

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	<input type="text"/>	00
2 Enter the amount from line 27, tax overpaid	2	<input type="text"/>	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	<input type="text"/>	00
2 Amount from line 1 you want applied to your 2024 estimated tax	2	<input type="text"/>	00
3 Amount from line 1 you want deposited into a 529 or 529A account (See below)	3	<input type="text"/>	00
4 Subtract lines 2 and 3 from line 1. This is your REFUND ▶	4	<input type="text"/>	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.

Direct Deposit Information

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

RTN# ACCT#

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

529/529A deposit amount

529/529A Direct Deposit Information

2 Account Type 529 Qualified Tuition Program 529A Achieving a Better Life Experience 00

RTN# ACCT#

3 Account Type 529 Qualified Tuition Program 529A Achieving a Better Life Experience 00

RTN# ACCT#

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.

Taxpayer Signature _____ Date Phone

Spouse Signature _____ Date Phone

Paid Preparer
Signature _____ PTIN FEIN

Phone

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

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

Farming business net operating loss carryback waiver. Mark this box if you do not want to carry back your 2023 farming business net operating loss.

Amended Return Information

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

	Form or Schedule	Line or Box	Reason
<input type="checkbox"/> a NOL carryback			
<input type="checkbox"/> b Federal audit			
<input type="checkbox"/> c Amended federal return			
<input type="checkbox"/> d Filing status			
<input type="checkbox"/> e Other			



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