u>	57			57
Payments and Refundable Credits	58	2009 extension payments		,		•	58			58
	59		form 2, Schedule V, line 30.			<b>•</b>	59			59
	60	0 If filing an amended return: Payments made with original return.								60
	61	7								61
	62	, , , , , , , , , , , , , , , , , , , ,								
	63	J ,								
Penalties, Interest and Contributions	64									
	65 66									
	67									
	68	Voluntary check-off contribution programs from Form 2, page 3.								
	69	Add lines 65 through 68 and enter the result here.								
		This is the sum of your total penalties, interest and contributions.   69								
unt You Owe or our Refund	70	If you have tax due (amount on line 63), add lines 63 and 69 OR, if you have a tax overpayment (amount on line 64) and it is less than line 69, subtract line 64 from line 69. Enter the result here. If married filing separately and there are amounts on								
	71	lines 63 and 64, please see instructions on page 21.  This is the amount you owe. ▶  70								
	11	If you have a tax overpayment (amount on line 64) and it is greater than line 69, subtract line 69 from line 64 and enter the result here.  71								
mount	72	Enter the amount on line 71 that you want applied to your 2010 estimated taxes.								
А	73	73 Subtract line 72 from line 71 and enter the result here.  74 This is your refund. ▶ 73								
Eor Di	root C	Connect of your					$\overline{}$			
For Direct Deposit of your refund, complete 1, 2, 3, and 1. RTN# 2. ACCT# 2. ACCT#										
4. Please see instructions on    3. If using direct deposit, you are required to mark one box. ►   ☐ Checking ☐ Savings									S	
page 22. 4. Is this refund going to an account that is located outside of the United States or its territories?								Yes No		
If applicable abook appropriate box. Name address and telephone number of said propers.										二
If applicable, check appropriate box.  Name, address and telephone number of paid preparer  Check this box and federal Form 4868 to the federal Fo										
	□ 2/3 farming gross income □ Estimated payments were made using the annualization method Paid preparer's SSN, FEIN or PTIN:						federal Form 4868 to receive your Montana extension.  Do not mail forms and instructions next year			
us										
			<u> </u>					a Do not mail forms a	na monuciono next y	cai
May the DOR discuss this tax return with your tax preparer?										
									7	
X X										