					2010 Mon t an 1 – Dec 31, 201				Retur	n], 20	nr 1	Form	2
		Check if	First name a		air i B0001, 201	Last name	ogiiiiiig [ocial securi			ceased, date of dea	ith
		this is an amended									M I	M D D Y Y	ΥY
		return.	Spouse's firs	t name and ini	itial	Last name		S	pouse's so	cial security numb	er If de	ceased, date of dea	th
		Check											
		here if this is a NOL	Mailing address				City		Stat		ate Zip+4		
		carryback.											
	(che	1 Single 2 Married filing jointly 3a Married filing separately on the same form 3b Married filing separately on separate forms 3c Married filing separately and spouse not filing 4 Head of household											
	Rosi	dency	5a Resident full year 5b Nonresident full year 5c Resident part-year Resident part-year required information ▼ Date of change M M D D Y Y Y Y State moved to State moved from						Did you ki				
		us (check							*//-fil		You can e-file this form. revenue.mt.gov/efile		
		one box)											
		First r		, ,	Last name	So	cial security nur	mber	Re	elationship	С	Disabled	
S											Ye	s ►	
Dependents											Ye	s ►	
ben											Ye	s ►	
۵											Ye	s ►	
	0	_ ''		••• ••••• •	dar A Di		F-1			Column A (for joint, separate of househ	or head	Column B (for spo when filing separa using filing status	ately
ons		X You	-	⋖ 65 or old				ber checked				V	
Exemptions	6b												
Exe		6c Enter the total number of dependents. If more than 4 dependents, see instructions on page 4											
		6d Add lines 6a thru 6c and enter total exemptions here											
	ı	Enter amo	ounts on li	nes 7 throu	igh 38 corresp	onding to you	ır federal retu	ırn. Round	to neare	st dollar. If n	o entry, l	eave blank.	
	7	Wages, sa	laries, tips, e	etc. Attach fe	deral Form(s) W	-2.			▶ 7		00		00
	8a	Taxable in	terest. Attacl	n federal Sch	edule B if require	ed.			▶ 8a		00		00
	8b	Tax-exempt	interest. Do n	ot include on lin	ne 8a. 🕨 🛚	3b	00	00					
	9	Ordinary of	lividends. Att	ach federal S	Schedule B if req	uired.			9		00		00
	10	Taxable re	ole refunds, credits, or offsets of state and local income taxes.						1 0		00		00
	11	Alimony re	eceived.						► 11		00		00
ne L	12	Business in	come or (loss).	Attach federal S	Schedule C or C-EZ	. NAICS	8:▶		1 2		00		00
ncor	13	Capital ga	gain or (loss). Attach federal Schedule D if required.							00		00	
Federal Income	14	_	er gains or (losses). Attach federal Schedule 4797.							00		00	
Fede	15a	IRA distrib		► 15a	00			ble amount.			00		00
_	16a	Pensions ar		► 16a	00			ble amount.			00		00
	17		tental real estate, royalties, partnerships, S corporations, trusts. Attach federal Schedule E. 17 00									00	
	18									00		00	
	19		ment compe						▶ 19		00		00
	20a	Social secur	-	▶ 20a	00		00 Taxa	ble amount.			00		00
	21		ne, list type.	>				Amount.	2 1		00		00
	22	Add the ar	mounts in co	lumns A and	B for lines 7 thru	21.	This is your to	otal income.	2 2		00		00

Form 2

		Form 2, Page 2 - 2010 Social Security Number:			Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)			
	23	3 Your total income from line 22.	•	23	00	00			
	24	Educator expenses. CAUTION: See instructions	•	24	00	00			
	25	5 Certain business expenses of reservist, etc. Attach federal Form 210	25	00	00				
Federal Adjusted Gross Income	26	6 Health savings account deduction. Attach federal Form 8889.	26	00	00				
	27	7 Moving expenses. Attach federal Form 3903.	27	00	00				
	28	One-half of self-employment tax. Attach federal Schedule SE.	28	00	00				
	29	9 Self-employed SEP, SIMPLE, and qualified plans.	•	29	00	00			
ss Ir	30	Self-employed health insurance deduction.	30	00	00				
G G	31	Penalty on early withdrawal of savings.	31	00	00				
sted	32a		32a	00	00				
₽djū	32b								
era /	33		•	33	00	00			
Fede	34		•	34	00	00			
	35		•	35	00	00			
	36		Federal write-ins.	36	00	00			
	37		37	00	00				
	38		38	00	00				
	38a	Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross income. ▶ 38a 00							
ı AGI	39	Attach Form 2, page 4, Schedule I.	39	00	00				
Montana AGI	40	 Enter Montana subtractions from federal adjusted gross income from line 35. Attach Form 2, page 5, Schedule II. 	Form 2, page 5, Schedule II,	40	00	00			
	41	Add lines 38 and 39; subtract line 40. This is your Montar	a adjusted gross income. ►	41	00	00			
	42		V on page 47).						
ome		(check only one box) Itemized Deductions from Form 2, S	chedule III, line 31.	42	00	00			
e Inc	43	3 Subtract line 42 from line 41 and enter the result here.	•	43	00	00			
Taxable Income	44	Exemptions (All individuals are entitled to at least one exemption.) Ne exemptions on line 6d and enter the result here.	ultiply \$2,130 by the number of	44	00	00			
	45	5 Subtract line 44 from line 43 and enter the result here. Th	is is your taxable income. ▶	45	00	00			
Tax, Nonrefundable Credits and Recapture	46	6 Tax from the tax table on page 8 or from Form 2, page 4. If line 45 is zero.	zero or less than zero, enter	46	00	00			
	47	7 2% capital gains tax credit.	•	47	00	00			
	48	Subtract line 47 from line 46; enter the result here, but not less than This is your resident tax aft	48	00	00				
	48a		48a	00	00				
	49		•	49	00	00			
	50	•	This is your total tax. ▶	50	00	00			
refur	51								
Son			tal nonrefundable credits. ►	51	00	00			
Tax,	52	1 0 /	de Code ►	52	00	00			
	53	•	he result here. s is your 2010 tax liability. ►	53	00	00			

Questions? Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD (406) 444-2830 for hearing impaired.



	Form 2, Page 3 - 2010 Social Security Number: Column A (for joint, separate, of househouse)	or head	Column B (for spouse when filing separately using filing status 3a)				
	54 Your 2010 tax liability from line 53.	00	00				
	55 Montana income tax withheld. Attach federal Form(s) W-2 and 1099.	00	00				
edits	56 Montana mineral royalty tax withheld. Attach federal Form(s) 1099 and supporting schedule if any. 56	00	00				
e Cr	57 Montana pass through entity withholding. Attach Montana Schedule K-1 or Form PT-WH. 57	00	00				
ındak	58 2010 estimated tax payments and amount applied from your 2009 return.	00	00				
Payments and Refundable Credits	59 2010 extension payments from Form EXT-10.	00	00				
and	60 Refundable credits from Form 2, Schedule V, line 30.	00	00				
nents	61 If filing an amended return: Payments made with original return.	00	00				
Payn	62 If filing an amended return: Previously issued refunds.	00	00				
	63 Add lines 55 through 61. Subtract line 62, enter the result here. This is your total payments. ► 63	00	00				
	64 If line 54 is greater than line 63, subtract line 63 from line 54. This is your tax due. ► 64	00	00				
	65 If line 63 is greater than line 54, subtract line 54 from line 63. This is your tax overpaid. ▶ 65	00	00				
	66 Interest on underpayment of estimated taxes (see instructions on page 11).	-	00				
suc	67 Late file penalty, late payment penalties and interest (see instructions and table on pages 11 and 12).	67	00				
ibuti	68 Other penalties (see instructions on page 12).	68	00				
Sontr	69 Total voluntary check-off contribution programs.	69	00				
and (69a. Nongame Wildlife Program \$5 ▶ \$10 ▶ or specify amount ▶	00					
rest	69b. Child Abuse Prevention \$5 ▶ \$10 ▶ or specify amount ▶	00					
Penalties, Interest and Contributions	69c. Agriculture in Schools \$5 ▶ \$10 ▶ or specify amount ▶	00					
alties		00					
Pen	69d. Montana Military Family Relief Fund \$5 ▶ \$10 ▶ or specify amount ▶ 70 Add lines 66 through 69 and enter the result here.	00					
	This is the sum of your total penalties, interest and contributions. ▶	70	00				
'n	71 If you have tax due (amount on line 64), add lines 64 and 70 OR, if you have a tax overpayment (amount on line 65) and						
or Yc	it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are amount on lines 64 and 65, please see instructions on page 13. This is the amount you owe. ▶		00				
int You Owe or Your Refund	72 If you have a tax overpayment (amount on line 65) and it is greater than line 70, subtract line 70 from line 65 and enter the	_	00				
You Owe Refund	result here. This is your overpayment.		00				
ount	73 Enter the amount from line 72 that you want applied to your 2011 estimated taxes.	73	00				
Amon	74 Subtract line 73 from line 72 and enter the result here. This is your refund. ▶	74	00				
	ect Deposit of your 1. RTN# 2. ACCT# 2. ACCT#	Щ					
	ise see instructions on 3. If using direct deposit, you are required to mark one box. Checking	Sav	vings				
page 1	4.4. Is this refund going to an account that is located outside of the United States or its territories? ►		es No				
			65 110				
If appli	cable, check appropriate box. Name, address and telephone number of paid preparer						
2/	3 farming gross income						
Estimated payments were made using the annualization method Paid preparer's PTIN, SSN or FEIN: Do not mail forms and instructions not mail forms and instruc							
May the DOR discuss this tax return with your tax preparer? See instructions on page 41. Yes No Your signature is required Date Daytime telephone number Spouse's signature Date							
X	X X						

I declare under penalty of false swearing that the information in this tax return and attachments is true, correct and complete.

