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Filing Status 2a Payment Schedule

If your filing status is 2a, you **must complete** this schedule **only if** there is an amount on page 1, line 26, **and** on page 1, line 27.

Under filing status 2a, your overpayment is applied to the amount owed by your spouse before you can claim the net overpayment on the Refund Schedule.

1 Enter the amount from line 26, tax due	1		00
2 Enter the amount from line 27, tax overpaid	2		00
3 Subtract line 2 from line 1, enter the result but not less than zero This is your net amount due.	3		00
4 Subtract line 1 from line 2, enter the result but not less than zero This is your net overpayment.	4		00

The amount on line 4 (above) must be entered on Refund Schedule, line 1 (below), and in the column of the spouse with an overpayment on page 1, line 27.

Refund Schedule

		A	B
1 Enter your overpayment from page 1, line 27 or from the Filing Status 2a Payment Schedule, line 4	1		00
2 Amount from line 1 you want applied to your 2022 estimated tax	2		00
3 Amount from line 1 you want deposited into a 529 or 529A account (See page 12)	3		00
4 Subtract lines 2 and 3 from line 1. This is your REFUND ►	4		00

If you are filing a return in Montana for the first time, direct deposit is not available. Stop here and sign your return below.

If the direct deposit option is available and you wish to use it, provide your bank account information, and sign your return below.

**Your
Direct
Deposit
Account**

RTN#

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 ACCT#

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

If this deposit is going to an account located outside of the United States or its territories, mark this box. ☐

REQUIRED**Signature, Paid Preparer, and Third-Party Designee**

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature is required. _____ Date

M	M	D	D	Y	Y	Y	Y
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 Spouse's signature _____ Date

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Taxpayer daytime phone number

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Paid preparer's signature _____ Preparer's PTIN

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 Firm's FEIN

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☐ Mark if paid preparer is also a Third-Party Designee.

Preparer daytime phone number

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☐ Mark the box if you want to allow another person (other than a paid preparer) to discuss this return with us.

Name _____ Phone number

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☐ **Farming business net operating loss carryback waiver.** Mark this box if you do not want to carry back your 2021 farming business net operating loss.

Amended Return Information

Mark the appropriate box.

- ☐ a NOL carryback
☐ b Federal audit
☐ c Amended federal return
☐ d Filing status
☐ e Other

In the table below, indicate the reasons for the changes you made to your Montana tax return.

Form or Schedule	Line or Box	Reason

