

2024 Montana Individual Income Tax Return



	For the year Jan 1 – I			ginning M		2 4 and endi	ng MMD	D20YY	
Fire	Mark if this is an ame t Name	ended return Initial Last N				Social Sec	ırity Number	Deceased?	
1 113	tivanie	IIIIIai Lastin	anic			Social Sect	anty Number	Deceased:	
Spc	ouse's First Name	Initial Spous	e's Last Name			Social Secu	urity Number	Deceased?	
Cur	rent mailing address			City		Sta	te ZIP Code	+ 4	
Fed	deral Filing Status	Single Qualifying S	Married Filing Jo Surviving Spouse		Married Filing Head of House				
Residency Status		Resident	Resident Part-year Resident Nonresident (See Instructions)		Vonresident	١	ND Reciprocity		
Tax	able Income		(222	-,					
1		ss income fr	om Form 1040, line	e 11			1	0.0	
2	Federal standard ded				tions (See ins	structions)	2	0.0	
	Subtract line 2 from line 1. This is your federal taxable income for Montana						3	0.0	
4							4	0.0	
5 6	Montana subtraction s \$5,500 subtraction for	s from federa	al taxable income fr			ne 27	5	00	
	(\$11,000 if married fi						6	0.0	
	Add lines 3 and 4. The		lines 5 and 6.	This is yoเ	ır Montana ta	axable income.	7	0.0	
	k, Credits, and Pay								
	Tax liability before tax						8	0.0	
9	Nonrefundable tax cr						9	0.0	
10 11	Subtract line 9 from I Montana income tax		_	ur tax after	nonrefunda	ble tax credits.	10	00	
	11a Form(s) W-2				11a	0.0)		
	11b Form(s) 1099				11b	0.0)		
	11c Total pass-throu	0.0							
	11d Total withholding from Montana Schedule(s) K-1					00			
	11e Loan-out withho		orm LOWCERT		11e	0.0			
4.0	Add lines 11a throug						11	0.0	
	2024 estimated tax p	•					12	0.0	
	Overpayment applied	a from 2023	return				13	00	
	Extension payment	:4	10)	b. Cadanal EK		14	00	
	Earned Income Cred					C by 10% (0.10)		00	
	Elderly Homeowner/Renter Credit from Schedule 2EC, Line 30					16	00		
17	, ,					17	0.0		
	If filing an amended return: payments made with original return Contributions, penalties, interest, and other taxes from Schedule IV, line 8					18 19	00		
19						20	00		
20				0 7	hio io vour t			00	
21 Ta	•		oliaci iiile 19 aliu 2	U. I	ilis is your t	otal payments.	2 I	0.0	
	Due or Overpaym If line 21 is less than		tract line 21 from lin	ne 10	This is	s your tax due.	22	00	
23						-		00	
	If line 21 is more than line 10, subtract line 10 from line 21. This is your tax overpaid Enter the amount from line 23 you would like applied to your 2025 estimated taxes						24	00	
	Enter the amount you	•		•			25	00	
	Add lines 24 and 25,			,		is your refund.		0.0	

N	0 - 1 - 1 0 1 - 1 1				
Name Montana Individual Income Tax	Social Security Number				
Nonresidents, part-year residents, and Montana re	sidents with nonresident or part year resident spo	uses enter line 11 on			
Schedule II, line 24; line 12 on Schedule II, line 19;		uses, enter line 11 on			
1 Enter your total Montana taxable income from page					
do not have a net long-term capital gains, skip line	• • • • • • • • • • • • • • • • • • • •	00			
2 Enter your net long-term capital gains from fed		00			
3 Enter the lesser of line 1 or line 2	3	00			
4 Subtract line 3 from line 1	4	00			
	Enter the amount for your federal filing status:				
\$20,500 if single or married filing separatel					
\$41,000 if married filing jointly or qualifying					
\$30,750 if head of household	5	0.0			
6 Subtract line 4 from line 5. If zero or less, ente		0.0			
7 Enter the lesser of line 3 or line 6	7	0.0			
8 Multiply line 7 by 3% (0.03)	8	0.0			
9 Subtract line 6 from line 3. If zero or less, ente	er zero 9	0.0			
10 Multiply line 9 by 4.1% (0.041)	10	00			
11 Add lines 8 and 10. This is you	ur Montana net long-term capital gains tax. 11	00			
12 If you do not have a net long-term capital gain, fig					
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	0.0			
13 Residents add lines 11 and 12, and enter this					
If you are filing a return in Montana for the first time	This is your Montana resident tax. 13	0.0			
Direct Deposit Your Refund Complete 1, 2, ar 1 Routing Number 2 Account Number 3 Mark this box if this refund is going to an account to an account the second the se		ings			
		529/529A deposit amount			
529/529A Account Deposit Information (See 4 Account Type 529 Qualified Tuition Program					
RTN# ACCT# ACCT#	500 A Ashississa a Dattaul ifa Esmanissa	00			
5 Account Type 529 Qualified Tuition Program	529A Achieving a Better Life Experience	0.0			
RTN# ACCT#		00			
REQUIRED - Signature, Paid Preparer, and	Third-Party Designed				
Under penalties of false swearing, I declare that I h		n schedules and			
statements, and to the best of my knowledge and b		g soricadics and			
Taxpayer	onor, it is true, somest, and somplete.				
Signature x	Date MMDDYYYY Date of Birth				
	Phone				
Spouse					
Signature	Date MMDDYYYY Date of Birth				
Tax Preparer	Phone				
Signature	Date Signed				
Print Name	Phone				
Mark this box if you allow the DOR to discuss					
	this tax return with someone other than your tax p	preparer.			
, =					

