

CLIENT 2053

**RUNYAN & ASSOCIATES, PC**  
**2040 N 22ND AVE STE 1**  
**BOZEMAN, MT 59718**  
**(406) 582-0047**

October 6, 2021

Eric Daley  
13824 LONG SHADOW DRIVE  
MANOR, TX 78653

Dear Eric,

Your 2020 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2020 Montana Individual Income Tax Return will be electronically filed with the State of Montana. There is a balance due of \$6.

Mail your Montana Form IT payment coupon on or before October 15, 2021 and make the check payable to:

DEPARTMENT OF REVENUE  
P.O. BOX 6309  
HELENA, MT 59604-6309

Please be sure to call if you have any questions.

Sincerely,

Runyan and Associates

CLIENT 2053

ERIC DALEY

467-51-0575

10/06/21

3:47 PM

	2020	2019	DIFF
<b>INCOME</b>			
WAGES, SALARIES, TIPS, ETC.....	0	103,805	-103,805
INTEREST INCOME.....	5,302	8,028	-2,726
DIVIDEND INCOME.....	1,453	522	931
CAPITAL GAIN OR LOSS.....	-1,500	-3,000	1,500
TOTAL INCOME.....	5,255	109,355	-104,100
<b>ADJUSTMENTS TO INCOME</b>			
TOTAL ADJUSTMENTS.....	0	0	0
ADJUSTED GROSS INCOME.....	5,255	109,355	-104,100
<b>ITEMIZED DEDUCTIONS</b>			
TAXES.....	1,222	8,205	-6,983
TOTAL ITEMIZED DEDUCTIONS.....	1,222	8,205	-6,983
<b>TAX COMPUTATION</b>			
STANDARD DEDUCTION.....	12,400	24,400	-12,000
LARGER OF ITEMIZED OR STANDARD DEDUCTION	12,400	24,400	-12,000
TAXABLE INCOME.....	-7,145	84,955	-92,100
TAX BEFORE CREDITS.....	0	10,381	-10,381
<b>CREDITS</b>			
TOTAL CREDITS.....	0	0	0
TAX AFTER CREDITS.....	0	10,381	-10,381
<b>OTHER TAXES</b>			
TOTAL TAX.....	0	10,381	-10,381
<b>PAYMENTS</b>			
FEDERAL INCOME TAX WITHHELD.....	0	11,941	-11,941
TOTAL PAYMENTS.....	0	11,941	-11,941
<b>REFUND OR AMOUNT DUE</b>			
AMOUNT OVERPAID.....	0	1,560	-1,560
AMOUNT REFUNDED TO YOU.....	0	1,560	-1,560
AMOUNT YOU OWE.....	0	0	0
<b>TAX RATES</b>			
MARGINAL TAX RATE.....	0.0%	22.0%	-22.0%
EFFECTIVE TAX RATE.....	0.0%	12.2%	-12.2%

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CLIENT 2053

ERIC DALEY

467-51-0575

10/06/21

3:47 PM

	2020	2019	DIFF
<b>FEDERAL ADJUSTED GROSS INCOME</b>			
FEDERAL ADJUSTED GROSS INCOME .....	5,255	110,855	-105,600
<b>ADDITIONS TO INCOME</b>			
MONTANA INCOME BEFORE SUBTRACTIONS.....	5,255	110,855	-105,600
<b>SUBTRACTIONS FROM INCOME</b>			
MONTANA ADJUSTED GROSS INCOME .....	5,255	110,855	-105,600
<b>DEDUCTIONS</b>			
STANDARD DEDUCTION.....	2,130	0	2,130
ITEMIZED DEDUCTIONS.....	0	5,000	-5,000
EXEMPTIONS.....	2,560	2,510	50
MONTANA TAXABLE INCOME.....	565	103,345	-102,780
<b>TAXES AND CREDITS</b>			
TAX LIABILITY BEFORE CREDITS.....	6	6,544	-6,538
TOTAL NONREFUNDABLE CREDITS.....	0	6,128	-6,128
TOTAL TAX AFTER NONREFUNDABLE CREDITS...	6	416	-410
<b>REFUND OR AMOUNT DUE</b>			
TAX MINUS PAYMENTS AND OFFSETS.....	6	416	-410
AMOUNT YOU OWE.....	6	416	-410
<b>TAX RATES</b>			
MARGINAL TAX RATE.....	1.0%	6.9%	-5.9%
EFFECTIVE TAX RATE.....	1.1%	0.4%	0.7%

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### IRS e-file Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>ERIC DALEY</b>	Social security number <b>467-51-0575</b>
Spouse's name	Spouse's social security number

#### Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	5,255.
2 Total tax	2	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4 Amount you want refunded to you	4	
5 Amount you owe	5	

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

##### Taxpayer's PIN: check one box only

I authorize RUNYAN & ASSOCIATES, PC to enter or generate my PIN 02053 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

##### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

#### Practitioner PIN Method Returns Only – continue below

#### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 81047011111  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

Form **8453****U.S. Individual Income Tax Transmittal for an IRS e-file Return**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

For the year January 1–December 31, 2020

▶ See instructions.

▶ Go to [www.irs.gov/Form8453](http://www.irs.gov/Form8453) for the latest information.**2020**

Please print or type.	Your first name and initial	Last name	Your social security number
	ERIC DALEY		467-51-0575
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Please print or type.	Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
	13824 LONG SHADOW DRIVE		
	City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.)		
	MANOR	TX	78653
	Foreign country name	Foreign province/state/county	Foreign postal code

**▲ Important! ▲**  
You **must** enter  
your SSN(s) above.

**FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE  
OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.**

**Check the applicable box(es) to identify the attachments.**

- Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- Form 3115, Application for Change in Accounting Method
- Form 3468 - attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2 – Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- Form 4136 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- Form 5713, International Boycott Report
- Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement that went into effect after 1984 and before 2009) (see instructions)
- Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
- Form 8864 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- Form 8885, Health Coverage Tax Credit, and all required attachments
- Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

**DON'T SIGN THIS FORM.**

**BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see your tax return instructions.**

Form **8453** (2020)

MAIL FORM 8453 AND ATTACHMENTS TO:  
INTERNAL REVENUE SERVICE  
ATTN: SHIPPING AND RECEIVING, 0254  
RECEIPT AND CONTROL BRANCH  
AUSTIN, TX 73344-0254

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▼ DETACH HERE ▼

Form **4868**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Application for Automatic Extension of Time  
 To File U.S. Individual Income Tax Return**

1030  
 FDIA4601L 10/14/20

For calendar year 2020, or other tax year beginning , 2020, ending ,

**2020**

Part I Identification	Part II Individual Income Tax
<p>1             ERIC DALEY            RUNYAN &amp; ASSOCIATES, PC            2040 N 22ND AVE STE 1            BOZEMAN, MT 59718</p>	<p>4 Estimate of total tax liability for 2020 .. \$ <input type="text"/> .</p> <p>5 Total 2020 payments ..... <input type="text"/> .</p> <p>6 <b>Balance due.</b> Subtract line 5 from line 4.            See instructions..... <input type="text"/> .</p> <p>7 Amount you're paying            (see instructions)..... <input type="text"/> .</p>
<p>2            467-51-0575</p>	<p>8 Check here if you're "out of the country" and a U.S.            citizen or resident. See instructions..... <input type="checkbox"/></p> <p>9 Check here if you file Form 1040-NR and didn't receive            wages as an employee subject to U.S. income tax            withholding..... <input type="checkbox"/></p>

467510575 IL DALE 30 0 202012 670

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶ **AGATA GRUZA**

Your first name and middle initial <b>ERIC DALEY</b>	Last name	Your social security number <b>467-51-0575</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number <b>045-08-7728</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>13824 LONG SHADOW DRIVE</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code <b>MANOR, TX 78653</b>		
Foreign country name	Foreign province/state/county	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

**Dependents (see instructions):**

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):
					Child tax credit
					Credit for other dependents

	1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	
Attach Sch. B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b	5,302.
	3a Qualified dividends	3a	b Ordinary dividends	3b	1,453.
	4a IRA distributions	4a	b Taxable amount	4b	
	5a Pensions and annuities	5a	b Taxable amount	5b	
	6a Social security benefits	6a	b Taxable amount	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	-1,500.
	8 Other income from Schedule 1, line 9			8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> .			9	5,255.
<b>Standard Deduction for —</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:				
	a From Schedule 1, line 22	10a			
	b Charitable contributions if you take the standard deduction. See instructions	10b			
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> .			10c	
	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> .			11	5,255.
	12 <b>Standard deduction or itemized deductions</b> (from Schedule A)			12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
	14 Add lines 12 and 13			14	12,400.
	15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-			15	0.

<b>16</b> Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		<b>16</b>	0.
<b>17</b> Amount from Schedule 2, line 3		<b>17</b>	
<b>18</b> Add lines 16 and 17		<b>18</b>	0.
<b>19</b> Child tax credit or credit for other dependents		<b>19</b>	
<b>20</b> Amount from Schedule 3, line 7		<b>20</b>	
<b>21</b> Add lines 19 and 20		<b>21</b>	0.
<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-		<b>22</b>	0.
<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 10		<b>23</b>	
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>		<b>24</b>	0.
<b>25</b> Federal income tax withheld from :			
<b>a</b> Form(s) W-2	<b>25a</b>		
<b>b</b> Form(s) 1099	<b>25b</b>		
<b>c</b> Other forms (see instructions)	<b>25c</b>		
<b>d</b> Add lines 25a through 25c	<b>25d</b>		
<b>26</b> 2020 estimated tax payments and amount applied from 2019 return		<b>26</b>	
<b>27</b> Earned income credit (EIC)	<b>27</b>		
<b>28</b> Additional child tax credit. Attach Schedule 8812	<b>28</b>		
<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>		
<b>30</b> Recovery rebate credit. See instructions	<b>30</b>		
<b>31</b> Amount from Schedule 3, line 13	<b>31</b>		
<b>32</b> Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>		<b>32</b>	
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>		<b>33</b>	0.
<b>Refund</b> <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>		<b>34</b>	
<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>		<b>35a</b>	
▶ <b>b</b> Routing number <input type="text"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
▶ <b>d</b> Account number <input type="text"/>			
<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>		
<b>Amount You Owe</b> <b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b>		<b>37</b>	0.
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>		

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

Direct deposit? See instructions.

**Amount You Owe**

For details on how to pay, see instructions.

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS ? See instructions  **Yes**. Complete below.  **No**

Designee's name ▶ **JIM RUNYAN** Phone no. ▶ **406-582-0047** Personal identification number (PIN) ▶ **11111**

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
▶		<b>RESTAURANT OWNER</b>	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. **(406) 587-2693** Email address

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
<b>JIM RUNYAN</b>		<b>10/06/21</b>	<b>P01433201</b>	<input checked="" type="checkbox"/> Self-employed
Firm's name ▶ <b>RUNYAN &amp; ASSOCIATES, PC</b>			Phone no. <b>(406) 582-0047</b>	
Firm's address ▶ <b>2040 N 22ND AVE STE 1 BOZEMAN, MT 59718</b>			Firm's EIN ▶ <b>20-3008505</b>	



**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **08**

Name(s) shown on return

ERIC DALEY

Your social security number

467-51-0575

**Part I**

**Interest**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

AMERITRADE  
DALEY VENTURES, INC

Amount	
	7.
	5,295.

2 Add the amounts on line 1..... 2

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815..... 3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b... ► 4

**Note:** If line 4 is over \$1,500, you must complete Part III.

1	
2	5,302.
3	
4	5,302.

**Part II**

**Ordinary Dividends**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ►

AMERITRADE

Amount	
	1,453.

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b... ► 6

**Note:** If line 6 is over \$1,500, you must complete Part III.

5	
6	1,453.

**Part III**

**Foreign Accounts and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.....

If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.....

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

8 During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.....

Yes	No
	X
	X

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**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Name(s) shown on return

ERIC DALEY

Your social security number

467-51-0575

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....	538,122.	468,944.	12,516.	81,694.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....	75,155.	83,371.	7,920.	-296.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>6</b> -228,989.
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back .....				<b>7</b> -147,591.

**Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....	4,487.	2,742.		1,745.
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....	242,634.	146,551.	-94,900.	1,183.
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>11</b> 12,912.
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>12</b>
<b>13</b> Capital gain distributions. See the instrs. ....				<b>13</b> 903.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>14</b>
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back .....				<b>15</b> 16,743.

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result. ....</p>	<p><b>16</b></p>	<p>-130,848.</p>
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p>		
<p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet. ....</p>	<p><b>18</b></p>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet. ....</p>	<p><b>19</b></p>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank and are you not filing Form 4952?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p>		
<ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<p><b>21</b></p>	<p>-1,500.</p>
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

ERIC DALEY

SSN or taxpayer identification number

467-51-0575

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AMERITRADE SHORT TERM COVERED		- SEE ATTACHED STATEMENT	538,122.	468,944.	MW	12,516.	81,694.
<b>2</b>	<b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).			538,122.	468,944.		12,516.	81,694.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.





Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

ERIC DALEY

467-51-0575

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row 1: DALEY VENTURES, INC, S, 26-1963994, X.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Includes totals and summary lines 29a-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals and summary lines 34a-37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary line 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Lines 40-43.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return <b>ERIC DALEY</b>	Identifying number <b>467-51-0575</b>
--	--

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. ....	<b>1</b>	
---	----------	--

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft – Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	FROM K-1						12,912.

3 Gain, if any, from Form 4684, line 39. ....	<b>3</b>	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. ....	<b>4</b>	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824. ....	<b>5</b>	
6 Gain, if any, from line 32, from other than casualty or theft. ....	<b>6</b>	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: ....	<b>7</b>	12,912.

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions. ....	<b>8</b>	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions. ....	<b>9</b>	

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							

11 Loss, if any, from line 7. ....	<b>11</b>	
12 Gain, if any, from line 7 or amount from line 8, if applicable. ....	<b>12</b>	
13 Gain, if any, from line 31. ....	<b>13</b>	
14 Net gain or (loss) from Form 4684, lines 31 and 38a. ....	<b>14</b>	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36. ....	<b>15</b>	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. ....	<b>16</b>	
17 Combine lines 10 through 16. ....	<b>17</b>	
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions. ....	<b>18a</b>	
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4. ....	<b>18b</b>	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**



**Qualified Business Income Deduction  
Simplified Computation**

**2020**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment  
Sequence No. **55**

▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**

Name(s) shown on return

**ERIC DALEY**

Your taxpayer identification number

**467-51-0575**

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	DALEY VENTURES, INC	26-1963994	0.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . . . .	2	0.	
3	Qualified business net (loss) carryforward from the prior year. . . . .	3	0.	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . . . .	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .	5		0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .	6	574.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year. . . . .	7	0.	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- . . . . .	8	574.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .	9		115.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . . .	10		115.
11	Taxable income before qualified business income deduction . . . . .	11	0.	
12	Net capital gain (see instructions) . . . . .	12	566.	
13	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	13	0.	
14	Income limitation. Multiply line 13 by 20% (0.20) . . . . .	14		0.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return. . . . . ▶	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . . .	16		0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .	17		0.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8995** (2020)

**STATEMENT 1**  
**SCHEDULE E, LINE 31**  
**BASIS LIMITATION**  
**ACTIVITY NAME: DALEY VENTURES, INC**

STOCK BASIS AT BEGINNING OF YEAR	10,192.
ADDITIONAL AMOUNTS INVESTED IN CURRENT YEAR	
CURRENT YEAR DISTRIBUTIONS	-18,207.
OTHER TAX-EXEMPT INCOME	
CURRENT YEAR INCOME FROM S CORPORATION	18,207.
LESS INCOME USED TO RESTORE DEBT BASIS	
STOCK BASIS USED FOR BASIS LIMITATION	10,192.
LOSS ALLOWED BY BASIS LIMITATION	0.
STOCK BASIS AT END OF YEAR	10,192.

PRINCIPAL AMOUNT OF DEBT S CORP OWES TO SHAREHOLDER AT BEGINNING OF YEAR

DEBT BASIS	0.
INCOME USED TO RESTORE DEBT BASIS	
LOANS MADE TO S CORP DURING THE YEAR	
LOAN REPAYMENTS	
DEBT BASIS USED FOR BASIS LIMITATION	0.
LOSS ALLOWED BY BASIS LIMITATION	0.
DEBT BASIS AT END OF YEAR	0.

PRINCIPAL AMOUNT OF DEBT S CORP OWES TO SHAREHOLDER AT END OF YEAR

<u>LOSSES/DEDUCTIONS/EXPENSES</u>	CURRENT YEAR LOSS OR DEDUCTION	PRIOR YEAR UNALLOWED BASIS LOSS	REGULAR TAX AMOUNT ALLOWED BY BASIS	REGULAR TAX BASIS CARRYOVER
TOTALS	0.	0.	0.	0.

ALTERNATIVE MINIMUM TAX

AMT BEGINNING BASIS	10,185.
AMT INCOME	18,207.
CURRENT YEAR ADJUSTMENTS TO AMT BASIS	-18,207.
AMT BASIS USED FOR LIMITATION	10,185.
LOSS ALLOWED BY AMT BASIS	
AMT FINAL BASIS	10,185.

<u>AMT LOSSES/DEDUCTIONS/EXPENSES</u>	AMT AMOUNT ALLOWED BY BASIS	AMT BASIS CARRYOVER
TOTALS	0.	0.

# Montana Individual Income Tax Payment Instructions

## Pay Online

### Transaction Portal (TAP)

Visit [TAP.DOR.MT.gov](http://TAP.DOR.MT.gov) to quickly and easily pay for e-filed or paper-filed returns by e-check (for free) or by credit/debit card (for a small fee).

See more payment options at [MTRevenue.gov](http://MTRevenue.gov).

## Pay by Check

### Help us apply your payment accurately!

- Fill out the voucher below.
  - Choose one payment type. For an extension-related payment, mark the "Tax due with return" box.
  - Identify the tax year end date.
  - Provide your full Social Security Number (SSN).  
If you are married, provide the primary filer's SSN.
- If you are paying for multiple tax periods, use separate vouchers for each tax period and specify the amount you want applied to each period.
- Do not staple or tape the voucher to your check or tax return.
- Make your check payable to Montana Department of Revenue.
- Write your SSN and tax year in the memo line of your check.
- Detach the voucher below and mail it with your check (and tax return, if applicable) to:  
Montana Department of Revenue  
PO Box 6309  
Helena, MT 59604-6309

MAKE YOUR CHECK PAYABLE TO MONTANA DEPARTMENT OF REVENUE  
MAIL FORM IT PAYMENTS TO:  
DEPARTMENT OF REVENUE  
P.O. BOX 6309  
HELENA, MT 59604-6309

INCLUDE YOUR SSN AND TAX YEAR ON THE CHECK

**Payments of \$500,000 or more must be made electronically.**

----- Cut-line -----

**Form-IT**  
V1 08/2020

## Montana Individual Income Tax Payment Voucher

Help us apply your payment.

- Send this voucher with your check
- Write your ID and tax year on the check memo line

X 1 Tax due with  
return

Name ERIC DALEY  
Phone 406 587 2693

2 Estimated  
payment



4 Period Ending Date 12312020

5 SSN 467510575

3 Payment  
with  
amended  
return

Department of Revenue  
PO Box 6309  
Helena, MT 59604-6309

6 Amount Paid 6 00

**Pay online at [MTRevenue.gov](http://MTRevenue.gov).**

# Montana Individual Income Tax Payment Instructions

## Pay Online

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  - Identify the tax year end date.
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Montana Department of Revenue  
PO Box 6309  
Helena, MT 59604-6309

MAKE YOUR CHECK PAYABLE TO MONTANA DEPARTMENT OF REVENUE  
DETACH THE VOUCHER BELOW AND MAIL IT WITH YOUR CHECK TO:  
DEPARTMENT OF REVENUE  
P.O. BOX 6309  
HELENA, MT 59604-6309

INCLUDE YOUR SSN AND TAX YEAR ON THE CHECK

**Payments of \$500,000 or more must be made electronically.**

----- Cut-line -----

**Form-IT**  
V1 08/2020

## Montana Individual Income Tax Payment Voucher

Help us apply your payment.

- Send this voucher with your check
- Write your ID and tax year on the check memo line

X 1 Tax due with  
return

Name ERIC DALEY  
Phone 406 587 2693

2 Estimated  
payment



\*13AL01IN\*

4 Period Ending Date

12 31 2020

5 SSN

467510575

3 Payment  
with  
amended  
return

Department of Revenue  
PO Box 6309  
Helena, MT 59604-6309

6 Amount Paid

6 00

**Pay online at [MTRevenue.gov](http://MTRevenue.gov).**

# 2020 Montana Individual Income Tax Return

For the year Jan 1 - Dec 31, 2020, or the tax year beginning

and ending

First name and initial  
ERIC  
Last name  
DALEY

Social Security Number  
467510575  
Deceased? Date of death

Mark if this is Spouse's first name and initial Last name

Spouse's Social Security Number Deceased? Date of death

an amended

return. Current mailing address City State ZIP Code + 4  
(See page 2) 13824 LONG SHADOW DRIVE MANOR TX 78653

1 Single 3 Head of household 4 Married filing jointly Residency Status X 1 Resident full-year North Dakota reciprocity  
2a Married filing separately on the same form Mark only one box. 2 Nonresident full-year  
X 2b Married filing separately on separate forms If using 2b or 2c, enter your spouse's SSN below. 3 Resident part-year (See instructions)  
2c Married filing separately and spouse not filing 045087728

Filing Status  
First name Last name Social Security Number Relationship Mark if disabled

Dependents  
a X Yourself 65 or older Blind SEE STM 1 Enter number marked a Column A 1 Column B (for spouse when filing separately using filing status 2a)  
b Spouse 65 or older Blind Enter number marked b

Exemptions  
c Enter the total number of dependents. If more than 3 dependents, see instructions. c  
d Add lines a through c. This is your total number of exemptions. d 1

Federal Income  
1 Wages, salaries, tips, etc. Include federal Form(s) W-2 1 00 00  
2a Tax-exempt interest 2a 00 00 2b Taxable interest 2b 5302 00 00  
3a Qualified dividends 3a 566 00 00 3b Ordinary dividends 3b 1453 00 00  
4a IRA distributions 4a 00 00 4b Taxable amount 4b 00 00  
5a Pensions and annuities 5a 00 00 5b Taxable amount 5b 00 00  
6a Social Security benefits 6a 00 00 6b Taxable amount 6b 00 00

7 Capital gain or (loss). Attach Schedule D if required. If not required, mark here 7 -1500 00 00  
8 Other income from Schedule 1, line 9 (See page 3) 8 00 00  
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income. 9 5255 00 00

10 Adjustments to income  
10a From Schedule 1, line 22 (See page 3) 10a 00 00

10b Charitable contributions if taking the federal standard deduction 10b 00 00

10c Add lines 10a and 10b. These are your total federal adjustments to Income. 10c 00 00  
11 Subtract line 10c from line 9. This is your Federal Adjusted Gross Income. 11 5255 00 00

12 Montana additions (See page 4) 12 00 00  
13 Montana subtractions (See page 5) 13 00 00

14 Montana Adjusted Gross Income. Add lines 11 and 12, then subtract line 13. 14 5255 00 00  
15 Standard or itemized deductions. Mark this box and include page 7 if you elect to itemize. 15 2130 00 00

16 Exemptions. Multiply \$2,560 by your total number of exemptions. 16 2560 00 00  
17 Taxable income. Subtract lines 15 and 16 from line 14. If zero or less, enter 0. 17 565 00 00

18 Tax liability before credits (See instructions) 18 6 00 0 00  
19 Nonrefundable credits (See page 9.) Do not enter an amount larger than line 18. 19 0 00 00

20 Tax after nonrefundable credits. Subtract line 19 from line 18. 20 6 00 00  
21 Montana tax withheld on Forms W-2 and 1099 21 00 00

22 Other payments and refundable credits (See page 11) 22 00 00  
23a Earned Income Tax Credit Enter your federal EITC 23a 00

23b Multiply line 23a by 3% (0.03) and enter the result (Status 2a filers: See instructions) 23b 00 00  
24 Contributions, penalties, and interest (See page 11) 24 00 00

25 Total payments. Add lines 21, 22, and 23b, then subtract line 24. 25 00 00  
26 If line 25 is less than line 20, subtract line 25 from line 20. This is your TAX DUE 26 6 00 0 00

Pay online at TAP.DOR.MT.gov or make checks payable to Montana Department of Revenue

27 If line 25 is more than line 20, subtract line 20 from line 25. This is your TAX OVERPAID 27 0 00 0 00

IN

Go to Page 2 to complete your return and claim any refund.

MTIA0112L 12/09/20

Office Use Only  
Date Received

RUNYAN ASSOCIATES PC  
2040 N 22ND AVE STE 1  
BOZEMAN MT 59718  
406 582 0047



\*20CE01IN\*

**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, <b>tax due</b>	1	00	
2	Enter the amount from line 27, <b>tax overpaid</b>	2	00	
3	Subtract line 2 from line 1, enter the result but not less than zero	<b>This is your net amount due.</b>	3	00
4	Subtract line 1 from line 2, enter the result but not less than zero	<b>This is your net overpayment.</b>	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 Status 2a Payment Schedule, line 4	1	00	00	
2	Amount from line 1 you want applied to your 2021 estimated tax	2	00	00	
3	Amount from line 1 you want deposited into a 529 or 529A account (See page 12)	3	00	00	
4	Subtract lines 2 and 3 from line 1.	<b>This is your REFUND ▶</b>	4	00	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# ACCT#  
 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 \_\_\_\_\_ Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_ Taxpayer daytime phone number 406 587 2693

Paid preparer's signature

\_\_\_\_\_ Preparer's PTIN Firm's FEIN  
 P01433201 20-3008505 X Mark if paid preparer is also a Third-Party Designee.  
 Preparer daytime phone number 406 582 0047

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

Name JIM RUNYAN Phone number 406 582 0047

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



\*20CE02IN\*

2020

MONTANA STATEMENTS

PAGE 1

CLIENT 2053

ERIC DALEY

467-51-0575

10/06/21

03:48PM

STATEMENT 1  
FORM 2, MFS FILING STATUS  
SPOUSE INFORMATION

AGATA GRUZA 045-08-7728

client copy