

For the year Jan 1 - Dec 31, 2006 or the tax year beginning , 2006, ending

Amended Return <input type="checkbox"/>	Your first name and initial Monte G.	Last name Reimann	Deceased <input type="checkbox"/>	Your social security number [REDACTED]
	Spouse's first name and initial	Last name	Deceased <input type="checkbox"/>	Spouse's social security number
Check the box above if this is an amended return.		Home address (number and street) 5300 57th Ave SW	City Great Falls	State MT
			Zip+4 59404	

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. 3c Married filing separately and spouse not filing.

Spouse's SSN [REDACTED] Spouse SSN _____

4 Head of household

Residency Status (check only one box)

5a Resident full year 5b Nonresident full year

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

5c Resident part-year

		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3c)
6a	<input checked="" type="checkbox"/> Yourself 65 or Over Blind Enter number checked	1	6a
6b	<input type="checkbox"/> Spouse 65 or Over Blind Enter number checked		6b
6c	Dependent's first name Last name SSN Relationship Disabled		
If additional dependents, see instructions.			6c
6d	Add lines 6a thru 6c and enter total exemptions here	1	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	0.	7
8a	Taxable interest. Attach federal Schedule B if required	8a	22.	8a
8b	Tax-exempt interest. Do not include on line 8a	8b		8b
9a	Ordinary dividends. Attach federal Schedule B if required	9a		9a
9b	Qualified dividends	9b		9b
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	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		15a
15b	Taxable amount	15b		15b
16a	Pensions & annuities	16a		16a
16b	Taxable amount	16b		16b
17	Rental real estate, royalties, partnerships, S corporations, trust. Attach federal Schedule E	17		17
18	Farm income or (loss). Attach federal Schedule F	18		18
19	Unemployment compensation	19		19
20a	Social security benefits	20a		20a
20b	Taxable amount	20b		20b
21	Other income. List type & amount debt cancelled by Fed. entity	21	4,675.	21
22	Add the amounts in the far right columns for lines 7 thru 21. This is your total income	22	4,697.	22
23	Archer MSA deduction. Attach federal Form 8853	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		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
32	IRA deduction	32		32
33	Student loan interest deduction	33	312.	33
34	Jury duty pay you gave to your employer	34		34
35	Domestic production activities deduction. Attach federal Form 8903	35		35
36	Add lines 23 thru 35 and enter the result here	36	312.	36
37	Subtract line 36 from line 22 and enter result here	37	4,385.	37
37a	Combine amounts on line 37 columns A and B and enter result here. This is your federal adjusted gross income	37a	4,385.	37a
38	Enter Montana additions to federal AGI from Form 2, page 3, Schedule I, line 17. Attach Form 2, page 3, Schedule I	38		38
39	Enter Montana subtractions from federal AGI from Form 2, page 4, Schedule II, line 34. Attach Form 2, page 4, Schedule II	39		39
40	Add lines 37 and 38, then subtract line 39. This is your Montana adjusted gross income	40	4,385.	40

Monte G. Reimann

T A X A B L E I N C O M E	41	Montana adjusted gross income from line 40	41	4,385.		41				
	Deductions		Check only one							
	42	(A) Standard Deduction (see Worksheet V)	(A) <input checked="" type="checkbox"/>							
	42	(B) Itemized Deductions from Form 2, Schedule III, line 32	(B) <input type="checkbox"/>	1,650.		42				
	43	Subtract line 42 from line 41 and enter the result here	43	2,735.		43				
T A X	Exemptions (all individuals are entitled to at least one exemption.)									
	44	Multiply \$1,980 by the number of exemptions on line 6d and enter result here	44	1,980.		44				
	45	Subtract line 44 from line 43 and enter the result here. If zero or less, enter zero. This is your taxable income	45	755.		45				
	46	Tax from the tax table in the instructions. If line 45 is zero, enter zero	46	0.		46				
	47	1% capital gains tax credit	47			47				
O T H E R T A X E S	48	Subtract line 47 from line 46 and enter the result here, but not less than zero. This is your resident tax after capital gains tax credit	48	0.		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			48a				
	49	Tax on lump-sum distributions. See instructions. 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	0.		50				
	51	Nonrefundable single-year credits from Form 2, Schedule V, line 13	51			51				
C R E D I T S	52	Nonrefundable carryover credits from Form 2, Schedule V, line 26	52			52				
	53	Add lines 51 and 52 and enter the result here but do not enter an amount larger than the amount on line 50. This is your total nonrefundable credits	53			53				
	54	Family education savings account recapture tax	54			54				
	55	Endowment credit recapture tax	55			55				
	56	Rural physician's credit recapture tax	56			56				
L I A B L E	57	Add lines 54 through 56 and enter result here. This is your total recapture tax	57			57				
	58	Add lines 50 and 57 and then subtract from this total the amount on line 53 and enter the result here. This is your 2006 tax liability	58	0.		58				
	59	Combine the amounts on line 58 columns A and B and enter the result here. This is your combined 2006 tax liability	59		0.	59				
R E F U N D A B L E	60	Montana income tax withheld. Attach federal Form(s) W-2 and 1099	60	4,923.		60				
	61	2006 estimated tax payments and amount applied from your 2005 return	61			61				
	62	2006 extension payments from Form EXT-06	62			62				
	63	Refundable credits from Form 2, Schedule V, line 31	63			63				
	64	Add lines 60 through 63 and enter the result here. This is your total payments, and refundable credits	64	4,923.		64				
P E N A L T I E S A N D C O N T R I B U T I O N S	65	Combine amounts on line 64 columns A and B. This is your combined payments and refundable credits	65		4,923.	65				
	66	Interest on underpayment of estimated taxes. (See instructions)	66			66				
	67	Late file, late pay penalties and interest. (See instructions and worksheet)	67			67				
	68	Other penalties. (See instructions)	68			68				
	69	Enter in boxes 69a through 69d your Voluntary Check-off Contributions.								
A M O U N T Y O W E	69 a	Nongame wildlife program	69 b	Child abuse prevention	69 c	Agriculture in schools	69 d	End-stage renal disease	Enter the sum of 69a through 69d here	69
	70	Add the amounts on line 59, 66, 67, 68, and 69 and enter the result here. This is the sum of your total tax, penalties, interest and contributions	70			0.	70			
R E F U N D	71	If line 70 is more than line 65, enter the difference here. This is the amount you owe. Make check payable to MONTANA DEPARTMENT OF REVENUE or visit our website at mt.gov/revenue to pay by credit card or E-check	71				71			
	72	If line 70 is less than line 65, enter the difference here	72	4,915.		72				
	73	Enter the amount on line 72 that you want applied to your 2007 estimated tax	73			73				
	74	Subtract line 73 from line 72 and enter the amount here. This is your refund	74	4,915.		74				
If you wish to use direct deposit, enter your RTN# and ACCT# below.		RTN	ACCT#	<input type="checkbox"/> checking	<input type="checkbox"/> savings					

If applicable, check appropriate box.

- 2/3rd farming gross income
- Annualized estimated payments
- Do not mail 2007 forms and instructions

Name, address and telephone number of preparer

Self-Prepared

SSN, FEIN or PTIN:

Check this box and attach a copy of your federal Form 4868 to receive your Montana extension.

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,' both spouses have to complete columns A and B of the standard deduction worksheet. If you are filing Montana Form 2M, you have to complete column A only.

	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 40 or Form 2M, line 35 here	1	1
2 Multiply the amount on line 1 by .20 (20%) and enter the result here	2	2
3 Enter here the amount below that corresponds to your filing status	3	3
If your filing status is single or separately (Form 2 filing status 1, 3a, 3b, or 3c or Form 2M filing status 1) enter \$3,710. This is your maximum standard deduction. If your filing status is joint or head of household (Form 2 filing status 2 or 4 or Form 2M filing status 2 or 3) enter \$7,420. This is your maximum standard deduction.		
4 Enter here the amount from line 2 or 3, whichever is smaller	4	4
5 Enter here the amount below that corresponds to your filing status	5	5
If your filing status is single or separately (Form 2 filing status 1, 3a, 3b, or 3c or Form 2M filing status 1) enter \$1,650. This is your minimum standard deduction. If your filing status is joint or head of household (Form 2 filing status 2 or 4 or Form 2M filing status 2 or 3) enter \$3,300. This is your minimum standard deduction.		
6 Enter here and on Form 2, line 42, or Form 2M, line 37 the amount from lines 4 or 5, whichever is larger. This is your standard deduction	6	6

Worksheet VI – 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 30 or Form 2M, Schedule I, line 28 here	1	1
2 Enter here the amount below that corresponds to the form you are filing	2	2
If you are filing Form 2, add lines 4, 5, 6, 7e, 15, 19, 20, 27 and 29 from Schedule III, and enter the result on line 2. If you are filing Form 2M, add lines 4, 5, 6, 7e, 14, 18, 19 and 26 from Schedule I, and enter the result on line 2.		
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 or Form 2M, line 37. You do not have to complete this worksheet	3	3
4 Multiply the amount on line 3 above by 0.80 (80%) and enter the result here	4	4
5 Enter your Montana adjusted gross income from Form 2, line 40 or Form 2M, line 35 here	5	5
6 Enter here \$150, 500 or \$75,250 if married filing separately	6	6
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 or Form 2M, line 37. You do not have to complete this worksheet	7	7
8 Multiply line 7 by 0.03 (3%) and enter the result here	8	8
9 Enter the smaller of the amounts on line 4 or line 8 here and on Form 2, Schedule III, line 31 or Form 2M, Schedule I, line 29. This is the amount of your itemized deductions not allowed	9	9

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
 Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

1 Type or print your first name and middle initial. Last name
 Monte G. Reimann

2 Social security number (SSN)
 [REDACTED]

3 Address
 [REDACTED] Great Falls, MT, 59404

4 Enter year in space provided and check one box. For the tax year ending December 31, 2006.
 I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
hardly notify the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
 St. Patrick Hospital, 500 West Broadway, Missoula, Montana, 59802

6 Employer's or payer's identification number (if known)
 810231703

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	g State income tax withheld	2809
b Social security wages	0	(Name of state)	Montana
c Medicare wages and tips	0	h Local income tax withheld	0
d Advance EIC payment	0	(Name of locality)	
e Social security tips	0	i Social security tax withheld	3142
f Federal income tax withheld	8680	j Medicare tax withheld	736

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	
d Total distribution	<input type="checkbox"/>	i Employee contributions	
e Capital gain (included in 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
 records provided by the payer listed on line (5)

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
 None

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
 ▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

1 Type or print your first name and middle initial. Last name
 Monte G. Reimann

2 Social security number (SSN)
 [REDACTED]

3 Address
 [REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2006,
 I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
never notify the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
 Benefits Healthcare, 1101 26th St. South, Great Falls, Montana, 59405

6 Employer's or payer's identification number (if known)
 51-0232122

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	g State income tax withheld	2314
b Social security wages	0	(Name of state)	Montana
c Medicare wages and tips	0	h Local income tax withheld	0
d Advance EIC payment	0	(Name of locality)	
e Social security tips	0	i Social security tax withheld	2839
f Federal income tax withheld	7452	j Medicare tax withheld	884

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	
d Total distribution	<input type="checkbox"/>	i Employee contributions	
e Capital gain (included in 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
 records provided by the payer listed on line (5)

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
 None

Monte G. Reimann

Great Falls, MT. 59404

May 13, 2007

Montana Dept. of Revenue
P.O. Box 6577
Helena, MT. 59604-6577

Re: 2006 State Tax Return

Dear Sir/Madam:

Please find enclosed the original filing of my 2006 1040 return. Please note that I have enclosed several attached 4852 corrected W-2 form properly documented, due to the fact that my company provided a W-2 which erroneously alleged payments of Internal Revenue Code Sections 3121 & 3401 wages that are hereby disputed.

They have listed payments as "wages" as defined in the Internal Revenue Code Sections 3401(a) and 3121(a). I am rebutting their claim, stating that I am a private-sector citizen (non-federal employee) employed by a private-sector company [non-federal entity] as defined in 3401(c)(d). I am not employed in a "trade or business" nor am I an "officer of a Federal Corporation". The amounts listed as withheld on the W-2 are correct, however.

I expect a full and a complete refund within 30 days on my 2006 state return as dictated in the Montana State Revenue Code.

Sincerely,

Witnessed and mailed by:

Monte G. Reimann
Private Sector worker

Ron Claver
Great Falls, MT.