



# 2024 Montana Adoption Tax Credit

Form ADPT  
V1 7/2024

First Name and Initial	Last Name	Social Security Number
Spouse's First Name and Initial	Spouse's Last Name	Social Security Number

## Part I. Information about your eligible child(ren)

	First Name	Last Name	Date of Birth (MM/DD/YYYY)	Place of Birth (City, State or Foreign Country)	Social Security Number	If over age 18, incapable of self-care.
Child 1						<input type="checkbox"/>
Child 2						<input type="checkbox"/>
Child 3						<input type="checkbox"/>

## Part II. Credit Information

	Adoption Credit Amount (See instructions)	Date Adoption was finalized (MM/DD/YYYY)	Agent Assisted Adoption		
Child 1					
Child 2					
Child 3					
Total		Report this amount on Montana Form 2, Schedule III, line 15			

## Part III. Agent Information

Agent Name

Agency Name

Phone

Email

Assisted with adoption of: Child 1  Child 2  Child 3

# Form ADPT Instructions

## Purpose of Form

Use Form ADPT to claim the Montana Adoption Credit. You must include this form with your Montana income tax return to claim this credit.

Only one credit is allowed per eligible child. The credit is only available to Montana residents and must be claimed in the tax year the adoption is finalized. It is equal to \$5,000 per adoption of an eligible child, or \$7,500 per adoption of an eligible child from the Montana foster care system.

An eligible child is anyone under the age of 18 or a person who is physically or mentally incapable of providing self-care.

A qualifying foster care adoption is one involving a child who was in foster care under the custody of the state of Montana at the time of adoption. The Department of Health and Human Services (DPHHS) will have issued to you a letter certifying the foster care adoption. Attach a copy of this certification letter to your return.

## Instructions

### Part I. Information About Your Eligible Child(ren)

Enter each adopted child's name and date of birth, along with their Social Security Number (if known) in the fields provided. Enter the child's place of birth in the field provided as: City and State, if born in the United States; or the foreign country, if born outside the U.S.

If the child was age 18 or older and incapable of self-care at the time of adoption, mark the associated checkbox.

## Part II. Credit Information

For each child listed in Part I, indicate the amount of adoption credit being claimed. The Montana Adoption Credit is equal to \$7,500 for a qualifying foster care adoption, or \$5,000 for any other type of adoption.

Calculate the total credit being claimed and report the amount on your Montana Form 2, Schedule III, line 15.

Enter the date when each adoption was finalized.

If the adoption of any child listed in Part I was assisted by an adoption agent or agency, please indicate so by selecting the associated checkbox and complete Part III.

If the adoption was not a qualifying foster care adoption, include the court documents confirming the adoption was finalized with the submission of Form ADPT. If the adoption was a qualifying foster care adoption, include the letter certifying the foster care adoption from DPHHS.

## Part III. Agent Information

For each adoption agent or agency used, enter the agent's or agency's name in the appropriate field. If more than one agent or agency was used, please complete a separate form for each.

Verify with which child's adoption the agent assisted by selecting the corresponding checkbox(es).

**Questions?** Call us at (406) 444-6900 or Montana Relay at 711 for the hearing impaired.