Form 2A

MONTANA

Last Name and Initial | Social Security Number

Schedule I — Itemized Deductions

Do Not Enter Negative Numbers

	Column A (For single, joint, separate or head of household)	Column B (For spouse only when filing separate, and box 3 is checked)	
Medical & Dental Expenses			
68. Medical insurance premiums not deducted on lines 19, 34 or 72..... 68. Do not include pre-tax payroll deductions or employer paid premiums.			68.
69. Medical Expenses. See instructions or details and examples..... 69. (Column A / Column B)	ROUND TO NEAREST DOLLAR		
70. Enter 7.5% (.075) of line 37, Form 2..... 70. (Column A / Column B)			
71. Subtract line 70 from line 69. If line 70 is more than line 69, enter -0-. Deductible Medical and Dental..... 71.			71.
72. Long term care insurance..... 72.			72.
Taxes You Paid			
Federal Income Tax (Amounts attributable to self employment tax are not deductible).			
73a. 2000 Federal tax withheld from wages, pensions and annuities..... Attach W-2's and 1099's..... 73a.			73a.
73b. Federal estimated tax payments made in 2000. Attach copies of pages 1 and 2 of your federal tax return (Form 1040 or 1040A)..... 73b.			73b.
74. Balance of 1999 tax paid in 2000..... 74.			74.
75. Additional federal tax for year(s)_____paid in 2000..... 75.			75.
Other taxes (Do not include state income tax or sales tax)			
76. Real estate, personal property taxes..... 76.			76.
77. Motor vehicle(s) taxes, other deductible taxes..... 77.			77.
Interest You Paid			
78. Home mortgage interest_____ Deductible points_____ 78. If paid to the person from whom you bought the home, please provide person's name, address & social security #_____ _____			78.
79. Deductible investment interest .....Attach Federal Form 4952..... 79.			79.
Other			
80. Contributions ..... 80.			80.
81. Child and dependent care expense ...Attach Montana Form 2441M.. 81.			81.
82. Casualty and theft losses.....Attach Federal Form 4684..... 82.			82.
Miscellaneous Deductions			
83. Unreimbursed employee business expense Attach Federal Form 2106 83. (Column A / Column B)			
84. Other expenses (List type & amount)_____ _____ 84. (Column A / Column B)			
85. Add lines 83 and 84 85. (Column A / Column B)			
86. Enter 2% (.02) of line 37 Form 2 86. (Column A / Column B)			
87. Subtract line 86 from 85. If Line 86 is more than Line 85, enter -0-. 87.			87.
88. Misc. deduction not subject to 2% A.G.I. (list type, & amount)_____ _____ 88.			88.
89. Gambling Losses (As allowed by federal law)..... 89.			89.
Total Deductions			
90a. Add lines 68, 71-82, 87-89. Enter result here..... 90a.			90a.
If the amount on Form 2, line 37 is more than $128,950 (more than $64,475 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 VI on page14. This is the amount of your unallowable itemized deductions. ..... 90b.			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.			91.

Attach This Form to Your Return