Last Name and Initial

Social Security Number

	SCHEDULE I — ITEMIZED DE	DUCTIONS			
NEW	B			COLUMN A (For single, joint, separate or head of household)	COLUMN B(For spouse only when filing separate, and box 3 is checked)
67.	1/2 Medical insurance premium		67.		
	Prescription medicines, drugs, insulin, doctors, de				
4	Ins. prems. not included on lines 19 and 67 (see ins	•	•		
68.	transportation, lodging, hearing aids,	COLUMNÁ	COLUMN B		
1	dentures, eyegiasses68.			ROUND TO NE	AREST DOLLAR
69	Enter 7.5% (.075) of line 35, Form 2 69.				
	Subtract line 69 from line 68 in corresponding of	columns			
	Total Medical and Dental		70		
71	Long Term Care Insurance				
	Federal Income Tax (Do not include self-employme				
72	Paid by withholding or declaration in 1995		72		
	Balance of 1994 tax paid in 1995				
	Additional tax for years				
14.	Other taxes (Do not include Montana income tax, sales				
75	Real estate, personal property taxes				
	Motor vehicle(s) taxes, other deductible taxes				
70.	Motor verificie(s) taxes, other deductible taxes				
	NOTE: Demand interest is not deductible				
77	NOTE: Personal interest is not deductible	ble Deinte	77		
11.	Home mortgage interest Deduction of paid to the person from whom you bought the				
	, , ,		•		
Other	person's name, address & social security #				
70	Deductible Investment Interest (Att	tach Federal Fo	rm 4952) 78		
10.	Deductible investment interest	aci i euciai i e	111 4552) 70.		
70	Contributions		79		
	Child and Dependent Care Expense				
SECO.	(Federal schedule not accepted)—Attach Montana F	Form 2441M	80		
ğ 9 01	Casualty and Theft Losses				
7.00	Unreimbursed Employee business expense	COLUMN A	COLUMN B		
Ď 02.	· • • • • • • • • • • • • • • • • • • •	COLUMN A	COLUMN B		
0.0	(Attach Federal Form 2106)82.				
83.	Other expenses (List type & amount)				
0.4	83. Add lines 82 and 83. 84.				
	Enter 2% (.02) of line 35 Form 2	nondin!-	impo(a)		
86.			-		
	(If less than zero enter zero)				
S 87.	Misc. deduction not subject to 2% A.G.I. (list type	e, & amount)			
ctio			87.		
ğ	A LLC 07, 70,04, 00 1,07		00		
	Add lines 67, 70-81, 86 and 87				
89.	Allowable Deductions			if are	fling congretely)
	If the amount on Form 2, line 35 is less than \$1	14,/00 (less	tnan \$57,350	if you are married	ming separately),
	enter the amount from line 88 here and on Form	12, line 36.	ir the amount	on Form 2, line 35	is more than
	\$114,700 (more than \$57,350 if you are married	filing separa	tely), see page	9 of the instruction	ns for the amount
	to enter on line 89 and on line 36, Form 2.				

	Social Security Number
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SCHEDULE II — CREDITS AGAINST TAX		COLUMN A (For single, joint, separate	COLUMN B(For spouse only when filing	
		or head of household	separate, & box 3 is checked	
90. Physician Credit for Rural Practice	90.			
91. College Contribution Tax Credit Attach Form CC (see instructions)	91.			
92 Credit for elderly care	92.			
93 Credit allowed residents/part-year residents for income tax liability			}	
(after credits) to other states or countries(Attach Schedule V or Schedule V	11)93.	} _		
94. Contractor's gross receipts tax credit Attach list of credits	94.			
95. Investment tax credit From Schedule VI	95.			
96. Credit for installation of Biomass/				
Peliet/Geothermal energy systems Attach Form ENRG-B	96.			
97. Credit for investment in energy conservation	67			
installations Attach Form ENRG-C	97.			
98. Credit for wind-powered generation equipment Attach Form 2WPC	98.			
99. Recycling Credit	99.			
100. Alternative Fuel Credit	100.			
101. Montana Capital Company Credit (See instructions)	101.			
102. Dependent Care Assistance Credit (Employer) Attach Form DCAC	102.			
103 Health Insurance for Uninsured Montanans. (Employer) Attach Form HI	103.	 		
104. Infrastructure Users Fee Credit	104.			
105. Total Credits—Enter here and on Form 2, line 43	105.	LL		

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

(See instructions pages 13-14) YOU MUST ATTACH A COPY OF FEDERAL RETURN		COLUMN A (For single, joint, separate or head of household	COLUMN B(For spouse only when filing separate, & box 3 is checked	
108. Dividend Income	107. 108. 109. 110. 111. 112. 113. 114. 115.			100 100 100 100 110 111 111 111 111

SCHEDULE IV — NONRESIDENT/PART YEAR RESIDENT TAX COMPUTATION

		COLUMN A (For single, joint, separate or head of household	COLUMN B(For spouse only when filing separate, & box 3 is checked	ļ
118. Montana Total Income from Line 117 above	118. 119.			118.
120. *Divide amount on line 118 by amount on line 119	121.			120. 121. 122.
amount on line 122 & enter result here & on line 40, Form 2. This is the amount of your tax	123.			123.

^{*}Carry to 4 decimal places -Do not enter more than 1.0000