

Last Name and Initial

Social Security Number

SCHEDULE I — ITEMIZED DEDUCTIONS

DO NOT ENTER NEGATIVE NUMBERS

COLUMN A (For single, joint, separate or head of household)

COLUMN B (For spouse only when filing separate, and box 3 is checked)

68. Medical insurance premiums not deducted on lines 19, 34 or 72..... 68.
Do not include pre-tax payroll deductions or employer paid premiums.

69. Medical Expenses. See instructions
for details and examples..... 69.

COLUMN A COLUMN B

70. Enter 7.5% (.075) of line 37, Form 2..... 70.

71. Subtract line 70 from line 69. If line 70 is more than line 69, enter -0-.

Deductible Medical and Dental..... 71.

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

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

73a. 1999 Federal tax withheld from wages, pensions and annuities..... **Attach W-2's and 1099's**..... 73a.

73b. Federal estimated tax payments made in 1999. **Attach copies of pages 1 and 2 of your federal tax return (Form 1040 or 1040A)**..... 73b.

74. Balance of 1998 tax paid in 1999..... 74.

75. Additional federal tax for year(s) paid in 1999..... 75.

Other taxes (Do not include state income tax or sales 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 37 Form 2 86.

87. Subtract line 86 from line 85. If Line 86 is more than Line 85, enter -0-..... 87.

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

89. Gambling Losses (As allowed by federal law)..... 89.

90a. Add lines 68, 71-82, 87-89. Enter result here..... 90a

If the amount on Form 2, line 37 is more than \$126,600 (more than \$63,300 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 on Form W, Page 3. This is the amount of your unallowable itemized deductions. 90b.

91. Subtract line 90b from line 90a. This is the amount of your allowable itemized deductions. Enter here and on line 38 of Form 2..... 91.

ROUND TO NEAREST DOLLAR

Medical & Dental Expenses

Taxes You Paid

Interest You Paid

Other

Miscellaneous Deductions

Total Deductions

ATTACH THIS FORM TO YOUR RETURN