

|  |  |  |  |  |  |  | Column A (for single, joint, separate, or head of household) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 6 a | X Yourself | 65 or older | Blind | Enter number marked.......... | $6 a$$6 b$ |  | using filing status 3a) |
|  | 6b | Spouse | 65 or older | Blind | Enter number marked.......... |  |  |  |
|  | c Enter the total number of dependents. If more than 4 dependents, see instructions on page 4 <br> d Add lines 6a through 6 c and enter total exemptions here $\qquad$ |  |  |  |  | 6c |  |  |
|  |  |  |  |  |  | 6d |  |  |

## Enter amounts on lines 7 through 38 corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.

| Wages, salaries, tips, etc. Include federal Form(s) W-2. |  |  |  |  | 7 | 00 | 00 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Taxable interest. Include federal Schedule B if required ............................................................. |  |  |  |  | 8a | 00 | 00 |
|  |  |  |  |  |  |  |  |
| Ordinary dividends. Include federal Schedule B if required........................................................ |  |  |  |  | 9 | 00 | 00 |
| Taxable refunds, credits, or offsets of state and local income taxes ............................................. |  |  |  |  | 10 | 00 | 00 |
| Alimony received |  |  |  |  | 11 | 00 | 00 |
| Business income or (loss). Include federal Schedule C or C-EZ. NAICS: |  |  |  |  | 12 | 00 | 00 |
| Capital gain or (loss). Include federal Schedule D if required .................................................... |  |  |  |  | 13 | 00 | 00 |
| Other gains or (losses). Include federal Schedule 4797. |  |  |  |  | 14 | 00 | 00 |
| IRA distributions. | 15a | 00 | 00 | Taxable amount........ | 15b | 00 | 00 |
| Pensions and annuities. |  | 00 | 00 | Taxable amount........ | 16b | 00 | 00 |
| Rental real estate, royalties, partnerships, S corporations, trusts. Include federal Schedule E ............ |  |  |  |  | 17 | 00 | 00 |
| Farm income or (loss). Include federal Schedule F................................................................. |  |  |  |  | 18 | 00 | 00 |
| Unemployment compensation.............................................................................................. |  |  |  |  | 19 | 00 | 00 |
| Social security benefits. Other income; list type. | 20a | 00 | 00 | Taxable amount......... | 20b | 00 | 00 |
|  |  |  |  | Amount........... | 21 | 00 | 00 |
| Add the amounts in columns $A$ and $B$ for lines 7 thru 21. This is your total income. |  |  |  |  | 22 | 00 | 00 |


| Column A (for single, <br> joint, separate, or head <br> of household) | Column B (for spouse <br> when filing separately <br> using filing status 3a) |
| :---: | :---: |

23 Your total income from line 22
23
24 Educator expenses (Caution - see instructions on page 6)
25 Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ
26 Health savings account deduction. Include federal Form 8889
27 Moving expenses. Include federal Form 3903.
28 Deductible part of self-employment tax. Attach federal Schedule SE
29 Self-employed SEP, SIMPLE, and qualified plans.
30 Self-employed health insurance deduction.
31 Penalty on early withdrawal of savings
32a Alimony paid
32b Recipient's SSN.
N... $\qquad$ 32b
3 IRA deduction ..........................
34 Student loan interest deduction
35 Tuition and fees (Caution - see instructions on page 6)
36 Domestic production activities deduction. Include federal Form 8903
37 Add lines 24 through 36 and enter the result here. $\quad$ Federal write-ins
38 Subtract line 37 from line 23 and enter the result here $\qquad$
38a Combine amounts on line 38 columns $A$ and $B$ and enter here. This is your federal adjusted gross income.
39 Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 16.
40 Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 36
41 Add lines 38 and 39 ; subtract line 40 . This is your Montana adjusted gross income. $\qquad$
Standard Deduction (see Worksheet V on page 46)
42 Deductions

## $\left.\begin{array}{l}\text { Must mark } \\ \text { one box. }\end{array}\right\} O R$

Itemized Deductions (from Form 2, Schedule III, line 30)
43 Subtract line 42 from line 41 and enter the result here.
44 Exemptions (All individuals are entitled to at least one exemption.) Multiply $\$ 2,400$ by the number of exemptions on line 6d and enter the result here
45 Subtract line 44 from line 43 and enter the result here. This is your taxable income.
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
$472 \%$ capital gains tax credit.
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.
48a Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from
Form 2, Schedule IV, line 25, but not less than zero
49 Tax on lump-sum distributions. Include federal Form 4972
50 Add lines 48 or 48 a and 49 and enter the result here. This is your total tax.
51 Enter the amount from Form 2, Schedule V, line 23, but do not enter an amount larger than the amount on line 50 . This is your total nonrefundable credits.

52 Recapture taxes (see instructions on page 7)
53 Add lines 50 and 52 , then subtract the amount on line 51 and enter the result here. This is your 2017 tax liability.
$\qquad$

| come..... 38a | 00 |  |  |
| ---: | ---: | ---: | ---: |
| 39 | 00 |  | 00 |
| 40 | 00 |  | 00 |
| 41 | 00 | 00 |  |


| 42 | 00 | 00 |
| ---: | ---: | ---: | ---: |
| 43 | 00 | 00 |
| 44 | 00 | 00 |
| 45 | 00 | 00 |
| 46 | 00 | 00 |
| 47 | 00 | 00 |
| 48 | 00 | 00 |
| $48 a$ | 00 | 00 |
| 49 | 00 | 00 |
| 50 | 00 | 00 |
| 51 | 00 | 00 |
| 52 | 00 | 00 |
| 53 | 00 | 00 |

Questions? Call us at (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.


