

# Full Year Resident - Short Form 2S - Individual Income Tax Return

**MONTANA**  
**2004**  
**Full Year Resident ONLY**  
**Filing from a Montana Address**

Last Name	First Name and Middle Initial	<input type="checkbox"/> Deceased	Social Security No.
Spouse's Last Name if Different	Spouse's First Name and Middle Initial		Spouse's Social Security No.
Mailing Address (Montana Addresses Only)	City	Zip Code + 4	

**MT 59**

Filing Status Check One	1. Single <input type="checkbox"/>	2. Married Filing Joint Return <input type="checkbox"/>	3. Head of Household (see Instructions) <input type="checkbox"/>
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**File on or before April 15, 2005**

For tax due mail to:  
 Dept. of Revenue  
 PO Box 6308  
 Helena, MT 59604-6308  
 All other returns and refunds mail to:  
 Dept. of Revenue  
 PO Box 6577  
 Helena, MT 59604-6577

**Exemptions** All filers are entitled to at least one exemption

1. Yourself	Regular <input checked="" type="checkbox"/>	65 or Over <input type="checkbox"/>	Blind <input type="checkbox"/>	Enter number checked	<input type="checkbox"/>	1.												
2. Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter number checked	<input type="checkbox"/>	2.												
3. Dependents	<table border="1"> <thead> <tr> <th>Dependent's Name</th> <th>Dependent's Social Security Number</th> <th>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 Name	Dependent's Social Security Number	Relationship										3. Dependents	<input type="checkbox"/>	3.
Dependent's Name	Dependent's Social Security Number	Relationship																
Do not claim yourself or spouse				4. Handicapped Dependent	<input type="checkbox"/>	4.												
5. Add lines 1, 2, 3 and 4 (if additional dependents, see instructions)				<b>Total Number Exemptions</b>	<input type="checkbox"/>	5.												

**Round to nearest dollar. If no entry leave blank**

**REPORT YOUR INCOME**



6. Wages, salaries, tips, etc.	Attach W-2(s)	6.	
7. Taxable interest income	Attach Federal Schedule if over \$1,500	7.	
8. Dividend income	Attach Federal Schedule if over \$1,500	8.	
9. Federal taxable pensions, IRA distributions, annuities	Attach 1099R's	9.	
10. Unemployment, alimony, state refund, etc. specify		10.	
11. Total of lines 6 thru 10	<b>Total</b>	11.	
12. Adjustments: moving expense, IRA, alimony, student loan interest, etc., specify		12.	
13. <b>Federal adjusted gross income</b> (subtract line 12 from line 11)	<b>Total</b>	13.	
14. <b>Add:</b> Interest on state and county municipal bonds (non-Montana) and/or federal refund (see instructions)		14.	
<b>Subtract:</b>			
15. Exempt pension and annuity income - see Worksheet IV, page 13		15.	
16. Interest exclusion for elderly		16.	
17. Interest exclusion for savings bonds, etc. specify		17.	
18. Unemployment		18.	
19. Other reductions (including tips, etc.) Refer to page 5 of instructions		19.	
20. Total adjustments decreasing income (add lines 15 thru 19)	<b>Total</b>	20.	
21. <b>Montana adjusted gross income</b> (add lines 13 and 14 subtract line 20)	<b>Total</b>	21.	
22. a. Standard deduction-see Worksheet V, page 13. a. <input type="checkbox"/>	22a.		
or			
b. Federal income taxes paid or withheld in 2004. b. <input type="checkbox"/>	22b.		
23. Multiply \$1,840 times the number of exemptions in Box 5 above	23.		
24. Add lines 22a or 22b and line 23	<b>Total</b>	24.	
25. Taxable income. Subtract line 24 from 21 (If less than zero enter zero)	<b>Total</b>	25.	
26. Tax on amount on line 25 from tax table on back of this form		26.	
In boxes below, enter any amount you and your spouse would like to contribute. See instructions.			
Nongame Wildlife Program <input type="checkbox"/>	27.		
Child Abuse Prevention <input type="checkbox"/>	28.		
Agriculture in MT Schools <input type="checkbox"/>	29.		
Enter amounts in boxes			<b>Total</b>
31. Total tax - add lines 26 and 30	<b>Total</b>	31.	
32. Montana tax withheld		32.	
33. Elderly Homeowner/Renter Credit		33.	
34. Add lines 32 and 33	<b>Total</b>	34.	
35. If line 34 is larger than line 31 enter difference (refunds of more than \$1.00 will be issued)	<b>Refund</b>	35.	
If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions  Checking <input type="checkbox"/>			
RTN# <input type="text"/>	ACCT# <input type="text"/>	Savings <input type="checkbox"/>	
36. If line 31 is larger than line 34 enter difference	<b>Tax Due</b>	36.	
If you chose to pay your tax due by credit card visit our website at <a href="http://www.discoveringmontana.com/revenue">www.discoveringmontana.com/revenue</a> and enter your confirmation number here. See instructions on page 11.			
37. Penalty and interest (see instructions for calculation of penalty and interest)		37.	
Underpayment <input type="checkbox"/>	Late File <input type="checkbox"/>	Late Pay <input type="checkbox"/>	Interest <input type="checkbox"/>
			<b>Total of Boxes</b>
38. Add lines 36 and 37. Attach check or money order for full amount if \$1.00 or more.	<b>Total Due</b>	38.	
Payable to the Department of Revenue. Include your payment with the payment coupon provided in this booklet.			

**ATTACH WITHHOLDING STATEMENTS BELOW LINE 6.**

**SIGN YOUR RETURN**

Name, address and telephone number of preparer	May the DOR discuss this return with the preparer shown? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check box if you do not need state income tax forms and instructions mailed to you next year.
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Your signature is required \_\_\_\_\_ Date \_\_\_\_\_ Telephone number \_\_\_\_\_ Spouse signature (if filing jointly, both must sign) \_\_\_\_\_ Date \_\_\_\_\_  
 I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.