

2004 Montana Individual Income Tax Return Form 2

or Fiscal year beginning 2004 and ending 2005

04

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|---------------------------------|--|-----------------------------------|--|
| Last Name | First Name and Middle Initial | <input type="checkbox"/> Deceased | Social Security No. EXHIBIT 1 |
| Spouse's Last Name if Different | Spouse's First Name and Middle Initial | <input type="checkbox"/> Deceased | Date: Social Security No. 3-22-05 |
| Mailing Address | | City | State 48 Zip Code 4 784 |

| | | | | | | |
|----------------------------|---------------------------------|--|--|---|--|---|
| Filing Status Check One | <input type="checkbox"/> Single | <input type="checkbox"/> Married filing joint return | <input type="checkbox"/> Married and both filing separate returns on this form | <input type="checkbox"/> Married and both filing separate returns on separate forms | <input type="checkbox"/> Married filing separate return and spouse is not filing | <input type="checkbox"/> Head of household (see instructions) |
|----------------------------|---------------------------------|--|--|---|--|---|

| | | | | | | |
|------------------------|---|--|---|-----------------------------------|----------------|------------------|
| Residency Check One | <input type="checkbox"/> Resident Full Year | <input type="checkbox"/> Nonresident Full Year | <input type="checkbox"/> Resident Part Year | Give date of change month year | State moved to | State moved from |
|------------------------|---|--|---|-----------------------------------|----------------|------------------|

| Exemptions | | | Column A (for single, joint, separate, or head of household) | Column B (for spouse only when filing separate, and box 3 is checked) | | | | | | | | | | | | |
|---|-------------------------------------|--------------------------|--|---|------------------------------------|--------------|--|--|--|--|--|--|--|--|--|---|
| | Regular | 65 or Over | Blind | | | | | | | | | | | | | |
| 1. Yourself | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | | | | | | | | | | | |
| 2. Spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | | | | | | | | | | | |
| 3. Dependents | | | | 3 | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Dependent's Full Name</th> <th style="width: 33%;">Dependent's Social Security Number</th> <th style="width: 33%;">Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | Dependent's Full Name | Dependent's Social Security Number | Relationship | | | | | | | | | | 4 |
| Dependent's Full Name | Dependent's Social Security Number | Relationship | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| 4. Head-of-household dependent | | | | 4 | | | | | | | | | | | | |
| 5. Add lines 1, 2, 3 and 4 if additional dependents, see instructions. | | | | 5 | | | | | | | | | | | | |
| Total Exemptions | | | | 5 | | | | | | | | | | | | |

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| FEDERAL ADJUSTED GROSS INCOME | <p>Enter amounts reported on federal return</p> <p>6. Wages, salaries, tips, etc. Attach copies of W-2(s) from all states</p> <p>7. Taxable interest income Attach Federal Schedule if over \$1,500</p> <p>8. Ordinary dividend income Attach Federal Schedule if over \$1,500</p> <p>9. Business income (loss) Attach Federal Schedule C or C-EZ</p> <p>10. Capital gain (loss) Attach Federal Schedule D</p> <p>11. Other gains (losses) Attach Federal Form 4797</p> <p>12. Rental real estate, royalties, partnerships, s. corporations, estates, trusts, etc. Attach Federal Schedule E, Form 8582 and all K-1's</p> <p>13. IRA distributions a. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> 13b. Taxable amount Attach all</p> <p>14. Pensions and annuities a. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> 14b. Taxable amount } 1099R's</p> <p>15. Social security benefits a. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> 15b. Taxable amount</p> <p>16. Net farm income or (Loss) Attach Federal Schedule F</p> <p>17. Other income: State refund _____ alimony _____ unemployment _____ other (specify) _____</p> <p>18. Total of lines 6 thru 17 Total ⇒</p> <p>19. Adjustments to income. Educator Expense _____ Reservists, etc. _____ IRA _____ Student loan interest _____ Tuition and fees _____ 1/2 SE Tax _____ HSA _____ Moving Expenses _____ SE Health _____ SE, SEP, SIMPLE _____ Early withdrawal penalty _____ Alimony paid _____ Other _____</p> <p>20. Federal adjusted gross income (subtract line 19 from line 18) ⇒</p> <p>Note: Line 20 must match your federal adjusted gross income</p> | | | | | | | <p>Round to nearest dollar if no entry leave blank</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td>6.</td></tr> <tr><td> </td><td> </td><td>7.</td></tr> <tr><td> </td><td> </td><td>8.</td></tr> <tr><td> </td><td> </td><td>9.</td></tr> <tr><td> </td><td> </td><td>10.</td></tr> <tr><td> </td><td> </td><td>11.</td></tr> <tr><td> </td><td> </td><td>12.</td></tr> <tr><td> </td><td> </td><td>13b.</td></tr> <tr><td> </td><td> </td><td>14b.</td></tr> <tr><td> </td><td> </td><td>15b.</td></tr> <tr><td> </td><td> </td><td>16.</td></tr> <tr><td> </td><td> </td><td>17.</td></tr> <tr><td> </td><td> </td><td>18.</td></tr> <tr><td> </td><td> </td><td>19.</td></tr> <tr><td> </td><td> </td><td>20.</td></tr> </table> | | | 6. | | | 7. | | | 8. | | | 9. | | | 10. | | | 11. | | | 12. | | | 13b. | | | 14b. | | | 15b. | | | 16. | | | 17. | | | 18. | | | 19. | | | 20. |
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|------------------|--|---|--|--|-----|--|--|-----|--|--|-----|--|--|-----|--|--|-----|
| ADDITIONS | <p>21. Interest and dividends on state, county, or municipal bonds (Non-Montana)</p> <p>22. Federal income tax refunds/overpayment (see page 3, line 22 on instructions)</p> <p>23. Other additions, (see page 3, line 23 of instructions) Specify _____</p> <p>24. Total additions to income (add lines 21 thru 23) Total ⇒</p> <p>25. Add lines 20 and 24, enter result ⇒</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td>21.</td></tr> <tr><td> </td><td> </td><td>22.</td></tr> <tr><td> </td><td> </td><td>23.</td></tr> <tr><td> </td><td> </td><td>24.</td></tr> <tr><td> </td><td> </td><td>25.</td></tr> </table> | | | 21. | | | 22. | | | 23. | | | 24. | | | 25. |
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| REDUCTIONS | <p>26. Farm Risk Management Account Attach Form FRM</p> <p>27. Interest exclusion for elderly</p> <p>28. Interest exclusion for savings bonds, etc. Specify _____</p> <p>29. Exempt pension & annuity income, (not soc. sec./disability) Attach Worksheet IV, Page 13</p> <p>30. Unemployment</p> <p>31. Medical Care Savings Account Attach Form MSA</p> <p>32. Family Education Savings Account (Attach name and social security number(s) of beneficiary)</p> <p>33. First Time Home Buyers Account Attach Form FTB</p> <p>34. Health care professional loan payment exclusion</p> <p>35. Other reductions (see page 5, line 35 of instructions). Specify _____</p> <p>36. Total reductions to income (add lines 26 thru 35) Total ⇒</p> <p>37. Subtract line 36 from line 25. Enter here and on line 38, page 2.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td>26.</td></tr> <tr><td> </td><td> </td><td>27.</td></tr> <tr><td> </td><td> </td><td>28.</td></tr> <tr><td> </td><td> </td><td>29.</td></tr> <tr><td> </td><td> </td><td>30.</td></tr> <tr><td> </td><td> </td><td>31.</td></tr> <tr><td> </td><td> </td><td>32.</td></tr> <tr><td> </td><td> </td><td>33.</td></tr> <tr><td> </td><td> </td><td>34.</td></tr> <tr><td> </td><td> </td><td>35.</td></tr> <tr><td> </td><td> </td><td>36.</td></tr> <tr><td> </td><td> </td><td>37.</td></tr> </table> | | | 26. | | | 27. | | | 28. | | | 29. | | | 30. | | | 31. | | | 32. | | | 33. | | | 34. | | | 35. | | | 36. | | | 37. |
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| | | 37. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ATTACH WITHHOLDING STATEMENTS HERE BELOW LINE 6

