

2024 Montana Individual Income Tax Return

Form 2

8/2024 REVENUE For the year Jan 1 – Dec 31, 2024, or the tax year beginning MMDDD2024 and ending Mark if this is an amended return Initial Last Name First Name Social Security Number Deceased? Spouse's First Name Initial Spouse's Last Name Social Security Number Deceased? Citv State ZIP Code + 4 Current mailing address Married Filing Separately Federal Filing Status Single Married Filing Jointly Qualifying Surviving Spouse Head of Household Part-year Resident Nonresident ND Reciprocity Residency Status Resident (See Instructions) **Taxable Income** 1 Federal adjusted gross income from Form 1040, line 11 1 00 2 Federal standard deduction or adjusted federal itemized deductions (See instructions) 2 00 3 Subtract line 2 from line 1. This is your federal taxable income for Montana. 3 00 4 Montana additions to federal taxable income from Schedule I. Part I. line 9 4 00 5 Montana subtractions from federal taxable income from Schedule I, Part I, line 27 5 00 6 \$5,500 subtraction for taxpayers 65 and older (\$11,000 if married filing jointly and both are 65 and older) 6 00 7 Add lines 3 and 4. Then subtract lines 5 and 6. This is your Montana taxable income. 7 00 Tax, Credits, and Payments 8 Tax liability before tax credits (See instructions) 00 8 9 9 Nonrefundable tax credits from Schedule III, Part I, line 14 00 10 Subtract line 9 from line 8. This is your tax after nonrefundable tax credits. 10 00 11 Montana income tax withheld from: 11a Form(s) W-2 11a 00 00 11b 11b Form(s) 1099 11c Total pass-through entity tax credit from Montana Schedule(s) K-1 11c 00 11d Total withholding from Montana Schedule(s) K-1 11d 00 11e Loan-out withholding from Form LOWCERT 11e 0.0 Add lines 11a through 11e 00 11 12 12 2024 estimated tax payments 00 13 Overpayment applied from 2023 return 13 00 14 Extension payment 14 00 15 Earned Income Credit. Federal EIC 00 Multiply Federal EIC by 10% (0.10) 15 00 16 Elderly Homeowner/Renter Credit from Schedule 2EC, Line 30 16 00 17 Refundable tax credits from Schedule III, Part I, line 17 17 00 18 If filing an amended return: payments made with original return 18 00 19 Contributions, penalties, interest, and other taxes from Schedule IV, line 8 19 00 20 If filing an amended return: previous overpayment 20 00 21 Add lines 11 through 18, then subtract line 19 and 20. This is your total payments. 21 00 Tax Due or Overpayment 22 If line 21 is less than line 10, subtract line 21 from line 10. This is your tax due. 22 00 23 If line 21 is more than line 10, subtract line 10 from line 21. This is your tax overpaid. 23 00 24 Enter the amount from line 23 you would like applied to your 2025 estimated taxes 00 25 Enter the amount you want deposited into a 529 or 529A account 25 00

26 Add lines 24 and 25, then subtract from line 23.



00

This is your refund. 26

| Nar | ne | Social Sec | curity Number | | |
|-------|--|-----------------------------|-----------------------|--------------|------------------|
| Мо | ntana Individual Income Tax | | | | |
| Nor | residents, part-year residents, and Montana residents | s with nonresident or pa | art-year resident | spouses, er | nter line 11 on |
| | edule II, line 24; line 12 on Schedule II, line 19; and le | | | | |
| 1 | Enter your total Montana taxable income from page 1, lir | ne 7. If zero or less, ente | r 0 (zero). If you | | |
| | do not have a net long-term capital gains, skip lines 2 thr | ough 10 and enter 0 (ze | ero) on line 11. | 1 | 00 |
| 2 | Enter your net long-term capital gains from federal S | chedule D, line 15 (See | e instructions) | 2 | 00 |
| 3 | Enter the lesser of line 1 or line 2 | | | 3 | 00 |
| 4 | Subtract line 3 from line 1 | | | 4 | 00 |
| 5 | Enter the amount for your federal filing status: | | | | |
| | \$20,500 if single or married filing separately | | | | |
| | \$41,000 if married filing jointly or qualifying surviv | ing spouse | | | |
| | \$30,750 if head of household | | | 5 | 00 |
| 6 | Subtract line 4 from line 5. If zero or less, enter zero | | | 6 | 00 |
| 7 | Enter the lesser of line 3 or line 6 | | | 7 | 00 |
| 8 | Multiply line 7 by 3% (0.03) | | | 8 | 00 |
| 9 | Subtract line 6 from line 3. If zero or less, enter zero | | | 9 | 00 |
| | Multiply line 9 by 4.1% (0.041) | | | 10 | 00 |
| | | ntana net long-term c | | 11 | 0.0 |
| 12 | If you do not have a net long-term capital gain, figure yo | | | | |
| | Montana Ordinary Income Tax Table. If you have a net lo | | ure your tax on | | |
| | the amount on line 4 using the Montana Ordinary Incom- | | | | |
| | | s is your Montana ordi | nary income tax. | 12 | 0.0 |
| 13 | Residents add lines 11 and 12, and enter this amoun | | | | |
| | Climan American State Control | This is your Monta | | | 0.0 |
| | ou are filing a return in Montana for the first time, direct | | | | |
| II UI | e direct deposit option is available and you wish to use it | i, provide your bank acc | ount information, | and sign you | ir return below. |
| Dir | ect Deposit Your Refund Complete 1, 2, and 3. (| See instructions) | | | |
| 1 | Routing Number | occ mondonorio) | | | |
| | Account Number | | Checking | Savings | |
| 3 | Mark this box if this refund is going to an account | | | | rritories |
| | /529A Account Deposit Information (See instru | | on the orniou of | | deposit amount |
| | Account Type 529 Qualified Tuition Program | 529A Achieving a Be | etter Life Experienc | | |
| | RTN# ACCT# | | | | 00 |
| | Account Type 529 Qualified Tuition Program | 529A Achieving a Be | etter Life Experience | ce | |
| | RTN# ACCT# | 020/1/10/11/9/11/9/11 | | | 0.0 |
| | | | 7 | | |
| RE | QUIRED – Signature, Paid Preparer, and Third | l-Party Designee | | | |
| | er penalties of false swearing, I declare that I have ex | | cluding accompar | nying schedu | ules and |
| | ements, and to the best of my knowledge and belief, i | | | , , | |
| | payer | | _ | | |
| | gnature x | Date MMDDYY | Y Y Date of B | Birth MMD | DYYYY. |
| | | | Ph | one | |
| Spc | use | | | | |
| Si | gnature x | Date MMDDYY | Date of E | Birth MMD | |
| | | | Ph | one | |
| Tax | Preparer | | | | |
| | gnature | | Date Sig | ned MMD | |
| Prin | t Name | | | one | |
| | Mark this box if you allow the DOR to discuss this ta | | | TIN | |
| | Mark this box if you allow the DOR to discuss this ta | x return with someone | | | |
| | Name | | Ph | one | |

