

Last Name and Initial

Social Security Number

SCHEDULE I — ITEMIZED DEDUCTIONS

NEW

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

67. 1/2 Medical insurance premium 67.
68. Prescription medicines, drugs, insulin, doctors, dentists, hospitals,
Ins. prems. not included on lines 19 and 67 (see instructions),
transportation, lodging, hearing aids,
dentures, eyeglasses 68.
69. Enter 7.5% (.075) of line 35, Form 2 69.
70. Subtract line 69 from line 68 in corresponding columns.
Total Medical and Dental..... 70.
71. Long Term Care Insurance..... 71.
Federal Income Tax (Do not include self-employment tax)
72. Paid by withholding or declaration in 1995 72.
73. Balance of 1994 tax paid in 1995 73.
74. Additional tax for years paid in 1995 74.
Other taxes (Do not include Montana income tax, sales tax or old fund liability tax.)
75. Real estate, personal property taxes 75.
76. Motor vehicle(s) taxes, other deductible taxes 76.
NOTE: Personal interest is not deductible
77. Home mortgage interest Deductible Points 77.
If paid to the person from whom you bought the home, please provide
person's name, address & social security #
78. Deductible Investment Interest (Attach Federal Form 4952) 78.
79. Contributions 79.
80. Child and Dependent Care Expense
(Federal schedule not accepted)—Attach Montana Form 2441M 80.
81. Casualty and Theft Losses (Attach Federal Form 4684) 81.
82. Unreimbursed Employee business expense
(Attach Federal Form 2106) 82.
83. Other expenses (List type & amount) 83.
84. Add lines 82 and 83 84.
85. Enter 2% (.02) of line 35 Form 2 85.
86. Subtract line 85 from 84 enter balance in corresponding columns(s)
(if less than zero enter zero) 86.
87. Misc. deduction not subject to 2% A.G.I. (list type, & amount) 87.
88. Add lines 67, 70-81, 86 and 87 88.
89. Allowable Deductions 89.

Table with 2 main columns: COLUMN A (For single, joint, separate or head of household) and COLUMN B (For spouse only when filing separate, and box 3 is checked). Includes a large blacked-out area with the text 'ROUND TO NEAREST DOLLAR'.

If the amount on Form 2, line 35 is less than \$114,700 (less than \$57,350 if you are married filing separately), enter the amount from line 88 here and on Form 2, line 36. If the amount on Form 2, line 35 is more than \$114,700 (more than \$57,350 if you are married filing separately), see page 9 of the instructions for the amount to enter on line 89 and on line 36, Form 2.

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SCHEDULE II — CREDITS AGAINST TAX

Table with 2 columns: COLUMN A (For single, joint, separate or head of household) and COLUMN B (For spouse only when filing separate, & box 3 is checked). Rows 90-105.

NEW

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

(See instructions pages 13-14)

YOU MUST ATTACH A COPY OF FEDERAL RETURN

Table with 2 columns: COLUMN A (For single, joint, separate or head of household) and COLUMN B (For spouse only when filing separate, & box 3 is checked). Rows 106-117.

SCHEDULE IV — NONRESIDENT/PART YEAR RESIDENT TAX COMPUTATION

Table with 2 columns: COLUMN A (For single, joint, separate or head of household) and COLUMN B (For spouse only when filing separate, & box 3 is checked). Rows 118-123.

*Carry to 4 decimal places —Do not enter more than 1.0000