

# Individual Income Tax Return Form 2

2005

For the year Jan 1 - Dec 31

THIS EXHIBIT CONTAINS OVER 10 PAGES.  
 IF YOU WISH TO SEE A COPY, PLEASE CONTACT LISA AT  
 THE LEGISLATIVE REFERENCE CENTER AT 406-444-2957

Amended Return  Your first name and last name \_\_\_\_\_  
 Spouse's first name \_\_\_\_\_  
 Home address (number, street, city, state, zip) \_\_\_\_\_

Filing Status (check only one box):  
 1  Single  
 2  Married filing jointly  
 3a  Married filing separately on the same form  
 3b  Married filing separately on separate forms. Spouse's SSN: \_\_\_\_\_  
 3c  Married filing separately and spouse not filing. Spouse's SSN: \_\_\_\_\_  
 4  Head of household

Residency Status (check only one box):  
 5a  Resident full year  
 5b  Nonresident full year  
 5c  Resident part-year

Date of change: State moved to: \_\_\_\_\_ State moved from: \_\_\_\_\_

Exemptions					Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)		
6a	<input checked="" type="checkbox"/>	Yourself	<input type="checkbox"/>	65 or older	<input type="checkbox"/>	Blind	Enter number checked	6a
6b	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	65 or older	<input type="checkbox"/>	Blind	Enter number checked	6b
6c		Dependent's first name	Last name	SSN	Relationship	Disability		6c
6d	If additional dependents, see instructions. Add lines 6a thru 6c and enter total exemptions here.							6d

Enter amounts corresponding to your federal return. Round to nearest dollar. If no entry, leave blank.

7	Wages, salaries, tips, etc. Attach federal Form(s) W-2	7		7
8a	Taxable interest. Attach federal Schedule B if required	8a		8a
b	Tax-exempt interest. Do not include on line 8a. 8b A: B:			
9a	Ordinary dividends. Attach federal Schedule B if required	9a		9a
b	Qualified dividends. 9b A: B:			
10	Taxable refunds, credits, or offsets of state and local income taxes	10		10
11	Alimony received	11		11
12	Business income or (loss). Attach federal Schedule C or C-EZ NAICS:	12		12
13	Capital gain or (loss). Attach federal Schedule D if required	13		13
14	Other gains or (losses). Attach federal Schedule 4797	14		14
15a	IRA distribution. 15a A: B: Taxable amount...	15b		15b
16a	Pensions and annuities. 16a A: B: Taxable amount...	16b		16b
17	Rental real estate, royalties, partnerships, S. corporations, trust. Attach federal Sch. E	17		17
18	Farm income or (loss). Attach federal Schedule F	18		18
19	Unemployment compensation	19		19
20a	Social security benefits. 20a A: B: Taxable amount...	20b		20b
21	Other income. List type and amount.	21		21
22	Add and enter amounts in the far right columns lines 7 thru 21. This is your total income.	22		22
23	Educator expenses	23		23
24	Business expenses or reservist, etc. Attach Schedule 2106 or 2106EZ	24		24
25	Health savings account deduction. Attach federal Form 8889	25		25
26	Moving expenses. Attach federal Form 3903	26		26
27	One-half of self-employment tax. Attach federal Schedule SE	27		27
28	Self-employed SEP, SIMPLE, and qualified plans	28		28
29	Self-employed health insurance deduction	29		29
30	Penalty on early withdrawal of savings	30		30
31a	Alimony paid. 31b. Recipient's SSN. A: B:	31a		31a
32	IRA deduction	32		32
33	Student loan interest deduction	33		33
34	Tuition and fees deduction	34		34
35	Domestic production activities deduction. Attach federal Form 8903	35		35
36	Add lines 23 through 35 and enter result here	36		36
37	Subtract line 36 from line 22 and enter result here	37		37
37a	Combine amounts on line 37 columns A and B and enter result here. This is your federal adjusted gross income.	37a		37a
38	Enter Montana additions to federal AGI from Form 2A, Schedule I, line 17	38		38
39	Enter Montana subtractions from federal AGI from Form 2A, Schedule II, line 34	39		39
40	Add lines 37 and 38, then subtract line 39. This is your Montana adjusted gross income.	40		40

ATTACH WITHHOLDING STATEMENTS HERE

booklet, expanded in 2005 booklet

Revenue & Transportation Committee  
 September 30, 2005

Exhibit #8