

Last Name and Initial

Social Security Number

SCHEDULE I — ITEMIZED DEDUCTIONS

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.

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

- 69. Medical insurance premiums not deducted on lines 19 or 34..... 69.
70. Prescriptions, medicines, doctors, dentists, hospitals, transportation, lodging, hearing aids, dentures, eyeglasses (do not include insurance premiums)..... 70.
71. Enter 7.5% (.075) of line 37, Form 2..... 71.
72. Subtract line 71 from line 70 in corresponding columns.
Deductible Medical and Dental..... 72.
73. Long term care insurance..... 73.
Federal Income Tax (Amounts attributable to self-employment tax are not deductible).
74a. 1998 Federal tax withheld from wages, pensions and annuities..... Attach W-2's and 1099's..... 74a.
74b. Federal estimated tax payments made in 1998. Attach copies of pages 1 and 2 of your federal tax return (Form 1040 or 1040A)..... 74b.
75. Balance of 1997 tax paid in 1998..... 75.
76. Additional federal tax for year(s) paid in 1998..... 76.
Other taxes (Do not include state income tax, sales tax or Old Fund Liability Tax)
77. Real estate, personal property taxes..... 77.
78. Motor vehicle(s) taxes, other deductible taxes..... 78.
79. Home mortgage interest Deductible points..... 79.
If paid to the person from whom you bought the home, please provide person's name, address & social security #
80. Deductible investment interest Attach Federal Form 4952..... 80.
81. Contributions 81.
82. Child and dependent care expense Attach Montana Form 2441M..... 82.
83. Casualty and theft losses..... Attach Federal Form 4684..... 83.
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.
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. 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.

Table with columns: COLUMN A (For single, joint, separate or head of household), COLUMN B (For spouse only when filing separate, and box 3 is checked). Includes a 'ROUND TO NEAREST DOLLAR' section and rows for lines 69 through 91.

Questions? Please call 1-406-444-3674 or TDD 1-406-444-2830 for hearing impaired.

ATTACH THIS FORM TO YOUR RETURN