

Last Name and Initial

Social Security Number

SCHEDULE I — ITEMIZED DEDUCTIONS

FOLD ON LINE AND REMOVE

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

69. Prescription medicines, drugs, insulin, doctors, dentists, hospitals, Ins. prems., transportation, lodging, hearing aids, dentures, eyeglasses
70. Enter 7.5% (.075) of line 35, Form 2
71. Subtract line 70 from line 69
72. TOTAL MEDICAL AND DENTAL
73. Long Term Care Insurance
Federal Income Tax (Do not include self-employment tax)
74. Paid by withholding or declaration in 1993
75. Balance of 1992 tax paid in 1993
76. Additional tax for years paid in 1993
Other taxes (Do not include Montana income tax, sales tax or old fund liability tax)
77. Real estate, personal property taxes
78. Motor vehicle(s) fees/taxes, other deductible taxes
NOTE: Personal interest is not deductible
79. Home mortgage interest Deductible Points
80. Deductible Investment Interest (Attach Federal Form 4952)
81. Contributions
82. Child and Dependent Care Expense
83. Casualty and Theft Losses (Less exclusion—Attach Federal Form 4684)
84. Moving Expense
85. Unreimbursed Employee business expenses
86. Other expenses (List type & amount)
87. Add lines 85 and 86
88. Enter 2% (.02) of line 35, Form 2
89. Subtract line 88 from 87 enter balance in corresponding column(s)
90. Misc. deduction not subject to 2% A.G.I. (list type, & amount)
91. TOTAL DEDUCTIONS
92. ALLOWABLE DEDUCTIONS

Table with columns COLUMN A and COLUMN B for lines 69, 70, 71, 85, 86, 87, 88.

Main table with columns COLUMN A (For single, joint, separate or head of household) and COLUMN B (For spouse) for lines 72-92.

ROUND TO NEAREST DOLLAR

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SCHEDULE II — CREDITS AGAINST TAX

	COLUMN A (For single, joint, separate or head of household)	COLUMN B (For spouse)	
93. Physician Credit for Rural Practice . . . . . (See instructions)			93.
94. College Contribution Tax Credit . . . . . Attach Form CC (See instructions)			94.
95. Credit for elderly care . . . . . Attach Form ECC			95.
96. Credit allowed residents for income taxes paid to other states or countries . . . . . Attach Schedule V			96.
97. Contractor's gross receipts tax credit . . . . . Attach list of credits			97.
98. Investment tax credit . . . . . From Schedule VI			98.
99. Credit for installation of Biomass/Pellet/Geothermal energy systems . . . . . Attach Form ENRG-B			99.
100. Credit for investment in energy conservation installations . . . . . Attach Form ENRG-C			100.
101. Credit for wind-powered generation equipment . . . . . Attach Form 2WPC			101.
102. Recycling Credit . . . . . Attach Form RCYL			102.
103. Alternative Fuel Credit . . . . . Attach Form AFCR			103.
104. Montana Capital Company Credit . . . . . (See instructions)			104.
105. Dependent Care Assistance Credit . . . . . (Employer) Attach Form DCAC			105.
106. Health Insurance for Uninsured Montanans . . . . . (Employer) Attach Form HI			106.
107. All other credits . . . . . (Attach detailed explanation)			107.
108. Total credits—Enter here and on Form 2, line 44			108.

NEW

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

Show only portions derived from Montana sources

YOU MUST ATTACH A COPY OF FEDERAL RETURN

	Yourself Column A	Spouse Column B	
109. Wages, Salaries, Tips . . . . .			109.
110. Interest Income . . . . .			110.
111. Dividend Income . . . . .			111.
112. Net Business Income . . . . .			112.
113. Capital Gain or (Loss) . . . . .			113.
114. Supplemental Gain or (Loss) . . . . .			114.
115. Taxable portion of Social Security . . . . .			115.
116. Taxable Pensions, Etc. . . . .			116.
117. Rents, Royalties, Partnerships, Etc. . . . .			117.
118. Net Farm Income . . . . .			118.
119. Other Income/Loss (State Refund and/or Federal Refund, Etc.) . . . . .			119.
120. Montana Total Income (Add lines 109 through 119)			120.

SCHEDULE IV — NONRESIDENT/PART YEAR RESIDENT TAX COMPUTATION

	COLUMN A	COLUMN B	
121. Montana Total Income from Line 120 above . . . . .			121.
122. Enter Federal Income from line 18, plus amount on line 21 and 22, Form 2 . . . . .			122.
123. Divide amount on line 121 by amount on line 122 . . . . .	%	%	123.
124. Amount from line 39, Form 2 (taxable income) . . . . .			124.
125. Calculate tax on amount on line 124 using tax table on Form 2, page 2 . . . . .			125.
126. Nonresident tax: Multiply percentage on line 123 by amount on line 125 and enter result here and on line 40, Form 2, this is the amount of your tax . . . . .			126.

FOLD ON LINE AND REMOVE