Last Name and Initial	Social Security Number

		SCHEDULE I — ITEMIZED DEDUCTIONS				
	G.	Note: Premiums paid with pre-tax dollars are not deductible on line 67 or 68.	COLUMN A (For single, joint, separate or head	COLUMN B(For spouse only when filing separate, and		
			of household)	box 3 is checked)		
	67.	1/2 Medical insurance premium67.				
nta		Prescription medicines, doctors, dentists, hospitals, insurance				
Ses		premiums not included elsewhere on the return (see instructions),				
al 8 pen		transportation, lodging, hearing aids,				
Medical & Dental Expenses		dentures, eyeglasses68.	<b>ROUND TO NE</b>	ROUND TO NEAREST DOLLAR		
Me	69.	Enter 7.5% (.075) of line 35, Form 2 69.				
	70.	Subtract line 69 from line 68 in corresponding columns.				
		Total Medical and Dental70.		70.		
<b>a</b> 7	71.	Long Term Care Insurance71.		71.		
s Ya		Federal Income Tax (Do not include self-employment tax)				
		Paid by withholding or declaration in 199672.		72		
	73.	Balance of 1995 tax paid in 199673.		73.		
	74.	Additional tax for years paid in 199674.		74.		
		Other taxes (Do not include Montana income tax, sales tax or Old Fund Liability Tax.)				
	75.	Real estate, personal property taxes75.		75.		
	76.	Motor vehicle(s) taxes, other deductible taxes76.		76.		
You						
est aid		NOTE: Personal interest is not deductible				
Interest You Paid	77.	Home mortgage interest Deductible Points77.		77.		
_		If paid to the person from whom you bought the home, please provide				
		person's name, address & social security #				
Other						
0	78.	Deductible Investment Interest Attach Federal Form 4952 78.		78.		
		Contributions79.		79		
2	80.	Child and Dependent Care Expense				
suc		(Federal schedule not accepted)—Attach Montana Form 2441M80.		80.		
llan Icti		Casualty and Theft Losses Attach Federal Form 4684 81.		81.		
Mis De	82.	Unreimbursed Employee business expense column a column B				
		Attach Federal Form 210682.		82.		
	83.	Other expenses (List type & amount)				
		83.		83.		
		Add lines 82 and 8384.		84.		
		Enter 2% (.02) of line 35 Form 285.		85		
	86.	Subtract line 85 from 84 enter balance in corresponding columns(s)				
		(If less than zero enter zero)86.		86		
	87.	Misc. deduction not subject to 2% A.G.I. (list type, & amount)				
Total Deductions		87.		87.		
otal						
Tedle		Add lines 67, 70-81, 86 and 87		88.		
	89.	Allowable Deductions		89		
	If the amount on Form 2, line 35 <b>is less than</b> \$117,950 (less than \$58,975 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 <b>is more than</b>					
	\$117,950 (more than \$58,975 if you are married filing separately), see instructions for line 89 for the amount					
	to enter on line 89 and on line 36, Form 2.					
		0 0				
		Questions? Please call 1-406-444-3674 or TDD 1-406-444-2830 for he	earing impaired. 🆀	<b>)</b>		
	ATTACH THIS FORM TO YOUR RETURN					