	No aples		2012	Montana Ir	ndividual	Income Tax	k Ret			orm 2		
	For the ye	ear Jan 1 – Dec 31	, 2012 or the tax year	beginning M	M D D 2	0 1 2 and	ending	M	M D D 2 0 Y Y			
	Mark all	First Name and I	nitial	Last Name So			Social	Social Security Number		Deceased? Date of Death		
	that apply.	Consumer's Florida	and to the	1 1 1 1 1 1			C	-1- 0-	ial Carreita Namebara			
	Amended Return	Spouse's First Name and Initial		Last Name			Spous	e's Soo	,	ceased? Date of Death		
	NOL	Mailing Address		City					State Zip+4			
	Carryback											
	Filing Status Mark only one box.	3a Marrie 3b Marrie 3c Marrie	ed filing jointly ed filing separately or ed filing separately	n the same form — Do you both want to allow us to discuss this return with your spouse? Yes No on separate forms and spouse not filing Spouse's SSN (for lines 3b and 3c)								
	Residency	5a Resident full year Resident Part-Year Required Information							TANA )	id you know?		
	Status	5h Nonre	esident full year	Date of change M M D D Y Y Y State moved to State moved from			ΥΥ			can file and pay online.		
	Mark only one box.		ent part-year						-IIIe	revenue.mt.gov		
	First	Name	L	ast Name	9	Social Security Nur	mber		Relationship	Mark if Disabled		
Dependents												
									Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately		
SI	65 or older			Blind	Ente	er number marked.		6a		using filing status 3a)		
Exemptions	6b Spou	se 6	55 or older		6b							
xem	6c Enter the	e total number of	dependents. If more		6C							
ш	6d Add lines 6a through 6c and enter total exemptions here											
		Enter amounts	on lines 7 throug	h 38 correspond	ding to your fe	deral return. Rou	ınd to n	eares	dollar. If no entry, leav	e blank.		
	7 Wages, s	salaries, tips, etc.	. Include federal Fo		7	00	00					
	8a Taxable i	interest. Include f	federal Schedule B	f required				8a	0 0	00		
	8b Tax-exer	Tax-exempt interest. Do not include on line 8a 8b 00 00										
			de federal Schedul		9	00	00					
			or offsets of state a					10	00	00		
	,							11	0.0	00		
al Income	12 Business		Include federal Scho					12	0.0	00		
	13 Capital g		lude federal Sched	•				13 14	00	00		
=	14 Other ga	Other gains or (losses). Include federal Schedule 4797							00	0.0		



00

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15b

16b

17

18

19

20b

21

Taxable amount ......

Taxable amount ......

Taxable amount ......

Amount .....

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Rental real estate, royalties, partnerships, S corporations, trusts. Include federal Schedule E .....

Farm income or (loss). Include federal Schedule F.....

15a

16a

17

18

19

20a

21

IRA distributions.

Pensions and annuities.

Social security benefits.

Other income; list type.

Unemployment compensation......

15a

16a

20a

		Form 2, Page 2 – 2012 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	Your total income from line 22		00	00
	24	Educator expenses (Caution – see instructions on page 5)		00	00
	25	Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ		00	00
Federal Adjusted Gross Income	26	Health savings account deduction. Include federal Form 8889		00	00
	27	Moving expenses. Include federal Form 3903		00	00
	28	Deductible part of self-employment tax. Attach federal Schedule SE		00	00
	29	Self-employed SEP, SIMPLE, and qualified plans		00	00
	30	Self-employed health insurance deduction		00	00
l Gro	31	Penalty on early withdrawal of savings		00	00
stec	32a	Alimony paid	. 32a	00	00
Adju	32b	Recipient's SSN			
eral	33	IRA deduction		00	00
Fed	34	Student loan interest deduction		00	00
	35	Tuition and fees (Caution – see instructions on page 5.)		00	00
	36	Domestic production activities deduction. Include federal Form 8903		00	00
	37	Add lines 24 through 36 and enter the result here.		00	00
	38	Subtract line 37 from line 23 and enter the result here		00	00
	38a	Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross	income	38a	00
a AGI	39	Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 17	. 39	00	00
Montana AGI	40	Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 35	. 40	00	00
2	41	Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income	. 41	00	00
Taxable Income	42	Deductions  Must mark one box.  Standard Deduction (see Worksheet V on page 46)  OR  Itemized Deductions (from Form 2, Schedule III, line 32)	. 42	00	00
ole Ir	43	Subtract line 42 from line 41 and enter the result here	. 43	00	00
Taxak	44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,240 by the number of exemptions on line 6d and enter the result here	. 44	00	00
	45	Subtract line 44 from line 43 and enter the result here. This is your taxable income		00	00
Ф	46	Tax from the tax table on page 7 or from Form 2, page 4. If line 45 is zero or less than zero, enter zero	. 46	00	00
ptur	47	2% capital gains tax credit		0.0	00
d Reca	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		00	00
Tax, Nonrefundable Credits and Recapture	48a	Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2, Schedule IV, line 22, but not less than zero		00	00
Cre	49	Tax on lump-sum distributions. Include federal Form 4972		00	00
dable	50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax.		00	00
func	51	Enter the amount from Form 2, Schedule V, line 23, but do not enter an amount larger than the	. 50		
onre		amount on line 50. This is your total nonrefundable credits.	. 51	00	00
×, Z	52	Recapture tax(es) (see instructions on page 7)  Code	52	00	00
Ta	53	Add lines 50 and 52, then subtract the amount on line 51 and enter the result here.  This is your 2012 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.



	Fo	rm 2, Page 3 – 2012	Social Security Numb	oer:									
		. 3	,							Column A (for single, separate, or hea of household)	joint, d	Column B (for spouse when filing separately using filing status 3a)	
	54	Your 2012 tax liabili	ty from line 53							54	00	0.0	J
dits	55	Montana income tax	x withheld. Include federal Fo	orm(s) W-2 and 1099					55	00	0.0	Э	
Payments and Refundable Credits	56	$\label{thm:montanamineral} \textit{Montana mineral royalty tax withheld. Include federal Form (s) 1099 and supporting schedule, if any}$							any	56	00	0.0	J
able	57	Montana pass throu	nrough entity withholding. Include Montana Schedule K-1							57	00	0.0	J
nnda	58	2012 estimated tax	payments and amount applie	ed from	your 2011	return.			5	58	00	0.0	Э
Refu	59	2012 extension pay	ments from Form EXT-12						{	59	00	0.0	J
and	60	60 Refundable credits from Form 2, Schedule V, line 29								50	00	0.0	J
ents	61	If filing an amende	ed return: Payments made w	vith original return						51	00	0.0	J
ayme	62	If filing an amende	ded return: Previously issued refunds						52	00	0.0	J	
Pe	63	Add lines 55 through	h 61. Subtract line 62, enter t	he resu	ılt here. <b>Th</b>	nis is yo	our total p	ayments	s (	53	00	0.0	J
	64	If line 54 is greater t	than line 63, subtract line 63	from lin	e 54. <b>This</b>	is you	r tax due.			54	00	0.0	J
	65	•	than line 54, subtract line 54			-	-			55	00	0.0	J
ns	66		yment of estimated taxes (se			-					66	0.0	J
Penalties, Interest and Contributions		If applicable, mark a			ning gross					nts were made using t		nualization method	
ıtrib	67 Late file penalty, late payment penalty and interest (see instructions on page 10)								67	0.0	J		
CO		68 Other penalties (see instructions on page 10)							68	0.0	J		
and	69	•	ck-off contribution programs fi	rom line	es 69a thro	ough 69	d				69	0.0	J
rest		69a Nongame Wi	ildlife Program		\$5		\$10		00 0	ther amount			
Inte		69b Child Abuse	Prevention		\$5		\$10		00 0	ther amount			
ties,		69c Agriculture in	Schools		\$5		\$10		0 0 0	ther amount			
enal		69d Montana Mili	tary Family Relief Fund		\$5		\$10		0.0	ther amount			
۵	70	Add lines 66 throug	h 69 and enter the result. Thi	s is the	e sum of y	your to	tal penaltie	es, inter	est and o	contributions	70	0.0	J
(I)	71	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 it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are											
Owe	amounts on lines 64 and 65, please see instructions on page 11. This is the amount you owe									71	0.0	J	
You Ref	Why not e-pay? See your options at revenue.mt.gov. If writing a check, make it payable to MONTANA DEPARTMENT										:NT OF	REVENUE.	
Amount You Owe or Your Refund	72	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 result here. This is your overpayment.								72	0.0	0	
Ar o	73 Enter the amount from line 72 that you want applied to your 2013 estimated taxes									73	0.0	J	
	74 Subtract line 73 from line 72 and enter the result here. <b>This is your refund.</b>							74	0.0	J			
		eposit of your	1. RTN#				2. ACCT#	ŧ					
	, complete 1, 2, 3, and 4 e see instructions on 3. If using direct deposit, you				quired to r	mark on	e box.		Checkir	ng Savings			
	4. Is this refund going to an account that is located outside of the United States or its territories?								Yes No				
Under penalties of false swearing, I declare that I have examined this return Your Signature is Required Date					g accompan aytime Tel				and to the ouse's Si		oelief, it	is true, correct and complet Date	e.
	igila	ture is required	Duic		dylline rei	српопс	Number		Jusc s Si	gnature		Date	
X Paid Preparer's Signature					Paid Prepa	arer's P	TIN/SSN	Х		Firm's FEIN			
Tala Freparer 3 Signature					Paid Preparer's PTIN/SSN Firm's FEIN								
Third F	Party Designee				Third Party Designee's Printed Name							Mark this box if you do not	
Do you want to allow another person (such as a paid										want forms and			
preparer) to discuss this return with us (see page 13)?				Third Party Designee's Phone Number							instructions mailed	b	
Yes No												to you next year.	

