

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 68.

NEW

Medical & Dental Expenses

Taxes You Paid

Interest You Paid

Other

Miscellaneous Deductions

Total Deductions

68. Medical insurance premiums not deducted on lines 19 or 33..... 68.

69. Prescriptions, medicines, doctors, dentists, hospitals, transportation, lodging, hearing aids, dentures, eyeglasses (do not include insurance premiums)..... 69.

COLUMN A COLUMN B

70. Enter 7.5% (.075) of line 36, Form 2 70.

71. Subtract line 70 from line 69 in corresponding columns. Deductible Medical and Dental..... 71.

72. Long term care insurance..... 72.

Federal Income Tax (Amounts attributable to self-employment tax are not deductible).

73a. 1997 Federal tax withheld from wages, pensions and annuities..... Attach W-2's and 1099's..... 73a.

73b. Federal estimated tax payments made in 1997. Attach copies of pages 1 and 2 of your federal tax return (Form 1040 or 1040A)..... 73b.

74. Balance of 1996 tax paid in 1997..... 74.

75. Additional federal tax for year(s) paid in 1997..... 75.

Other taxes (Do not include state income tax, sales tax or Old Fund Liability Tax)

76. Real estate, personal property taxes..... 76.

77. Motor vehicle(s) taxes, other deductible taxes..... 77.

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 #

79. Deductible investment interest Attach Federal Form 4952..... 79.

80. Contributions 80.

81. Child and dependent care expense Attach Montana Form 2441M..... 81.

82. Casualty and theft losses..... Attach Federal Form 4684..... 82.

83. Unreimbursed employee business expense Attach Federal Form 2106 83.

COLUMN A COLUMN B

84. Other expenses (List type & amount) 84.

85. Add lines 83 and 84 85.

86. Enter 2% (.02) of line 36 Form 2 86.

87. Subtract line 86 from line 85 enter balance in corresponding columns(s) (If less than zero enter zero)..... 87.

88. Misc. deduction not subject to 2% A.G.I. (list type, & amount) 88.

89a. Add lines 68, 71-82, 87 and 88. Enter result here..... 89a.

If the amount on Form 2, line 36 is more than \$121,200 (more than \$60,600 if you are married filing separately) continue to line 89b, otherwise transfer the amount on line 89a to line 37 of Form 2.

89b. Enter the amount from line 9 of the itemized deduction worksheet on page 9 of the instructions. This is the amount of your unallowable itemized deductions. 89b.

90. Subtract line 89b from line 89a. This is the amount of your allowable itemized deductions. Enter here and on line 37 of Form 2..... 90.

Table with 4 columns: Description, COLUMN A, COLUMN B, and Total. Includes a large blacked-out section with the text 'ROUND TO NEAREST DOLLAR'.

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



ATTACH THIS FORM TO YOUR RETURN