

Form-IT
1064

Montana Individual Income Tax
Payment Voucher

Please use this voucher to ensure proper credit
of your payment. Also, write your social security
number and tax year on your check.

1. Current Year

Name Noah D Pollock
Telephone # (802)540-0319

2. Estimated

5. Period Ending Date 12 31 2009

3. Extension

6. SSN 057662011

4. Amended Department of Revenue
PO Box 6308
Helena, MT 59604-6308

7. Amount Paid 6.00

8111403060000000000000004123120090RTNPYM500000006008

2009 Montana Individual Income Tax Return

Form 2

For the year Jan 1 - Dec 31, 2009 or the tax year beginning _____, 2009, ending _____, 20

<input type="checkbox"/> Check this box if this is an amended return. <input type="checkbox"/> Check here if this is a NOL Carryback.	First name and initial Noah D	Last name Pollock	Social security number 057-66-2011	If deceased, date of death
	Spouse's first name and initial	Spouse's last name	Spouse's social security number	If deceased, date of death
Mailing Address 55 Harrison Ave		City Burlington	State VT	Zip+4 05401
Filing Status (check only one box) <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Married filing jointly <input type="checkbox"/> 3a Married filing separately on the same form <input type="checkbox"/> 3b Married filing separately on separate forms. Spouse's SSN ▶ <input type="checkbox"/> 4 Head of household <input type="checkbox"/> 3c Married filing separately and spouse not filing. Spouse's SSN ▶				
Residency Status (check only one box) <input type="checkbox"/> 5a Resident full year Resident part-year required information ▼ <input checked="" type="checkbox"/> 5b Nonresident full year Date of Change _____ <input type="checkbox"/> 5c Resident part-year State moved to _____ State moved from _____		Column A (for single, joint, separate, or head of household) ▼		Column B (for spouse when filing separately using filing status 3a) ▼

E X E M P T I O N S	6a	<input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> 65 or older	<input type="checkbox"/> Blind	Enter number checked ▶	6a	1			
	6b	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or older	<input type="checkbox"/> Blind	Enter number checked ▶	6b	0	0	6b	
	6c	First name	Last name	Social Security Number	Relationship	Disabled	Enter the total number of dependents in line 6c. If additional dependents, see instructions. ▼			
						Yes ▶ <input type="checkbox"/>				
						Yes ▶ <input type="checkbox"/>				
					Yes ▶ <input type="checkbox"/>					
6d	Add lines 6a thru 6c and enter total exemptions here. ▶					6d	1	0	6d	

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

F E D E R A L I N C O M E	7	Wages, salaries, tips, etc. Attach federal Form(s) W-2. ▶	7	3,498.	7	
	8a	Taxable interest. Attach federal Schedule B if more than \$1500. ▶	8a	1,488.	8a	
	8b	Tax-exempt interest. Do not include on line 8a. ▶ 8b	8b			
	9	Ordinary dividends. Attach federal Schedule B if more than \$1500. ▶	9	629.	9	
	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: ▶ 541700 ▶	12	18,842.	12	
	13	Capital gain or (loss). Attach federal Schedule D if required. ▶	13	-3,000.	13	
	14	Other gains or (losses.) Attach federal Schedule 4797. ▶	14		14	
	15a	IRA distributions. ▶ 15a	15a	Taxable amount. ▶	15b	
	16a	Pensions and annuities. ▶ 16a	16a	Taxable amount. ▶	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts. Attach federal Schedule E. ▶	17		17	
	18	Farm income or (loss). Attach federal Schedule F. ▶	18		18	
	19	Unemployment compensation in excess of \$2,400 per recipient. ▶	19		19	
	20a	Social security benefits. ▶ 20a	20a	Taxable amount. ▶	20b	
	21	Other income, list type. ▶	Amount. ▶	21	21	
	22	Add the amounts in columns A and B for lines 7 thru 21. This is your total income. ▶	22	21,457.	22	
	F E D E R A L A D J U S T E D G R O S S I N C O M E	23	Educator expenses. ▶	23		23
		24	Certain 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	1,331.	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. ▶	31a		31a	
31b		Recipient's SSN. ▶ 31b	31b			
M O N T A N A A D J U S T E D G R O S S I N C O M E	32	IRA deduction. ▶	32		32	
	33	Student loan interest deduction. ▶	33		33	
	34	Tuition and fees deduction. Attach Form 8917. ▶	34		34	
	35	Domestic production activities deduction. Attach federal Form 8903. ▶	35		35	
	36	Add lines 23 through 35 and enter the result here. <input type="checkbox"/> Federal write-ins. ▶	36	1,331.	36	
	37	Subtract line 36 from line 22 and enter result here. ▶	37	20,126.	37	
	37a	Combine amounts on line 37 columns A and B and enter result here. This is your federal adjusted gross income. ▶		20,126. 37a		
M O N T A N A A D J U S T E D G R O S S I N C O M E	38	Enter Montana additions to federal adjusted gross income from Form 2, page 3, Schedule I, line 17. Attach Form 2, page 3, Schedule I. ▶	38		38	
	39	Enter Montana subtractions from federal adjusted gross income from Form 2, page 4, Schedule II, line 35. Attach Form 2, page 4, Schedule II ▶	39		39	
	40	Add lines 37 and 38; subtract line 39. This is your Montana adjusted gross income. ▶	40	20,126.	40	

Column A (for single, joint, separate, or head of household)
 Column B (for spouse when filing separately using filing status 3a)

Questions? Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD (406) 444-2830 for hearing impaired.

TAXABLE INCOME	41	Montana adjusted gross income from line 40.	▶	41	20,126.		41
	42	Deductions (check only one box) <input checked="" type="checkbox"/> Standard Deduction (see Worksheet V in the instructions). <input type="checkbox"/> Itemized Deductions from Form 2, Schedule III, line 34.	▶	42	3,950.		42
	43	Subtract line 42 from line 41 and enter the result here.	▶	43	16,176.		43
	44	Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,110 by the number of exemptions on line 6d and enter result here.	▶	44	2,110.		44
	45	Subtract line 44 from line 43 and enter the result here. This is your taxable income.	▶	45	14,066.		45
TAX NONREFUNDABLE CREDITS	46	Tax from the tax table in instructions or from Form 2, page 3. If line 45 is zero or less than zero, enter zero.	▶	46	491.	0.	46
	47	2% capital gains tax credit.	▶	47			47
	48	Subtract line 47 from line 46; and enter results here, but not less than zero. This is your resident tax after capital gains tax credit.	▶	48	491.		48
	48a	Non-resident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2, Schedule IV, line 21, but not less than zero.	▶	48a	26.		48a
	49	Tax on lump-sum distributions. Attach federal Form 4972.	▶	49			49
	50	Add lines 48 or 48a and 49 and enter the result here. This is your total tax.	▶	50	26.		50
	51	Enter the amount from Form 2, Schedule V, line 24, but do not enter an amount larger than the amount on line 50. This is your total nonrefundable credits.	▶	51			51
	52	Recapture tax(es) (see instructions). Code <input type="text"/> Code <input type="text"/>	▶	52			52
	53	Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. This is your 2009 tax liability.	▶	53	26.		53
REFUNDABLE CREDITS	54	Montana income tax withheld. Attach federal Form(s) W-2 and 1099.	▶	54	20.		54
	55	Montana mineral royalty tax withheld. Attach Form(s) 1099 and supporting schedule if any.	▶	55			55
	56	Montana pass through entity withholding. Attach Montana K-1 or Form PT-WH	▶	56			56
	57	2009 estimated tax payments and amount applied from your 2008 return.	▶	57			57
	58	2009 extension payments from Form EXT-09.	▶	58			58
	59	Refundable credits from Form 2, Schedule V, line 30.	▶	59			59
	60	If filing an amended return: Payments made with original return.	▶	60			60
	61	If filing an amended return: Previously issued refunds.	▶	61			61
	62	Add lines 54 through 60. Subtract line 61, enter the result here. This is your total payments.	▶	62	20.		62
	63	If line 53 is greater than line 62, subtract line 62 from line 53. This is your tax due.	▶	63	6.		63
	64	If line 62 is greater than line 53, subtract line 53 from line 62. This is your net tax overpaid.	▶	64			64
PENALTIES, INTEREST & CONTRIBUTIONS	65	Interest on underpayment of estimated taxes (see instructions).	▶	65			
	66	Late file penalty, late payment penalties and interest (see instructions).	▶	66			
	67	Other penalties (see instructions).	▶	67			
	68	Voluntary check-off contribution programs from Form 2, page 3.	▶	68			
	69	Add lines 65 through 68 and enter the result here. This is the sum of your total penalties, interest and contributions.	▶	69			
AMOUNT YOU OWE OR YOUR REFUND	70	If you have tax due (amount on line 63), add lines 63 and 69 OR, if you have a tax overpayment (amount on line 64) and it is less than line 69, subtract line 64 from line 69. Enter the result here. If married filing separately and there are amounts on lines 63 and 64, please see instructions. This is the amount you owe.	▶	70		6.	
	71	If you have a tax overpayment (amount on line 64) and it is greater than line 69, subtract line 69 from line 64 and enter the result here. This is your overpayment.	▶	71			
	72	Enter the amount on line 71 that you want applied to your 2010 estimated taxes.	▶	72			
	73	Subtract line 72 from line 71 and enter the amount here. This is your refund.	▶	73			

For Direct Deposit of your refund, complete 1, 2, 3, and 4. Please see instructions

RTN# ACCOUNT#

If using direct deposit, you are required to mark one box. Checking Savings

Is this refund going to an account that is located outside of the United States or its territories? Yes No

If applicable, check appropriate box. 2/3 farming gross income Estimated payments were made using the annualization method

Name, address and telephone number of paid preparer

Paid preparer's SSN, FEIN or PTIN:

Check this box and attach a copy of your federal Form 4868 to receive your Montana extension. Do not mail forms and instructions next year.

May the DOR discuss this return with your tax preparer? Yes No

Your signature is required X	Date	Daytime telephone number 802-540-0319	Spouse's signature X	Date
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I declare under penalty of false swearing that the information in this tax return and attachments is true, correct and complete.

Schedule IV: Nonresident/Part Year Resident Tax Enter on lines 1 through 15 your Montana source income that is included in Montana adjusted gross income on Form 2, lines 7 through 21 and line 38. File Schedule IV with your Montana Form 2.		Column A (for single, joint, separate, or head of household) ▼	Column B (for spouse, when filing separately using filing status 3a) ▼
1	Montana wages, salaries, tips, etc. included on Form 2, line 7. ▶	1 1,121.	1
2	Montana taxable interest included on Form 2, line 8a. ▶	2	2
3	Montana ordinary dividends included on Form 2, line 9a. ▶	3	3
4	Montana taxable refunds, credits, or offsets of state and local income taxes included on Form 2, line 10. ▶	4	4
5	Montana alimony received included on Form 2, line 11. ▶	5	5
6	Business income or (loss) included on Form 2, line 12. ▶	6	6
7	Capital gain or (loss) included on Form 2, line 13. ▶	7	7
8	Other gains or (losses) included on Form 2, line 14. ▶	8	8
9	Taxable IRA distribution included on Form 2, line 15b. ▶	9	9
10	Taxable pension and annuities included on Form 2, line 16b. ▶	10	10
11	Rental real estate, royalties, partnerships, S corporations, trust, etc. included on Form 2, line 17. ▶	11	11
12	Farm income or (loss) included on Form 2, line 18. ▶	12	12
13	Taxable social security benefits included on Form 2, line 20b. ▶	13	13
14	Other income included on Form 2, line 21. ▶	14	14
15	Montana source additions to income reported on Form 2, Schedule I. ▶	15	15
16	Add lines 1 through 15 and enter result here. This is your Montana source income. ▶	16 1,121.	16
17	Add your total federal income from Form 2, line 22 and your Montana additions to federal adjusted gross income from line 38 and enter the result here. Skip line 18 and go to line 19. (If you are a nonresident military service person and spouse, skip line 17 and go to line 18). This is your total income from all sources. ▶	17 21,457.	17
18	Nonresident military service persons and spouses only: Add from Form 2, lines 22 and 38, then subtract from this sum your exempt income reported on Form 2, Schedule II, line 9 and enter the result here. This is your total income from all sources. ▶	18	18
19	Divide the amount on line 16 by the amount on line 17 or line 18 (if you are a nonresident military service person and spouse) and enter the result here. Carry to 4 decimal places and do not enter more than 1.0000. ▶	19 0.0522	19 0.0000
20	Enter your resident tax after capital gains tax credit from Form 2, line 48. ▶	20 491.	20
21	Multiply the tax on line 20 by the percentage on line 19 and enter the result here and on Form 2, line 48a. This is your nonresident, part-year resident tax after capital gains tax credit. ▶	21 26.	21

How do I determine what qualifies as my Montana source income when I am a nonresident of Montana?

In general, as a nonresident of Montana your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

How do I determine my Montana source income when I am a part-year resident of Montana?

As a part-year resident you are considered a resident for part of the year and a nonresident for the other part of the year.

In general, for the part of the year that you are a nonresident your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

For the part of the year that you are a resident, all of your income that you receive, no matter where you earn it, is Montana source income.

Where can I find further information on what is my Montana source income?

For further information and a line-by-line description of what Montana source income is, refer to Form 2, Schedule IV instructions.

Worksheet V - Standard Deduction

If you are filing your Montana individual income tax return Form 2 using filing status 3a, "married filing separately on the same form," each spouse will need to complete his or her own column of the standard deduction worksheet.

		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
		▼	▼
1	Enter your Montana adjusted gross income from Form 2, line 41 here. ▶	1	20,126.
2	Multiply the amount on line 1 by 20% (0.20) and enter the result here. ▶	2	4,025.
3	Enter the amount below that corresponds to your filing status. ▶	3	3,950.
If your filing status is single or separately (Form 2 filing status 1, 3a, 3b, or 3c) enter \$3,950. This is your maximum standard deduction. If your filing status is joint or head of household (Form 2 filing status 2 or 4) enter \$7,900. This is your maximum standard deduction.			
4	Enter the amount from line 2 or line 3, whichever is smaller. ▶	4	3,950.
5	Enter the amount below that corresponds to your filing status. ▶	5	1,750.
If your filing status is single or separately (Form 2 filing status 1, 3a, 3b, or 3c) enter \$1,750. This is your minimum standard deduction. If your filing status is joint or head of household (Form 2 filing status 2 or 4) enter \$3,500. This is your minimum standard deduction.			
6	Enter here and on Form 2, line 42, the amount from lines 4 or 5, whichever is larger. This is your standard deduction. ▶	6	3,950.

Worksheet VI-A - Itemized Deduction Worksheet

		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
		▼	▼
1	Enter your total itemized deductions from Form 2, Schedule III, line 32 here. ▶	1	564.
2	Add lines 4, 5, 6, 7e, 17, 21, 22, 29 and 31 from Schedule III. Enter the result here. ▶	2	564.
3	Subtract line 2 from line 1 and enter the result here. If the result is zero, stop here, and enter the amount from line 1 above on Form 2, line 42. You do not have to complete this worksheet. ▶	3	
4	Multiply the amount on line 3 above by 80% (0.80) and enter the result here. ▶	4	
5	Enter your Montana adjusted gross income from Form 2, line 41 here. ▶	5	20,126.
6	Enter \$166,800 or \$83,400 if married filing separately. ▶	6	166,800.
7	Subtract line 6 from line 5. If the result is zero or less, stop here, and enter the amount from line 1 above on Form 2, line 42. You do not have to complete this worksheet. ▶	7	
8	Multiply line 7 by 3% (0.03) and enter the result here. ▶	8	
9	Enter the smaller of the amounts on line 4 or line 8 here. ▶	9	
10	Divide the amount on line 9 by 3 and enter the result here and on Form 2, Schedule III, line 33. This is the amount of your itemized deductions not allowed. ▶	10	

Worksheet VI-B - Qualified Mortgage Insurance Premiums Deduction

1	Enter the total premiums you paid in 2009 for qualified mortgage insurance for a contract issued after December 31, 2006. ▶	1	
2	Enter the amount from Form 2, line 37a. ▶	2	
3	Enter \$100,000. ▶	3	\$100,000
4	Is the amount on line 2 more than the amount on line 3? No ▶ <input type="checkbox"/> Your deduction is not limited. Enter the amount from line 1 above on Form 2, Schedule III, line 16. Yes ▶ <input type="checkbox"/> Subtract line 3 from line 2. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$2,025 to \$3,000; etc. Enter result here. ▶	4	
5	Divide line 4 by \$10,000. Enter the result as a decimal. If the result is 1.0 or more, enter 1.0. ▶	5	
6	Multiply line 1 by line 5. ▶	6	
7	Subtract line 6 from line 1. Enter the result here and on Form 2, Schedule III, line 16. This is your qualified mortgage insurance premiums deduction. ▶	7	