

Last Name and Initial

Social Security Number

SCHEDULE I — ITEMIZED DEDUCTIONS

Medical & Dental Expenses
Taxes You Paid
Interest You Paid
Other
Miscellaneous Deductions
Total Deductions

- 67. Prescription medicines, drugs, insulin, doctors, dentists, hospitals, Ins. prems., transportation, lodging, hearing aids, dentures, eyeglasses
68. Enter 7.5% (.075) of line 35, Form 2
69. Subtract line 68 from line 67
70. TOTAL MEDICAL AND DENTAL
71. Long Term Care Insurance
72. Federal Income Tax
73. Paid by withholding or declaration in 1994
74. Balance of 1993 tax paid in 1994
75. Additional tax for years paid in 1994
76. Other taxes
77. Real estate, personal property taxes
78. Motor vehicle(s) taxes, other deductible taxes
NOTE: Personal interest is not deductible
79. Home mortgage interest
80. Deductible Investment Interest
81. Contributions
82. Child and Dependent Care Expense
83. Casualty and Theft Losses
84. Unreimbursed Employee business expense
85. Other expenses
86. Add lines 82 and 83
87. Enter 2% (.02) of line 35 Form 2
88. Subtract line 85 from 84 enter balance in corresponding columns(s)
89. Misc. deduction not subject to 2% A.G.I.
TOTAL DEDUCTIONS
ALLOWABLE DEDUCTIONS

Table with 2 main columns: COLUMN A (For single, joint, separate or head of household) and COLUMN B (For spouse only when filing separate, and box 3 is checked). Includes rows for itemized deductions and totals.

ROUND TO NEAREST DOLLAR

If the amount on Form 2, line 35 is more than \$111,800 if filing joint or single, or is more than \$55,900 if you are married filing separately, see page 9 of the instructions for the amount to enter on line 89. Enter this amount on line 36, Form 2.

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SCHEDULE II — CREDITS AGAINST TAX

| | COLUMN A (For single, joint, separate or head of household) | COLUMN B (For spouse only when filing separate, & box 3 is checked) | |
|---|---|---|------|
| 90. Physician Credit for Rural Practice (see instructions) | | | 90. |
| 91. College Contribution Tax Credit Attach Form CC (see instructions) | | | 91. |
| 92. Credit for elderly care Attach Form ECC | | | 92. |
| 93. Credit allowed residents/part-year residents for income taxes paid to other states or countries Attach Schedule V or Schedule VII | | | 93. |
| 94. Contractor's gross receipts tax credit Attach list of credits | | | 94. |
| 95. Investment tax credit From Schedule VI | | | 95. |
| 96. Credit for installation of Biomass/Pellet/Geothermal energy systems Attach Form ENRG-B | | | 96. |
| 97. Credit for investment in energy conservation installations Attach Form ENRG-C | | | 97. |
| 98. Credit for wind-powered generation equipment Attach Form 2WPC | | | 98. |
| 99. Recycling Credit Attach Form RCYL | | | 99. |
| 100. Alternative Fuel Credit Attach Form AFCR | | | 100. |
| 101. Montana Capital Company Credit (See instructions) | | | 101. |
| 102. Dependent Care Assistance Credit (Employer) Attach Form DCAC | | | 102. |
| 103. Health Insurance for Uninsured Montanans . (Employer) Attach Form HI | | | 103. |
| 104. All other credits (Attach detailed explanation) | | | 104. |
| 105. Total Credits —Enter here and on Form 2, line 43 | | | 105. |

SCHEDULE III — NONRESIDENT/PART YEAR RESIDENT ALLOCATION INCOME REPORTABLE TO MONTANA

YOU MUST ATTACH A COPY OF FEDERAL RETURN

| | COLUMN A (For single, joint, separate or head of household) | COLUMN B (For spouse only when filing separate, & box 3 is checked) | |
|---|---|---|------|
| 106. Wages, Salaries, Tips | | | 106. |
| 107. Interest Income | | | 107. |
| 108. Dividend Income | | | 108. |
| 109. Net Business Income | | | 109. |
| 110. Capital Gain or (Loss) | | | 110. |
| 111. Supplemental Gain or (Loss) | | | 111. |
| 112. Taxable portion of Social Security | | | 112. |
| 113. Taxable Pensions, Etc. | | | 113. |
| 114. Rents, Royalties, Partnerships, Etc. | | | 114. |
| 115. Net Farm Income | | | 115. |
| 116. Other Income/Loss (State Refund and/or Federal Refund, Etc.) | | | 116. |
| 117. Montana Total Income (Add lines 106 through 116) | | | 117. |

SCHEDULE IV — NONRESIDENT/PART YEAR RESIDENT TAX COMPUTATION

| | COLUMN A (For single, joint, separate or head of household) | COLUMN B (For spouse only when filing separate, & box 3 is checked) | |
|---|---|---|------|
| 118. Montana Total Income from Line 117 above | | | 118. |
| 119. Enter Federal Income from line 18, plus amount on line 21 & 22, Form 2 | | | 119. |
| 120. *Divide amount on line 118 by amount on line 119 | | | 120. |
| 121. Amount from line 39, Form 2 (taxable income) | | | 121. |
| 122. Calculate tax on amount on line 121 using tax table on Form 2, page 2 ... | | | 122. |
| 123. Part year resident and Nonresident tax: Multiply amount on line 120 by amount on line 122 & enter result here & on line 40, Form 2, this is the amount of your tax | | | 123. |

NEW *Carry to 4 decimal places —Do not enter more than 1.000.