

--	--	--	--	--	--	--	--	--	--	--	--

Schedule III – Montana Itemized Deductions

Enter your itemized deductions on the corresponding line.

File Schedule III with your Montana Form 2.

Column A (for single, joint, separate, or head of household)

Column B (for spouse when filing separately using filing status 3a)

1	Medical and dental expenses	1	00	00		
2	Enter the amount from Form 2, line 41	2	00	00		
3	Multiply line 2 by 7.5% (0.075). (see instructions on page 24)	3	00	00		
4	Subtract line 3 from line 1 and enter the result here, but not less than zero. This is your deductible medical and dental expense subject to a percentage of Montana Adjusted Gross Income	4	00	00		
5	Medical insurance premiums not deducted elsewhere on your return	5	00	00		
6	Long-term care insurance premiums not deducted elsewhere on your return	6	00	00		
Complete lines 7a through 7d reporting your total federal income tax payments made in 2017 before completing line 7e. You cannot deduct your self-employment taxes paid on lines 7a through 7d.						
7a	Federal income tax withheld in 2017	7a	00	00		
7b	Federal estimated tax payments paid in 2017	7b	00	00		
7c	2016 federal income taxes paid in 2017	7c	00	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 not more than \$5,000 if you are filing single, head of household, or married filing separately; or \$10,000 if filing a joint return with your spouse. This is your federal income tax deduction.	7e	00	00		
8	General state and local sales taxes paid in 2017 (Caution – see instructions on page 25)	8	00	00		
9	Local income taxes paid in 2017 (see instructions on page 25)	9	00	00		
10	Real estate taxes paid in 2017	10	00	00		
11	Personal property taxes paid in 2017 (see instructions on page 25)	11	00	00		
12	Other deductible taxes paid in 2017. List type and amount: <input type="text"/>	12	00	00		
13	Home mortgage interest and points. If paid to the person from whom you bought the house, provide their name, social security number, and address. <input type="text"/>	13	00	00		
14	Qualified mortgage insurance premiums (Caution – see instructions on page 25)	14	00	00		
15	Investment interest. Include federal Form 4952	15	00	00		
16	Charitable contributions made by cash or check during 2017	16	00	00		
17	Charitable contributions made by other than cash or check during 2017	17	00	00		
18	Charitable contribution carryover from the prior year	18	00	00		
19	Child and dependent care expenses. Include Montana Form 2441-M	19	00	00		
20	Casualty or theft losses. Include federal Form 4684	20	00	00		
21	Unreimbursed employee business expenses. Include federal Form 2106 or 2106-EZ	21	00	00		
22	Other expenses. List type and amount: <input type="text"/>	22	00	00		
23	Add lines 21 and 22	23	00	00		
24	Enter the amount from Form 2, line 41	24	00	00		
25	Multiply line 24 by 2% (0.02)	25	00	00		
26	Subtract line 25 from line 23 and enter the result here, but not less than zero	26	00	00		
27	Political contributions (limited to \$100 per taxpayer)	27	00	00		
28	Other miscellaneous deductions not subject to 2% of Montana AGI. List type and amount: <input type="text"/>	28	00	00		
29	Gambling losses allowed under federal law	29	00	00		
30	Is the amount on Form 2, line 41 more than \$313,800 if filing jointly, \$287,650 if filing head of household, \$261,500 if filing single or \$156,900 if married filing separately? If yes, mark this box <input type="checkbox"/> and complete Worksheet VI-IDL. Otherwise, add lines 4 through 6, 7e through 20; and 26 through 29 and enter result here and on Form 2, line 42. This is your total itemized deductions.	30	00	00		

