



2008 Medical Care Savings Account

Penalty Calculation
For Self-Administered Individual Accounts
15-61-201, MCA

| Та | xpayer Information |
|----------|---|
| Yo | ur nameSocial Security Number |
| Ac | count Information |
| Yo | ur medical care savings account number |
| Fir | nancial institution where your account is held |
| Ma | ailing address of your financial institution |
| | |
| | |
| Fo ac | you have a medical care savings account, you have to file your Montana income tax return using orm 2 or Form 2M. All non-qualifying withdrawals from your self-administered medical care savings count (MSA) have to be included as income on Form 2, Schedule I, line 7, or Form 2M, line 25. You made withdrawals from a self-administered MSA that were not used to pay for your qualifying edical expenses, including withdrawals that you made on the last business day of the tax year, you |
| wil | Il have to complete the worksheet below. Non-qualifying withdrawals, other than those made on the st business day of the tax year, are subject to a 10% penalty. |
| 1. | Enter the total from column E of your Montana Form MSA. This amount also has to be reported on Form 2, Schedule I, line 7, or Form 2M, line 25 |
| 2. | Enter withdrawals that you included in column E of your Form MSA that were made on the last business day in December 2008 |
| 3. | Subtract the amount on line 2 from the amount on line 1 and enter the result3. |
| 4. | Multiply the amount on line 3 by 10% (0.10). This is your penalty. Enter this amount on Form 2, line 66 or Form 2M, line 59, and write "MSA" in the space |

If you have questions, please call us toll free at (866) 859-2254 (in Helena, 444-6900).

When you file your Montana income tax return electronically, you represent that you have retained all documents required as a tax record and that you will provide a copy to the department upon request.

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