

Medical Care Savings Account

MONTANA MSA-P Rev. 8-00

Penalty Calculation

For Self-Administered Individual Accounts

MCA 15-61-201

	Taxpayer Information		
	Name	Social Security Number	
	Account Information		
	Account Number	_	
	Financial Institution where account is located	ted	
	Address of Financial Institution		
Fo	ou have a medical care savings account, your most service of the count (long form). All nonqualifying withdraw count (MSA), must be included as income of	vals from your self-adminis	
ex the	rou made withdrawals from a self-administer penses, including withdrawals made on the worksheet below. Nonqualifying withdrawals tax year, are subject to a 10% penalty.	last business day of the ta	ax year, you must complete
1.	Enter the total from column D of Montana I amount must also be reported on line 23 of Form 2 (long form).		1
2.	Enter withdrawals included in column D of that were made on the last business day in		2
3.	Subtract amount on line 2 from amount on	ı line 1.	3
4.	Multiply amount on line 3 by 10% (.10). The Enter this amount on Montana Form 2 and the dotted line (line 47).		4