

## **2006 Medical Care Savings Account**

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

Yo	our name	Social Security Number
Αc	ccount Information	
Yo	our medical care savings account n	number
Fir	nancial institution where your acco	unt is held
Ad	ddress of your financial institution	
Fo	orm 2 or Form 2M. All non-qualifyin	ccount, you have to file your Montana income tax return using g withdrawals from your self-administered medical care savings as income on Form 2, Schedule I, line 8, or Form 2M, line 24.
me wil	edical expenses, including withdra	administered MSA that were not used to pay for your qualifying wals that you made on the last business day of the tax year, you below. Non-qualifying withdrawals, other than those made on the subject to a 10% penalty.
1.		your Montana Form MSA. This amount also hedule I, line 8, or Form 2M, line 241.
2.	Enter withdrawals that you includ made on the last business day in	ed in column E of your Form MSA that were December 2006
3.	Subtract the amount on line 2 from	m the amount on line 1 and enter the result3.
4.		0.10 (10%). <b>This is your penalty.</b> Enter this rite "MSA" in the space provided or Form 2M,