Last Name and Initial

FORM 2A

MONTANA

Social Security Number

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70. Prescriptions, medicines, doctors, dentitis, hospitals, transportation, lodgin, hearing aids, dentures, eyeglasses (do not include) Column A	6	DO NOT ENTER NEGATIVE NUMBERS Note: Premiums paid with pre-tax dollars or paid with funds contributed to a medical savings account are not deductible on line 69.	separate or head	filing separate, and	
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71. Etter 7.5% (075) of line 37, Form 2		insurance premiums) 70.	ROUND TO NEAP	REST DOLLAR	
72. Subtract line 71 from line 70 in corresponding columns. 72. Deductible Medical and Dental. 73. 73. Long term care insurance. 73. 74. 1998 Federal lax withheld from wages, pensions and annullies. 74a. 74. 1998 Federal tax withheld from wages, pensions and annullies. 74a. 75. Balance of 1997 tax paid in 1998. 75. 76. Additional federal tax torum (Form 1040 or 1040A). 74b. 77. Real estate, personal property taxes. 77. 78. Notor vehicle(s) taxes, other deductible taxes. 76. 77. Real estate, personal property taxes. 77. 78. Hore mortage interest. Deductible points. 79. 79. Hore mortage of threest. Deductible investment interest. 81. 80. 82. Casually and theft losses. Attach Federal Form 4952. 80. 81. 83. Casually and theft losses expense Attach Federal Form 4844. 83. 84. 84. Unreimbursed employee business expronding column(s) 81. 84. 84. 85. Other expenses (List type & amount) 85. 84. 84. 86. Add lines 84 and 85. 86. 84. 84. 84. 87. Chert & Rom 210.	71.				
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74a. 1998 Federal tax withheld from wages. pensions and annuities		Federal Income Tax (Amounts attributable to self-employment			
pensions and annutitis		tax are not deductible).			
74b. Federal estimated tax payments made in 1998. Attach copies of pages 1 and 2 of your federal tax return (Form 1040 or 1040A)	74a.	1998 Federal tax withheld from wages,			
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75. Balance of 1997 tax paid in 1998		pages 1 and 2 of your federal tax return (Form 1040 or 1040A)74b.			7
76. Additional federal tax for year(s)paid in 199876. 77. 77. Real estate, personal property taxes					
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If paid to the person from whom you bought the home, please provide person's name, address & social security #					
a person's name, address & social security #					
81. Contributions 81. 82. Child and dependent care expense Attach Montana Form 2441M					
82. Child and dependent care expense Attach Montana Form 2441M	80.	Deductible investment interest Attach Federal Form 4952 80.			_ 8
83. Casualty and theft losses Attach Federal Form 4684	81.	Contributions			_ 8
84. Unreimbursed employee business expense Attach Federal Form 2106 84. 85. Other expenses (List type & amount) 85. 86. Add lines 84 and 85 86. 87. Enter 2% (.02) of line 37 Form 2 87. 88. Subtract line 87 from 86 enter balance in corresponding column(s) (If less than zero enter zero) 88. 89. Misc. deduction not subject to 2% A.G.I. (list type, & amount) 89. 90a. Add lines 69, 72-83, 88 and 89. Enter result here. 90a. 89. If the amount on Form 2, line 37 is more than \$124,500 (more than \$62,250 if you are married filing separately) continue to line 90b, otherwise transfer the amount on line 90a to line 38 of Form 2. 90b. 90b. Enter the amount from line 9 of the itemized deduction worksheet on Form W, Page 3. This is the amount of your unallowable itemized deductions. 90b. 91. Subtract line 90b from line 90a. This is the amount of your allowable itemized deductions. Enter here and on line 38 of Form 2. 91.					8
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Questions? Please call 1-406-444-3674 or TDD 1-406-444-2830 for hearing impaired.		line 38 of Form 2			6
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