	Form 2, Page 6 – 2017 Social Security Nu	mber:					
	Schedule III – Montana Itemized Deductions Enter your itemized deductions on the corresponding line. File Schedule III with your Montana Form 2.				joint, separate, or head when filing separat		Column B (for spouse when filing separately using filing status 3a)
1	Medical and dental expenses		00	00	01	nouconolay	
2	Enter the amount from Form 2, line 41		00	00			
	Multiply line 2 by 7.5% (0.075). (see instructions	2	00	00			
0	on page 24)	3	00	00			
4	Subtract line 3 from line 1 and enter the result here, but	ut not less the	an zero. This is your	deductible			
	medical and dental expense subject to a percentage				4	00	00
5	Medical insurance premiums not deducted elsewhere	on your retui	m		5	00	00
6	Long-term care insurance premiums not deducted elsewhere on your return				6	00	00
Cor	nplete lines 7a through 7d reporting your total federal in	come tax pa	yments made in 2017	before completing li	ne 7e. You ca	annot deduct you	r self-employment
	es paid on lines 7a through 7d.						
7a	Federal income tax withheld in 2017	7a	0 0	00			
7b	Federal estimated tax payments paid in 2017	7b	0 0	00			
7c	2016 federal income taxes paid in 2017	7c	0 0	00			
7d	Other back year federal income taxes paid in 2017.						
	Include federal Form 1040 or 1040A	7d	00	00			
7e	Add lines 7a through 7d and enter the result here, but of household, or married filing separately; or \$10,000 i federal income tax deduction.	f filing a joint	return with your spou	se. This is your	7e	00	0.0
8	General state and local sales taxes paid in 2017 (Caut				8	00	00
	Local income taxes paid in 2017 (see instructions on page 25)				9	00	00
	Real estate taxes paid in 2017				10	00	00
	Personal property taxes paid in 2017 (see instructions on page 25)					00	00
	Other deductible taxes paid in 2017. List type and amo						
					12	00	00
13	Home mortgage interest and points. If paid to the pers	on from who	m you bought the hou	se, provide their			
	name, social security number, and address.				_		
					13	00	00
	Reserved for future use				14	00	00
	Investment interest. Include federal Form 4952				15	00	00
	Charitable contributions made by cash or check during 2017					00	00
	Charitable contributions made by other than cash or check during 2017					00	00
	Charitable contribution carryover from the prior year					00	00
	Child and dependent care expenses. Include Montana Form 2441-M				19	00	00
	Casualty or theft losses. Include federal Form 4684				20	00	00
21	Unreimbursed employee business expenses. Include federal Form 2106 or 2106-EZ	21	0.0	00			
າາ		21	00	00			
22	Other expenses. List type and amount:	22	00	00			
22	Add lines 21 and 22	22	00	00			
	Enter the amount from Form 2, line 41	23	00	00			
	Multiply line 24 by 2% (0.02)	24	00	00			
					26	00	00
	Subtract line 25 from line 23 and enter the result here, but not less than zero Political contributions (limited to \$100 per taxpayer)				20	00	00
	Other miscellaneous deductions not subject to 2% of N				21	00	00
20					28	00	00
29	Gambling losses allowed under federal law				29	00	00
	Is the amount on Form 2, line 41 more than \$313,800				20	00	00
00	\$261,500 if filing single or \$156,900 if married filing separately? If yes, mark this box and complete						
	Worksheet VI-IDL. Otherwise, add lines 4 through 6, 7						
	here and on Form 2, line 42. This is your total itemiz	ed deductio	ns.		30	00	00

