Page 1 2001 Form 2A MONTANA

_	Last I	Last Name and Initial Social Security Number				
	Schadula I — Itamizad Doductions				_	
		Schedule I — Itemized Deductions Do Not Enter Negative Numbers	Column A (For single, joint, separate or head	Column B (For spouse only when filing separate, and		
		Do Not Effet Negative Numbers	of household)	box 3 is checked)		
	\				-	
Medical & Dental Expenses	68.	Medical insurance premiums not deducted on lines 19, 34 or 72 68.			68.	
	00	Do not include pre-tax payroll deductions or employer paid premiums.				
	69.	Medical Expenses. See instructions Column A Column B or details and examples	ROUND TO NEA	REST DOLLAR		
cal c	70.	Enter 7.5% (.075) of line 37, Form 270,				
Medi	71.	Subtract line 70 from line 69. If line 70 is more than line 69, enter -0				
		Deductible Medical and Dental71.			71.	
	72.	Long term care insurance72.			72.	
_						
Taxes You Paid		Federal Income Tax (Amounts attributable to self				
	70	employment tax are not deductible).				
	73a.	2001 Federal tax withheld from wages, pensions Column A Column B and annuities. Attach W-2's and 1099's73a.				
	h	Federal estimated tax payments made in 2001.				
	υ.	Attach copies of pages 1 and 2 of federal tax				
		return (Form 1040 or 1040A)73b.				
	c.	Federal Advanced Payment \$300, \$500, \$600 or other)				
	NEW					
Interest You Paid	d.					
	- .	then subtract line 73c				
	74. 75.	Balance of 2000 tax paid in 2001			74. 75.	
	75.	Other taxes (Do not include state income tax or sales tax)			⊣ ′3.	
	76.	Real estate, personal property taxes			76.	
	77.	Motor vehicle(s) taxes, other deductible taxes			77.	
Other	78.	Home mortgage interest Deductible points 78.			78.	
		If paid to the person from whom you bought the home, please provide				
		person's name, address & social security #				
Total Miscellaneous Deductions Deductions	79.	Deductible investment interestAttach Federal Form 495279.			79.	
	79. 80.	Contributions				
	81.	Child and dependent care expenseAttach Montana Form 2441M 81.			81.	
	82.	Casualty and theft losses			82.	
	83.	Unreimbursed employee business expense Column A Column B				
		Attach Federal Form 210683.				
	84.	Other expenses (List type & amount) 84.				
	0.5	Add lines 83 and 84				
	85. 86.	Enter 2% (.02) of line 37 Form 2				
	87.	Subtract line 86 from 85. If Line 86 is more than				
		Line 85, enter -087.			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.	
	90a.	Add lines 68, 71-82, 87-89. Enter result here	l.		90a.	
		If the amount on Form 2, line 37 is more than \$132,950 (more than \$66,475 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			001	
	01	itemized deductions90b Subtract line 90b from line 90a. This is the amount of your). 		90b.	
	91.	allowable itemized deductions. Enter here and on				
	7	line 38 of Form 291			91.	