#### Form PTE

# 2021 Montana Pass-Through Entity Tax Return



Include a complete copy of all related federal forms and schedules.

Partnership X

No Staples

S corporation X

For calendar year 2021 or tax year beginning 09092099 and ending 09092099 Page 1 999999999 **FEIN** Mark all that apply: Name Federal Business Code/NAICS X Initial return XXXXXX XXXXXXXX Final return Mailing Address T Secretary of State ID # Χ 09092099 Date of Registration in Montana Χ State ZIP Code + 4 State formed in XX on 09092099 Refund return X PTP XXXXXXXXXXXXXXXXXXX XX 999999999 Schedules K-1 Included 99999 Schedules DE Included 99999 99999 **Enter Number of:** Nonresident Owners 99999 99999 99999 Resident Owners Other Types of Owners Schedules K-1 Received Owners' Distributive Share of Income Items (federal Schedule K) 1 999999999999 00 1 Ordinary business income (loss) 2 999999999999 2 Net rental real estate income (loss) (include federal Form 8825) 3a 999999999999 3a Other gross rental income (loss) 00 3b 999999999999 3b Expenses from other rental activities (include detailed statement) 00 3 999999999999 00 3 Subtract line 3b from line 3a. This is your other net rental income or loss. 99999999999 00 4 Guaranteed payments (partnerships only) 99999999999 5 Interest income 00 99999999999 6 Ordinary dividends 0.0 ederal Schedule K 99999999999 00 7 Royalties 99999999999 00 8 Net short-term capital gain (loss) (include federal Schedule D) 99999999999 9 Net long-term capital gain (loss) (include federal Schedule D) 00 99999999999 00 10 Net section 1231 gain (loss) (include federal Form 4797) 99999999999 11 Other income (loss) (include detailed statement) 11 00 12 Add lines 1 through 11 and enter result. 12 999999999999 00 This is your total federal income or loss. Owners' Distributive Share of Deduction Items (include federal Schedule K) 13a 9999999999999 00 13a Section 179 deduction (include federal Form 4562) 13b 9999999999999 00 13b Contributions 13c 9999999999999 13c Investment interest expense 00 13d Section 59(e)(2) expenditures (include detailed statement) 13d 9999999999999 00 13e 9999999999999 13e Other deductions (include detailed statement) 00 99999999999 00 13 Add lines 13a through 13e and enter result. This is your total federal deductions. 99999999999 00 14 Subtract line 13 from line 12. This is your federal income from all sources. 15 999999999999 00 15 Montana additions to the PTE's apportionable activities 16a Montana subtractions from the PTE's apportionable activities 16a 9999999999999 00 16b 999999999999 16b Total everywhere income (loss) from federal Schedules K-1 00 16c 9999999999999 16c Total everywhere income (loss) from disregarded entities 00 16d 9999999999999 00 Montana Source Income 16d Other nonapportionable income (loss) from the PTE's own activities This is your deductions including nonapportionable income. 99999999999 16 Add lines 16a through 16d. 16 00 999999999999 17 Add lines 14 and 15, then subtract line 16. 00 Χ Schedule I not required. (See instructions) 18 99999999999 00 18 Income (loss) apportioned to Montana. Multiply line 17 x 999.9999 % 19a Total Montana source income received from pass-through entities 99999999999 (Montana source income from MT Schedules K-1 issued to this entity) 19a 00 19b 99999999999 00 19b Total Montana source income from Schedules VII 19c 9999999999999 19c Nonapportionable income allocated to Montana. (See instructions) 99999999999 19 Add lines 19a through 19c. This is the total nonapportionable income (loss) sourced to Montana.

20 Add lines 18 and 19; enter result.



99999999999

This is your total Montana source income. 20

#### **Direct Deposit**

Your Refund

1. RTN# 999999999

2. ACCT#

9999999999999999

X Savings

Complete 1, 2, 3, and 4. 3. If using direct deposit, you are r (See instructions) 4. If this refund is going to an account

3. If using direct deposit, you are required to mark one box. ► X Checking

4. If this refund is going to an account that is located outside of the United States or its territories, mark here. X

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

If you allow the DOR to discuss this tax return with your tax preparer, mark here. X



999.9999

This is your apportionment factor.

#### Schedule I - Apportionment Factor for Multistate Pass-Through Entities B. Montana. C. Factor Enter amounts in columns A and B. Enter percentages in column C. A. Everywhere 1 **Property Factor:** Use average value for real and tangible personal property. 99999999999 99999999999 1a Land 99999999999 00 99999999999 00 1b Buildings 99999999999 99999999999 1c Machinery 1c 00 00 99999999999 99999999999 00 00 1d Equipment 99999999999 99999999999 00 00 1e Furniture and fixtures 99999999999 99999999999 1f Leases and leased property 00 00 99999999999 99999999999 0.0 0.0 1g Inventories 99999999999 99999999999 00 1h Depletable assets 00 99999999999 99999999999 00 00 1i Supplies and other 99999999999 99999999999 00 00 1j Multiply amount of rents by 8 and enter result 99999999999 00 99999999999 00 1k Total Property Value. Add lines 1a through 1j This is your property factor. 1 999.9999 Divide the total in column B by the total in column A. Multiply the result by 100. 2 Payroll Factor: 2a Compensation of officers 99999999999 99999999999 99999999999 00 99999999999 2b Salaries and wages Payroll included in: 99999999999 99999999999 00 2c Costs of goods sold 999999999999 99999999999 2d Other expenses and deductions 00 0.0 99999999999 99999999999 00 2e Total Payroll Value. Add lines 2a through 2d. 00 This is your payroll factor. 2 999.9999 Divide the total in column B by the total in column A. Multiply the result by 100. 3 Gross Receipts Factor: 3a 99999999999 00 3a Gross Receipts, less returns and allowances 3b Receipts delivered or shipped to Montana purchasers: 99999999999 (1) Shipped from outside Montana 3b(1) 999999999999 (2) Shipped from within Montana 3b(2) 3c Receipts shipped from Montana to: 99999999999 (1) United States government 3c(1) 999999999999 (2) Purchasers in a state where the taxpayer is not taxable 3d Receipts other than receipts of tangible personal property (e.g., service income) 3d 99999999999 0.0 99999999999 99999999999 3e Net gains reported on federal Schedule D and Form 4797 00 00 99999999999 99999999999 00 00 3f Other gross receipts (rents, royalties, interest, etc.) 99999999999 99999999999 00 00 3g Total Receipts Value. Add lines 3a through 3f. 999.9999 Divide the total in column B by the total in column A. Multiply the result by 100. This is your receipts factor. 3 4 For tax years beginning after June 30, 2021, enter the amount reported on line 3. (If the tax year begins before July 1, 2021 leave blank). 4 999.9999 999.9999 5 5 Add the percentages from lines 1, 2, 3, and 4 in column C. This is the sum of your factors. 6 Divide the total percentage from line 5, column C, by the number of factors that can be included in the calculation. If a property, payroll, or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in column A (See instructions).



D7 11162021

Schedule II - Montana Pass-Through Entity Tax Credits

Type of Credit  1 Dependent care assistance credit (include Form DCAC)  2 College contribution credit (include Form CC)  3 Health insurance for uninsured Montanans credit (include Form HI)  4 Recycle credit (include Form RCYL)  Amount of Credit  99999999  999999999
2 College contribution credit (include Form CC) 2 99999999 3 Health insurance for uninsured Montanans credit (include Form HI) 4 Recycle credit (include Form RCYL) 4 99999999
3 Health insurance for uninsured Montanans credit (include Form HI) 4 Recycle credit (include Form RCYL) 3 99999999 0
4 Recycle credit (include Form RCYL)
5 Alternative energy production credit (include Form AEPC) 5 99999999999999999999999999999999999
6 Contractor's gross receipts tax credit. If the entity reports multiple CGR accounts, mark here. X
CGR account id: 999999999 C G R 6 999999999 (
7 Alternative fuel credit (include Form AFCR) 7 999999999
8 Infrastructure user fee credit (include Form IUFC) 8 99999999
9 Historic property preservation credit (include federal Form 3468) 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
10 Mineral and coal exploration incentive credit (include Forms MINE-CERT and MINE-CRED)  10 99999999999999999999999999999999999
11 Empowerment zone credit
12 Biodiesel blending and storage credit (include Form BBSC) 12 99999999
13 Innovative educational program credit
14 Student scholarship organization credit
15 Emergency lodging credit (include Form ELC) 15 99999999
16 Unlocking public lands credit
17 Apprenticeship tax credit
18 Media credit (include Form MEDIA-CLAIM and all supplemental information with Montana Schedules K-1)  18 99999999999999999999999999999999999
19 Trades education and training credit
Amount of
Type of Credit Recapture Credit Recapture
20 Historic property preservation credit recapture 20 99999999 0
21 Biodiesel blending and storage credit recapture 21 99999999 0
22 Oilseed crushing and biodiesel/biolubricant production credit recapture 22 99999999 0
When attributing any credit or credit recapture from a PTE to its owners, use the same proportion the PTE used to report each owner's income or loss for Montana tax
purposes. Include a detailed breakdown that shows each owner's share of the credit or credit recapture.

Use Montana Schedule K-1 to notify each owner of the amount of credit available to the owner.



# Schedule IV – Montana Composite Income Tax Schedule

Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants.

99999

Part II. Composite Tax Ratio	1	2	3
Use the amount in column 3	Enter the amount from	Enter the amount from	Divide column 2 by
to complete the calculation	page 1, line 14	page 1, line 20	column 1 Do not enter more
in column H below.	of this form.	of this form.	than 1.000000.
	99999999999 00	999999999999 00	9.999999

Part	Part III. Enter the required information and amounts for each eligible participant in columns A – H.										
	Α	В	С	D	E	F	G	Н			
		Social Security						Montana composite			
		Number or	Owner's share of federal	Standard	Exemption	Montana taxable income –	Enter the appropriate tax	income tax. Multiply			
	Name	Federal Employer	income from entity	deduction	\$2,580	Subtract columns D and E	from the tax table below.	column G by			
		Identification Number				from column C.		composite tax ratio			
								from Part II.			
1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999900	99999999900			
2	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999	99999999900			
3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999	99999999			
4	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999	99999999			
5	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999	99999999900			
6	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999	99999999			
7	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999	99999999			
8	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999	99999999			
9	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999	99999999			
10	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999900	999900	999900	99999999900	99999999900	99999999900			
				11 Enter th	e total comp	osite tax from all addi	tional pages, if used	99999999900			
			Add colu	mn H, lines 1	through 11.	This is your total compo	site income tax liability.	99999999900			

Transfer the amounts from column H to each owner's Montana Schedule K-1, Part 5, line 2.



If additional space is needed, make copies of this page. Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$3,100	1% (0.010)	\$0	999999999
\$3,100	\$5,500	2% (0.020)	\$31	999999999
\$5,500	\$8,400	3% (0.030)	\$86	999999999
\$8,400	\$11,400	4% (0.040)	\$170	999999999
\$11,400	\$14,600	5% (0.050)	\$284	999999999
\$14,600	\$18,800	6% (0.060)	\$430	999999999
More than \$18,800		6.9% (0.069)	\$599	999999999

#### Schedule VI – Reporting of Special Transactions

Complete Schedule VI only if your PTE filed any of the federal income tax forms described below. Mark the appropriate box indicating which form(s) you filed with the Internal Revenue Service (IRS) for this tax year. If your answer is "Yes" to one or more of these forms, you must include a complete copy of your federal tax return.

1	The entity	, filed	federal Form	8918 -	- Material	Advisor	Disclosure	Statement	with	the	IRS
	THE CHUIC	meu	ieuciai i <b>Ulli</b> i	0310 -	- waterai	AUVISUI	Disciosuic	Statement	VVILII	uic	1110

X Yes

2 The entity filed federal **Form 8824 – Like-Kind Exchanges** with the IRS. NOTE: Mark the box if your like-kind exchange includes Montana property.

X Yes

3 The entity filed federal Form 8865 – Return of U.S. Persons with Respect to Certain Foreign Partnerships with the IRS

X Yes

4 The entity filed federal Form 8886 – Reportable Transaction Disclosure Statement with the IRS

X Yes

5 For S corporations only: The S corporation filed federal Form 8023 – Elections Under Section 338 for Corporations Making Qualified Stock Purchases with the IRS

X Yes

### Complete this section if the PTE is a partnership.

6 Mark the box if the partnership filed one or more of the following forms in 2021. Provide a copy of each form with your tax return.

Х

- Federal Form 8985, Pass-Through Statement Transmittal/Partnership Adjustment Tracking Report
- Federal Form 8986, Partner's Share of Adjustment(s) to Partnership-Related Items(s)
- · Federal Form 8082, Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

7 Mark the box if the partnership had Montana source income and paid an imputed underpayment. If applicable, provide a copy of your federal audit adjustment report. (See instructions)

X

#### Complete this section if you made a disbursement to a related party.

8 During this tax year, the entity made payments to one or more related parties (excluding salary compensation) that exceeded \$100,000 per recipient.

X Yes

If you answered "Yes" to this question, please provide the name and federal employer identification number of each related party below and the amount that you paid to each related party:

Name	FEIN	Amount of Paymer	nt
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999999999	00



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Schedule VII – List of Disregarded Entities (DE)

	A	В	С	D	Е	F	G	Н	1
	Name	FEIN	Montana SOS Registration Number	LLC	Q Sub	If Q Sub, enter election date	DE has multistate activities	DE is a segment of the PTE	Montana Source Income from DE's own activities
1 XXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
2 XXXXX	xxxxxxxxxxxxxxxxxxxxxxxx	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
3 XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
4 XXXXX	xxxxxxxxxxxxxxxxxxx	999999999	XXXXXXX	X	X	09092099	X	X	99999999 00
5 XXXXX	xxxxxxxxxxxxxxxxxxxxxxxxx	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
6 XXXXX	xxxxxxxxxxxxxxxxxx	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
7 XXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXX	X	X	09092099	X	X	99999999 00
8 XXXXX	xxxxxxxxxxxxxxxxxx	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
9 XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
10 XXXXX	xxxxxxxxxxxxxxxxxxx	999999999	XXXXXXX	X	X	09092099	X	X	99999999 00
11 XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
12 XXXXX	xxxxxxxxxxxxxxxxxxxxxxxxx	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
13 XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
14 XXXXX	xxxxxxxxxxxxxxxxxxxxxxxxx	999999999	XXXXXXXX	X	X	09092099	X	X	99999999 00
								15 <b>Total</b>	99999999 00



#### Schedule DE – Disregarded Entity Montana Source Income

File this schedule for all disregarded entities that must report Montana source income.

Do not file this schedule for disregarded entities that only receive flow-through income or are considered segments. (See instructions.)

Complete the Everywhere column first. If the income reported on line 17 includes apportionable income, then mark the box and calculate the apportionment factor.

Use the apportionment factor to calculate your Montana source income. If line 17 includes nonapportionable income, report it on the applicable line in the Montana column.

Disregarded Entity FEIN 999999999

1a Gross income	
10 Returns and allowances 10 99999999999999999999999999999999999	
1c Balance. Subtract line 1b from line 1a. 1d Cost of goods sold (provide statement) 1d Cost of goods sold (provide statement) 1d 999999999999999999999999999999999999	
1e Gross profit. Subtract line 1d from line 1c.	
1g Add lines 1e and 1f. This is your total income. 1g 999999999 00	
1h Wages 1h 2999999999 00	
1i Rent 1i 9999999999 00 1j Other deductions (provide statement) 1j Other deductions (provide statement) 1k Add lines 1h through 1j. This is your total deductions. 1k 9999999999 00 1k	
1j Other deductions (provide statement)  1j 999999999 00	
	Montana
,	9999999 00
	9999999 00
	9999999 00
	9999999 00
	9999999 00
6 Ordinary dividends 6 999999999 00 6 9999	9999999 00
7 Royalties 7 999999999 00 7 9999	9999999 00
	9999999 00
9 Net long-term capital gain (loss) (include federal Schedule D) 9 999999999 00 9 9999	9999999 00
	9999999 00
	9999999 00
	9999999 00
	9999999 00
	9999999 00
70	9999999 00
10 Workana dabadadan norminormo	9999999 00
The state of the s	0000000
Mark this box if some income is apportionable. X 17 9999999999 00 17 9999	9999999 00
4 5 00000000000000000000000000000000000	
1a Everywhere property 1a 999999999 00	9999999 00
	99.9999
	9999999 00
	99999999 00
2 Divide line 2b by line 2a.  This is your Payroll factor. 2 99  3a Everywhere receipts 3a 9999999999 00	99.9999
3a Everywhere receipts 3a 999999999999999999999999999999999999	9999999 00
3b Montana receipts 3b 9999	
	99.9999
	99.9999
	22.222
6 Divide the total percentage from line 5 by the number of factors that can be included in the calculation. If a property, payroll,	
or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the "Everywhere" column.	99.9999
This is your Apportionment factor. 6	00.0000



### **Montana Adjustments Worksheet**

-		Α	В	С	D	E	
				From MT Schedules K-1,	From Schedules DE,		
1 Montana Additions		PTE's Apportionable Activities	Nonapportionable Income	Part 3, Column I	Everywhere column,	Total Everywhere	
to Everywhere Income	Code			(See instructions)	lines 15 and 16	Adjustments	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
S XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
XXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
<u></u> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00		
2 Montana Subtractions	Total	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
to Everywhere Income							
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
₹ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
₹ XXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
§ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
	Total	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
				· · · · · · · · · · · · · · · · · · ·	From Schedules DE, Montana	Total Montana Source	
3 Montana Source Additions	Code	PTE's Apportionable Activities	Nonapportionable Income	Part 3, Column II	column, lines 15 and 16	Income Adjustments	
E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
S XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
§ XXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
S XXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
E XXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
onts	Total	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
4 Montana Source Subtractions							
2 XXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00		
E XXXXXXXXXXXXXXXX	77777	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
<u> </u>	XXX						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00	9999999999 00	
<u> </u>	XXX XXX	9999999999 00 9999999999 00	9999999999 00 9999999999 00	9999999999 00 9999999999 00	9999999999 00 9999999999 00	9999999999 00	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9999999999 00	9999999999 00	9999999999 00	9999999999 00		



### **Montana Source Income Schedule**

		Α		В		G		U		E	
								Montana Source income	е		
Sum of Montana source income		Montana Source Income from Mo		Montana Source Income fr	Montana Source Income from N		Montana Source Income from		е	Total of columns	
per item of income (loss) and deduction.		Montana Schedules K-1		Schedules DE		Nonapportionable incon	activities	A through D			
1 Ordinary business income (loss)	1	99999999999 0	0 (		00	9999999999	00	9999999999	00	9999999999	00
2 Net rental real estate income (loss)	2	99999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
3 Other net rental income (loss)	3	99999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
4 Guaranteed payments	4	99999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
5 Interest income	5	99999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
6 Ordinary dividends	6	99999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00		00
7 Royalties	7	99999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
8 Net short-term capital gain (loss)	8	<b>9999999999</b> 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
9 Net long-term capital gain (loss)	9	99999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
10 Net §1231 gain (loss)	10	99999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
11 Other income (loss).	11	99999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
12 §179 expense deduction apportionable											
and/or allocable to Montana	12	9999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
13 Other expense deductions apportionable											
and/or allocable to Montana	13	9999999999 0	0 (	9999999999	00	9999999999	00	9999999999	00	9999999999	00
14 Total Montana Source Income	14	99999999999 0	0 (	99999999999	00	9999999999	00	99999999999	00	99999999999	00



# **Montana Schedule K-1**

(PTE)

Owner's Share of Income (Loss), Deductions, Credits, etc.

For the calendar year 2021, or tax year beginning 09092099 and ending 09092099

ڌ	Mark applicable boxes: X Amended Schedule K-1 X Final Schedule	e K-1				
Part 1 PTE Information	Pass-through Entity's Name			_		
Z Ĕ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXXXXXX		ı	FEIN 999999999
Part 1 Inform	Mailing Address			4		
- <u>-</u>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-				
PT	City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZIP	Code 999999999			
	Nama					FEIN 999999999
_	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7		OR		
Ę	Mailing Address			_		SSN 999999999
na na	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	П	Beneficial owner			
Part 2 Inforn	City XXXXXXXXXXXXXXXXX State XX		FEIN 999999999			
Part 2 Owner Information			Code 999999999	_		or SSN 999999999
/ne	Owner Type XXX Resident X Nonresident X	Т	The owner is included in a con	nposi		
ó						ercentage 999.9999
	The owner filed Form PT-AGR X Year 2099			Ca	oital/O	Ownership 999.9999
			1			- II
ო	Montana Adjustments (See worksheet on page 9)		Everywhere		_	Montana
Part 3 Adj.	1 Additions	1	9999999999	00	_	9999999999 00
п.	2 Subtractions	2	99999999999	00		9999999999 00
	Distributive Share of Montana Source Income (Loss)		00000000000	0.0		000000000000000000000000000000000000000
	1 Ordinary business income (loss)	1	99999999999	00	_	9999999999 00 9999999999 00
ne	2 Net rental real estate income (loss)	2	99999999999	00	_	9999999999 00 9999999999 00
20.0	3 Other net rental income (loss)	3 4	99999999999	00	-	9999999999 00
ž	4 Guaranteed payments 5 Interest income	5	99999999999	00	-	9999999999 00
4 Ce	6 Ordinary dividends	6	99999999999	00	-	9999999999 00
Part 4 Montana Source Income	7 Royalties	7	99999999999	00		9999999999 00
B B	8 Net short-term capital gain (loss)	8	99999999999	00		9999999999 00
tan	9 Net long-term capital gain (loss)	9	99999999999	00		9999999999 00
on	10 Net section 1231 gain (loss)	10	9999999999	00		9999999999 00
Σ	11 Other income (loss) (include detailed statement)	11	9999999999	00		9999999999 00
	12 Section 179 expense deduction	12	9999999999	00		9999999999 00
	13 Other expense deductions	13	9999999999	00		9999999999 00
	Supplemental Information					
_	1 Owner's share of Montana source income (loss)				1	9999999999 00
ion	2 Montana composite income tax paid on behalf of owner				2	9999999999 00
Part 5 ormati	3a Montana income tax withheld on behalf of owner. (See instructions)				3a	9999999999 00
Part 5 Informati	3b Montana income tax withheld by a lower tier pass-through entity		4 201 11 11		3b	9999999999 00
<u>=</u>	·	inco	me tax withheld on your beha	alt.	3c	9999999999 00
	4 Montana mineral royalty tax withheld	_	99999999999	00	4	9999999999 00 9999999999 00
	5 Other information. List type 999999999999999999999999999999999999	5	99999999999	00		9999999999 00
Part 6 Tax Credits	1 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here.	Х	7		1	9999999999 00
Part 6 Tax Sredits			99999 C G R		' _	00
F O	2 Other credit/recapture information. List type XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		and amou	nt	2	9999999999 00
	Montana Adjustments Detail: Enter the amount and code of each adjust				_	
7 Ise			999999 00 3 Co		XXX	999999999 00
Part 7 PTE Use	4 Code XXX 999999999 00 5 Code XXX 99		999999 00 6 Co		XXX	999999999 00
PT			999999 00 9 Co		XXX	
	10 Code XXX 999999999 00 11 Code XXX 99	99	999999 00 12 Co	de	XXX	999999999 00
Pa	7 Code XXX 999999999 00 8 Code XXX 99	99	999999 00 9 Co	de	XXX	999999999 00



Forn	n PTE	2021 Montana Include a comple	a Pass-Tete copy of a	Through	Eral f	ntity Tax Re	turı	n		P	
No Stapl	es	Partnership	X	Sc	orpoi	ration					
Page 1	Foi	r calendar year 2021 or tax y	ear beginni	ng		and endin	g 🗌				
	all that apply: N								FEIN 789887		8
	_	ORM APPROVAL CENT	RAL			F <mark>eder</mark> al Bus					
		lailing Address				MT Sec					ᆛ
	mended return 2		HWAY	DO 1 4		Date of Regis	_				-
		ity IERE		P Code + 4 7959		State form	ed in [.	NC	on 010120	00	_
	IF <u>I</u> I.	IEKE	1411 2	1939							
Ente	r Number of:	Schedules K-1 Included Resident Owners	5	Nonresident Other Types of					edules DE Included dules K-1 Received		3
	Owners' Dietrih	outive Share of Income Items (federa	l Schadula K)							F	7
		iness income (loss)	i Scriedule Nj					1	154678	9	00
	,	al estate income (loss) (include federal For	m 8825)					2	23456		00
		rental income (loss)	/	38	a		00	_			
	•	om other rental activities (include detailed s	tatement)	38		65498	00				
	3 Subtract line			This is you	ır oth	er net rental income or l	oss.	3	-6549	8	00
	4 Guaranteed	payments (partnerships only)						4			00
	5 Interest incor	·· <del>·</del>						5		_	00
¥	6 Ordinary divid	dends						6	1234	_	00
Federal Schedule K	7 Royalties			7	555	_	00				
hed		m capital gain (loss) (include federal Scheo		8		_	00				
Se	-	n capital gain (loss) (include federal Sched	,					9			00
dera		231 gain (loss) (include federal Form 4797		10 11			00				
P		e (loss) (include detailed statement) nrough 11 and enter result.		11 12	173375		00				
		outive Share of Deduction Items (incl	ude federal Sc		youi	total federal income or l	033.	12	175575	U	00
		deduction (include federal Form 4562)	ado iodorai oc	138	9		00				
	13b Contributions	,		138	_		00				
	13c Investment in	nterest expense		130			00				
	13d Section 59(e)	)(2) expenditures (include detailed stateme	ent)	130	t	77777	00				
	13e Other deduct	tions (include detailed statement)		136	9		00				
	13 Add lines 13a	a through 13e and enter result.		Th	is is y	our total federal deducti	ons.	13	7777	_	00
	14 Subtract line			This is you	r fede	eral income from all sour		14	165598	_	00
		litions to the PTE's apportionable activities					_	15			00
		tractions from the PTE's apportionable ac		168			0.0				
		here income (loss) from federal Schedules		161			0.0				
ø.		here income (loss) from disregarded entitie		160	_		0.0				
ontana Source Income		portionable income (loss) from the PTE's o		16d		a nonannorficuelle !	0.0	16			0.0
lnc	16 Add lines 16a	and 15, then subtract line 16.	riiis is you	ueuuciions inc	iuuin	g nonapportionable inco		16 17	165598		00
JI C		not required. (See instructions)	1					17	103390		00
a So		s) apportioned to Montana. Multiply lin	ne 17 x 013	.3543 %				18	22114	5	00
ıtanı		a source income received from pass-throu					П	.5		-	- 0
<u>o</u>		urso incomo from MT Schodulos K 1 issue	•	10			$\cap \cap$				

Office Use Only

Date Received

19 Add lines 19a through 19c.

20 Add lines 18 and 19; enter result.

19b Total Montana source income from Schedules VII

19c Nonapportionable income allocated to Montana. (See instructions)



00

19b

19c

This is the total nonapportionable income (loss) sourced to Montana. 19

This is your total Montana source income. 20

00

00

221145

789887788

ա <u>≩</u>	21 Enter your total composite tax from Schedule IV, column H				21	43447	00
PTE Liability	21a Enter the PTE's tax liability resulting from an adjustment to partnership income. (See				21a	9876	00
_	22 Enter the sum of pass-through withholding from all owners' MT Schedules K-1, Part	5, line	3a		22	27238	00
	23a Total Montana mineral royalty tax from MT Schedules K-1 and						
	federal Forms 1099 received by the PTE	23a			0		
	23b Mineral royalty tax allocated to owners on their MT Schedules K-1, Part 5, line 4	23b		8888			
Withholding	23 Subtract line 23b from line 23a. This is the amount of Montana min		yalty tax that the P1	E can claim	. 23	-8888	00
쉳	24a Total Montana pass-through withholding from MT Schedules K-1 received	24a		0	0		
Ĭ.	24b Montana pass-through withholding allocated to owners on their MT Schedules K-1,						
	Part 5, line 3b	24b		-	0		
	24 Subtract line 24b from 24a. This is the amount of Montana pass-th						00
	25 Add lines 23 and 24. This is the total withhole	ding p	-		. 25	-8888	00
	26a 2020 overpayment applied to 2021	26a	12	2 <b>345</b> 0	0		
ents	26b 2021 estimated payments	26b			0		
Ĕ	26c 2021 tentative payments	26c			0		
n Pa	26d For amended returns only – payments made with original return	26d	15		0		
Return Payments	26e For amended returns only – previously issued refunds. (See instructions)	26e		-	0		
8	26 Add lines 26a through 26d, then subtract line 26e.		is is your total retui			27496	00
			your amount due of	or (overpaid	. 27	61953	00
_	28a PTE information return late filing penalty	28a			0		
anc st	28b Interest on underpayment of estimated composite tax	28b			0		
nalties ar Interest	28c Composite income tax return late filing penalty	28c			0		
Penalties and Interest	28d Late payment penalty	28d			0		
ď	28e Interest	28e		_	0		100
		his is	our total penalties	and interes		61052	0.0
70	29 Add lines 27 and 28		<b>T</b>		29	61953	0.0
nd Me	30 If line 29 results in an amount due, enter it here.	1	This is the amount	-		61953	00
Amount Owed or Refund	Why not e-pay? See your options at MTRevenue.gov. If writing a					PARTMENT OF REVENUE.	0.0
or P	<ul> <li>31 If line 29 results in an overpayment, enter it here.</li> <li>32 Enter the amount from line 31 that you want applied to your 2022 tax</li> </ul>	rpayır 32	ent. Enter as a posi		_		00
₹	33 Subtract line 32 from line 31 and enter the amount here.	32	This is yo	ur refund. ▶	0 33		0.0
	33 Subtract line 32 from line 31 and enter the amount here.		Tills is yo	ui ieiuiiu.	33		00
Dina	ot Domooit						
	ct Deposit r Potund 1. RTN# 2. A	CCT	4				_
	Refulid			ecking		Savings	
	structions)  3. If using direct deposit, you are required to mark astructions)  4. If this refund is going to an account that is located			•	ite te		1
(000)	4. If this folding is going to all account that is located	a outc		Otatos of	113 10	mones, mark nore.	
Unde	er penalties of false swearing, I declare that I have examined this ret	urn i	ncluding accomi	nanvina s	ched	ules and statements, a	nd
	e best of my knowledge and belief, it is true, correct, and complete.	G111, 11	lorading accomp	Janying 0	orioa	aloo ana otatomonto, al	
		ed Na	me and Title			Telephone Number	
X	July 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Totophione Hamber	
^							
Print/	Type Preparer's Name Preparer's Signature		Dat	е		PTIN	
Firm's	Name Firm's Address		Tele	phone Nu	nber	Firm's FEIN	
	allow the DOR to discuss this tax return with your tax preparer, ma						



This is your apportionment factor. 6 013.3543

Schedule I - Apportionment Factor for Multistate Pass-Through Entities Enter amounts in columns A and B. Enter percentages in column C. B. Montana. C. Factor A. Everywhere 1 **Property Factor:** Use average value for real and tangible personal property. 99999999 8888888 1a Land 00 00 9151515 00 898989 00 1b Buildings 1b 1414141 77777 00 00 1c Machinery 1c 16161616 00 66666 00 1d Equipment 1d 00 00 1e Furniture and fixtures 1e 11181818 81818 1f Leases and leased property 1f 00 00 00 00 1g Inventories 1g 1h Depletable assets 1h 00 00 155555 11444444 1i 00 00 1i Supplies and other 00 00 1j Multiply amount of rents by 8 and enter result 1j 21458582 138064644 00 00 1k Total Property Value. Add lines 1a through 1j 1k This is your property factor. 1 015.5424 Divide the total in column B by the total in column A. Multiply the result by 100. 2 Payroll Factor: 2a Compensation of officers 2a 00 00 00 00 2b 2b Salaries and wages Payroll included in: 00 00 2c Costs of goods sold 2c 2d Other expenses and deductions 2d 00 00 00 2e Total Payroll Value. Add lines 2a through 2d. 0 00 0 2e This is your payroll factor. 2 000.000 Divide the total in column B by the total in column A. Multiply the result by 100. 3 Gross Receipts Factor: 9879879879 00 3a Gross Receipts, less returns and allowances 3a 3b Receipts delivered or shipped to Montana purchasers: 999654654 (1) Shipped from outside Montana 3b(1) 96546546 (2) Shipped from within Montana 3b(2) 3c Receipts shipped from Montana to: 5465464 (1) United States government 3c(1) 979879 (2) Purchasers in a state where the taxpayer is not taxable 3c(2) 00 3d Receipts other than receipts of tangible personal property (e.g., service income) 3d 565468 00 3e Net gains reported on federal Schedule D and Form 4797 00 00 3e 00 00 3f 3f Other gross receipts (rents, royalties, interest, etc.) 9879879879 1103212011 3g Total Receipts Value. Add lines 3a through 3f. 00 00 011.1662 This is your receipts factor. Divide the total in column B by the total in column A. Multiply the result by 100. 3 4 For tax years beginning after June 30, 2021, enter the amount reported on line 3. (If the tax year begins before July 1, 2021 leave blank). 5 Add the percentages from lines 1, 2, 3, and 4 in column C. 026.7086 This is the sum of your factors. 5



6 Divide the total percentage from line 5, column C, by the number of factors that can be included in the calculation.

If a property, payroll, or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in column A (See instructions).

FEIN

Schedule II - Montana Pass-Through Entity Tax Credits

Type of Credit		Amount of Credit	t
1 Dependent care assistance credit (include Form DCAC)	1	9789	00
2 College contribution credit (include Form CC)	2	9898	00
3 Health insurance for uninsured Montanans credit (include Form HI)	3	7888	00
4 Recycle credit (include Form RCYL)	4	8666	00
5 Alternative energy production credit (include Form AEPC)	5	6555	00
6 Contractor's gross receipts tax credit. If the entity reports multiple CGR accounts, mark here.			
CGR account id: CGR	6		00
7 Alternative fuel credit (include Form AFCR)	7	33444	00
8 Infrastructure user fee credit (include Form IUFC)	8	2333	00
9 Historic property preservation credit (include federal Form 3468)	9	11555	00
10 Mineral and coal exploration incentive credit (include Forms MINE-CERT and MINE-CRED)	10	111	00
11 Empowerment zone credit	11	222555	00
12 Biodiesel blending and storage credit (include Form BBSC)	12	8777	00
13 Innovative educational program credit	13		00
14 Student scholarship organization credit	14		00
15 Emergency lodging credit (include Form ELC)	15	33222	00
16 Unlocking public lands credit	16	22111	00
17 Apprenticeship tax credit	17		00
18 Media credit (include Form MEDIA-CLAIM and all supplemental information with Montana Schedules K-1)	18	11222	00
19 Trades education and training credit	19	9876	00
		Amount of	
Type of Credit Recapture		Credit Recapture	ì
20 Historic property preservation credit recapture	20		00
21 Biodiesel blending and storage credit recapture	21		00
22 Oilseed crushing and biodiesel/biolubricant production credit recapture	22	55666	00
When attributing any credit or credit recapture from a PTE to its owners, use the same proportion the PTE used to report each owner's inc	come or	loss for Montana tax	

Use Montana Schedule K-1 to notify each owner of the amount of credit available to the owner.

purposes. Include a detailed breakdown that shows each owner's share of the credit or credit recapture.



### Schedule IV – Montana Composite Income Tax Schedule

### Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants.

Part II. Composite Tax Ratio
Use the amount in column 3
to complete the calculation
in column H below.

1	2	3				
Enter the amount from page 1, line 14 of this form.	Enter the amount from page 1, line 20 of this form.	Divide column 2 by column 1 Do not enter more than 1.000000.				
<b>98989898</b> 0	89898989 00	0.908163				

Part III. Enter the required information and amounts for each eligible participant in columns A – H.

2

A	В	С	D	E	F	G	Н
Name	Social Security Number or Federal Employer Identification Number	Owner's share of federal income from entity	Standard deduction	Exemption \$2,580	Montana taxable income – Subtract columns D and E from column C.	Enter the appropriate tax from the tax table below.	Montana composite income tax. Multiply column G by composite tax ratio from Part II.
1 ONE PERSON	123456789	12345600	250000	258000	11837600	756900	687400
2 TWO PEOPLE	234567890			258000			1377400
3 THREE MORE	345678901	34567800	250000	258000	34059800	2290200	2079900
4 FOUR MORE	456789123	4567800	250000	258000	4059800	220200	2000 00
5		00	00	00	00	00	0.0
6		00	00	00	00	00	0.0
7		00	00	00	00	00	0.0
3		00	00	00	00	00	0.0
9		00	00	00	00	00	0.0
0		00	00	00	00	00	0.0
			11 Enter th	e total comp	oosite tax from all addi	tional pages, if used	0.0

Add column H, lines 1 through 11. This is your total composite income tax liability. 43447 00

Transfer the amounts from column H to each owner's Montana Schedule K-1, Part 5, line 2.



If additional space is needed, make copies of this page. Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$3,100	1% (0.010)	\$0	
\$3,100	\$5,500	2% (0.020)	\$31	
\$5,500	\$8,400	3% (0.030)	\$86	
\$8,400	\$11,400	4% (0.040)	\$170	
\$11,400	\$14,600	5% (0.050)	\$284	
\$14,600	\$18,800	6% (0.060)	\$430	
More than \$18,800		6.9% (0.069)	\$599	

Complete Schedule VI only if your PTE filed any of the federal income tax forms described below. Mark the appropriate box indicating which form(s) you filed with the Internal Revenue Service (IRS) for this tax year. If your answer is "Yes" to one or more of these forms, you must include a complete copy of your federal tax return.

-, ,	,								
1 The entity filed federal Form 8918 – Material Advisor Disc	losure Statement	with the IRS		Yes					
2 The entity filed federal Form 8824 – Like-Kind Exchanges with the IRS. NOTE: Mark the box if your like-kind exchange includes Montana property.									
3 The entity filed federal Form 8865 – Return of U.S. Persor Partnerships with the IRS	ns with Respect to	Certain Foreign		Yes					
4 The entity filed federal Form 8886 – Reportable Transaction	on Disclosure Stat	ement with the IRS		Yes					
5 For S corporations only: The S corporation filed federal For for Corporations Making Qualified Stock Purchases with		S Under Section 33	8	Yes					
Complete this section if the P	TE is a partnershi <sub>l</sub>	o.							
6 Mark the box if the partnership filed one or more of the follow Provide a copy of each form with your tax return. • Federal Form 8985, Pass-Through Statement - Transmittal • Federal Form 8986, Partner's Share of Adjustment(s) to Patential Form 8082, Notice of Inconsistent Treatment or Advisory	//Partnership Adjus artnership-Related I	tment Tracking Repo							
7 Mark the box if the partnership had Montana source income If applicable, provide a copy of your federal audit adjustment									
Complete this section if you made a dis	bursement to a re	lated party.							
8 During this tax year, the entity made payments to one o (excluding salary compensation) that exceeded \$100,00 If you answered "Yes" to this question, please provide the nanumber of each related party below and the amount that you name	<b>0 per recipient.</b> ame and federal en u paid to each relat FEIN	nployer identification ed party: Amount of Paymen		Yes					
ONE PERSON	654321987	2380	00						
TWO PEOPLE	147852369		00						
THREE MORE	234567890		00						
			0.0						
			0.0						
			00						
			00						
			00						
			00						
			00						
			00						
			00						

Schedule VII – List of Disregarded Entities (DE)								
A	В	C Montana SOS	D	E	F If Q Sub, enter	G DE has	H DE is a	I Montana Source Income
Name	FEIN	Registration	LLC	Q Sub	election date	multistate	segment of	from DE's own activities
GOMPANIA ONE	101010101	Number			00000000	activities	the PTE	00000
1 COMPANY ONE	101010101	11011011	ш	X	02022002	X		98765 00
2 COMPANY TWO	202020202	22022022	X		01012001		X	65465 00
3								00
4								0.0
5								0.0
6								0.0
7								0.0
8								0.0
9								00
10								00
11								00
12								0.0
13								0.0
14								00
							15 <b>Total</b>	164230 00



#### Schedule DE – Disregarded Entity Montana Source Income

File this schedule for all disregarded entities that must report Montana source income.

Do not file this schedule for disregarded entities that only receive flow-through income or are considered segments. (See instructions.)

Complete the Everywhere column first. If the income reported on line 17 includes apportionable income, then mark the box and calculate the apportionment factor.

Use the apportionment factor to calculate your Montana source income. If line 17 includes nonapportionable income, report it on the applicable line in the Montana column.

Disregarded Entity Name COMPANY THREE
Disregarded Entity FEIN 303030303

Disre	garded Entity FEIN 303030303						
	1a Gross income	1a	Everywhere 9876543	00			
Ð	1b Returns and allowances	1b	123456	00			
Business Income	1c Balance. Subtract line 1b from line 1a.		9753087	00			
n n		1c	9133001	00			
Jess	1d Cost of goods sold (provide statement)	1d	9753087	_			
usir	1e Gross profit. Subtract line 1d from line 1c.	1e	9/5306/	00			
ā	1f Other income including gains (provide statement)	1f	0752007	00			
	1g Add lines 1e and 1f. This is your total income.	1g	9753087	00			
တ	1h Wages	1h		00			
ij	1i Rent	1i	F00F00	00			
Deductions	1j Other deductions (provide statement)	1j	500500	00			
۵	1k Add lines 1h through 1j. This is your total deductions.	1k	500500	00		Montana	0.0
	1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	9252587	00	1	9090909	0.0
	2 Net rental real estate income (loss)	2		00	2		0.0
	3 Other net rental income (loss)	3		00	3		00
	4 Guaranteed payments (partnerships only)	4		00	4		00
	5 Interest income	5		00	5		00
<u>ə</u>	6 Ordinary dividends	6		00	6		00
S	7 Royalties	7		00	7		00
Other Income	8 Net short-term capital gain (loss) (include federal Schedule D)	8		00	8		00
Epe	9 Net long-term capital gain (loss) (include federal Schedule D)	9		00	9		00
O	10 Net section 1231 gain (loss) (include federal Form 4797)	10		00	10		00
	11 Other income (loss) (include detailed statement)	11		00	11		00
	12 Section 179 deduction (include federal Form 4562)	12		00	12		00
	13 Other deductions (include detailed statement)	13		00	13		00
	14 Add lines 1 through 11, then subtract lines 12 and 13	14	9252587	00	14	9090909	00
Adj.	15 Montana additions to income	15		00	15		00
×.	16 Montana subtractions from income	16		00	16		00
Total	17 Add lines 14 and 15, then subtract line 16.						
2	Mark this box if some income is apportionable.	17	9252587	00	17	9090909	00
			0.050.00				
	1a Everywhere property	1a	8070908	00		<b>50400</b>	_
	1b Montana property				1b	504030	00
	1 Divide line 1b by line 1a.		This is your Property fact	_	1	006.2450	
_	2a Everywhere payroll	2a	11223344	00			
Factor	2b Montana payroll				2b	987654	00
	2 Divide line 2b by line 2a.		This is your Payroll fact		2	008.8000	
Apportionment	3a Everywhere receipts	3a	987987987	00			
io	3b Montana receipts				3b	654654654	00
ort	3 Divide line 3b by line 3a.		This is your Receipts fact	or.	3	066.2614	
₹	4 For tax years beginning after June 30, 2021, enter the amount reported on line 3. Other				4		
	5 Add the percentages from lines 1, 2, 3, and 4.		This is the sum of your facto		5	081.3064	
	6 $$ Divide the total percentage from line 5 by the number of factors that can be included			l,			
	or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the						
		Thi	is is your Apportionment fact	or.	6	027.1021	



## Montana Adjustments Worksheet

,		Α	В	С	D	E	
				From MT Schedules K-1,	From Schedules DE,		
1 Montana Additions		PTE's Apportionable Activities	Nonapportionable Income	Part 3, Column I	Everywhere column,	Total Everywhere	
to Everywhere Income	Code			(See instructions)	lines 15 and 16	Adjustments	
FIRST ONE	Р	987654 00	876543 00			70707 00	
SECOND ONE	Р	987987 00	808080 00			60606 00	
<u></u>		00	00			00	
Everywhe		00	00			0.0	
ar.		00	0(			00	
E C		00	00			0.0	
2 Montana Subtractions	Total	1975641 00	1684623 00	171717 00	151515 00	131313 00	
ಕ್ತ to Everywhere Income							
another one	Р	252525 00	101010 00			130303 00	
AN OTHER ONE	P	242424 00	98989 00			120202 00	
Adj.		00	00			0.0	
a 		00	00			0.0	
Montana		00	00			00	
о 		00	00			00	
	Total	494949 00	199999 00			250505 00	
				From MT Schedules K-1,	From Schedules DE, Montana	Total Montana Source	
3 Montana Source Additions	Code	PTE's Apportionable Activities	Nonapportionable Income	Part 3, Column II	column, lines 15 and 16	Income Adjustments	
g SOME ONE	Ι	969696 00	858585 00			52525 00	
SOMEONE ELSE	Ι	858585 00	747474 00			43434 00	
<u> </u>		00	00			00	
n		00	00			0.0	
Source		00	00			0.0	
ana		00	00			0.0	
00	Total	1828281 00	1606059 00	1383837 00	666666 00	95959 00	
≥ 4 Montana Source Subtractions							
OTHER ONE	I	987987 00	<b>654654</b> 00			11011 00	
ent		00	00			0.0	
itme		00	00			0.0	
Adjustment		00	00			00	
A		00	00			0.0	
		00	00			0.0	
	Total	987987 00	654654 00	321321 00	123123 00	11011 00	



### **Montana Source Income Schedule**

		Α		В		С		D		E	
								Montana Source income			
Sum of Montana source income		Montana Source Income from	m	Montana Source Income f	rom	Montana Source Income f	rom	from PTE's apportionab	le	Total of columns	
per item of income (loss) and deduction.		Montana Schedules K-1		Schedules DE		Nonapportionable incor	ne	activities		A through D	
1 Ordinary business income (loss)	1	987987 0	0	321321	00	10101	00	9876	00	1329285	00
2 Net rental real estate income (loss)	2	0	0		00		00		00		00
3 Other net rental income (loss)	3	0	0		00		00		00		00
4 Guaranteed payments	4	0	0		00		00		00		00
5 Interest income	5	0	0		00		00		00		00
6 Ordinary dividends	6	0	0		00		00		00		00
7 Royalties	7	0	0		00		00		00		00
8 Net short-term capital gain (loss)	8	<b>654654</b> 0	0	321321	00	123123	00	98765	00	45654	00
9 Net long-term capital gain (loss)	9	0	0		00		00		00		00
10 Net §1231 gain (loss)	10	0	0		00		00		00		00
11 Other income (loss).	11	0	0		00		00		00		00
12 §179 expense deduction apportionable											
and/or allocable to Montana	12	0	0		00		00		00		00
13 Other expense deductions apportionable											
and/or allocable to Montana	13	0	0		00		00		00		00
14 Total Montana Source Income	14	<b>1642641</b> 0	0	642642	00	133224	00	108641	00	1374939	00



# Montana Schedule K-1 (PTE)

#### Owner's Share of Income (Loss), Deductions, Credits, etc.

For the calendar year 2021, or tax year beginning	and ending						

r c	Mark applicable boxes: Amended Schedule K-1 Final Schedu	ule K-1		
Part 1 PTE Information	Pass-through Entity's Name MY OTHER COMPANY			FEIN 875421986
Part 1 Inform	Mailing Address			FEIN 875421986
Pa Info	12 MAIN STREET			
쁜	City BILLINGS State MY	ZIP Code 1234567	789	
Ē				
_	Name			FEIN
io	JOHN SMITH			OR
maf	Mailing Address 55 SECOND AVE		_	SSN Beneficial owner
Part 2 Inforn	City MONROE State MY	ZIP Code 10506		FEIN
고 교	ony restricts	211 0000 1000		orSSN 593648127
Part 2 Owner Information	Owner Type I Resident X Nonresident	The owner is included in a		ome tax return
ó		Р	rofit and loss pe	
	The owner filed Form PT-AGR X Year 2018		Capital/O	Ownership 011.9465
•	Montana Adjustments (See worksheet on page 9)	I Everywhere		II Montana
Part 3 Adj.	1 Additions	1	00	00
Pa A	2 Subtractions	2	00	00
	Distributive Share of Montana Source Income (Loss)			
	1 Ordinary business income (loss)	1	0.0	00
ခ	2 Net rental real estate income (loss)	2	0.0	00
Ö	3 Other net rental income (loss)	3	00	00
Part 4 Montana Source Income	4 Guaranteed payments 5 Interest income	5 594		1579 00
rce	6 Ordinary dividends	6	00	00
Part Sou	7 Royalties	7	00	00
Ja (	8 Net short-term capital gain (loss)	8	0.0	00
nta	9 Net long-term capital gain (loss)	9	0.0	00
<u> </u>	10 Net section 1231 gain (loss)	10	00	00
	11 Other income (loss) (include detailed statement)	11	0.0	00
	12 Section 179 expense deduction 13 Other expense deductions	12 13 599	00	2316 00
	Supplemental Information	10 399	, 1 00	2310 00
	1 Owner's share of Montana source income (loss)		1	15678 00
5 tion	2 Montana composite income tax paid on behalf of owner		2	00
Part { ormat	3a Montana income tax withheld on behalf of owner. (See instructions)		3a	9630 00
Part (	3b Montana income tax withheld by a lower tier pass-through entity 3c Add lines 3a and 3b.  This is your total Montar	na income tax withheld on your	behalf. 3c	9630 00
드	4 Montana mineral royalty tax withheld	ia income tax withheld on your	4	9030 00
	5 Other information. List type and amount	5	00	00
0	Tax Credits and Recapture			
Part 6 Tax Credits	1 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here.		1	00
2 - 2	CGR Account ID	CGR		0.0
	2 Other credit/recapture information. List type  Montana Adjustments Detail: Enter the amount and code of each adjustments.		amount 2	00
ze Se	1 Code 00 2 Code		3 Code	00
Part 7 PTE Use	4 Code 00 5 Code		6 Code	00
PT	7 Code 00 8 Code		9 Code	00
	10 Code 0 0 11 Code	00 12	2 Code	00



#### **Form PTE**

# 2021 Montana Pass-Through Entity Tax Return Include a complete copy of all related federal forms and schedules.



No Staples

Partnership X S corporation

St	aples)				•					
Pag	e 1 F	or calendar year 2021 c	r tax vear begi	inning 07	012021	and ending	093	02022		
	rk all that apply:			9			,	EIN 1298	7987	78
	Initial return	VACATIONS GALO	RE			Federal Busin	ess Code/N	IAICS 9876	54	
	Final return	Mailing Address					etary of State			
		225 GREEN STRE	EТ			Date of Regist	•			5
X	Refund return	City		e ZIP Code + 4		State forme		on 0101		
X	PTP	FAYETTEVILLE	MT			Oldic forme	UIII 140	011 0101	2000	
E	nter Number of:	Schedules K-1 Included Resident Owners	22 11	Nonresid	ent Owners s of Owners	11		ules DE Included les K-1 Received		
		Nesident Owners	11	Other Type	S OI OWIIGIS		ou leuu	ies it-i iteceived		
	Owners' Dist	ributive Share of Income Items	(federal Schedule	e K)						
	1 Ordinary b	ousiness income (loss)					1	96	789	00
	2 Net rental	real estate income (loss) (include fe	ederal Form 8825)				2	34	567	00
	3a Other gros	ss rental income (loss)			3a	12121	00			
	3b Expenses	from other rental activities (include	detailed statement)		3b	23232	00			
	3 Subtract li	ne 3b from line 3a.		This is	your other ne	et rental income or lo	<b>ss.</b> 3	-11	111	00
	4 Guarantee	ed payments (partnerships only)					4			00
	5 Interest inc	come					5			00
	6 Ordinary o	dividends					6	34	343	00
2	7 Royalties						7			00
-	8 Net short-	term capital gain (loss) (include fede	eral Schedule D)				8	45	454	00
-	9 Net long-te	erm capital gain (loss) (include fede					9			00
7	10 Net section	n 1231 gain (loss) (include federal F	,				10	17	357	00
Value of Colored	11 Other inco	ome (loss) (include detailed stateme	,				11			00
		1 through 11 and enter result.	,	Thi	s is your tota	l federal income or lo	ss. 12	217	399	00
	Owners' Dist	ributive Share of Deduction Ite	ems (include federa	al Schedule K)						
	13a Section 17	79 deduction (include federal Form	4562)		13a	28978	00			
	13b Contribution	ons			13b		00			
	13c Investmen	nt interest expense			13c		00			
	13d Section 59	P(e)(2) expenditures (include detaile	d statement)		13d		00			
	13e Other ded	uctions (include detailed statement)			13e	19789	00			
	13 Add lines	13a through 13e and enter result.			This is your t	total federal deductio	<b>ns.</b> 13		767	00
	14 Subtract li	ne 13 from line 12.		This is	our federal in	ncome from all source	es. 14	168	632	00
	15 Montana a	additions to the PTE's apportionable	activities				15			00
	16a Montana s	subtractions from the PTE's apportion	onable activities		16a		00			
	16b Total every	ywhere income (loss) from federal S	Schedules K-1		16b		00			
	16c Total every	ywhere income (loss) from disregar	ded entities		16c		00			
	16d Other non	apportionable income (loss) from the	e PTE's own activities	S	16d		00			
	16 Add lines	16a through 16d.	This is	your deductions	including no	napportionable inco	<b>me.</b> 16			00
3	17 Add lines	14 and 15, then subtract line 16.					17	168	632	00
	Schedule	I not required. (See instructions)								
	18 Income (I	loss) apportioned to Montana. N	fultiply line 17 x 0	08.2152	%		18	13	853	00
-	19a Total Mont	tana source income received from p	bass-through entities							
2	€ (Montana	source income from MT Schedules	K-1 issued to this en	tity)	19a		00			
	19b Total Mont	tana source income from Schedule	s VII		19b		00			
	19c Nonappor	tionable income allocated to Monta	na. (See instructions)		19c		00			
	19 Add lines	19a through 19c.	This is the total	nonapportionab	le income (los	ss) sourced to Monta	<b>na.</b> 19			00
	20 Add lines	18 and 19; enter result.		This	is your total N	Montana source inco	me. 20	13	853	00



ш <u>≩</u>	21 Enter your total composite tax from Schedule IV, column H				21 20648	00
PTE Liability	21a Enter the PTE's tax liability resulting from an adjustment to partnership income. (See		1a = = = = = = = = = = = = = = = = = = =	00		
_	22 Enter the sum of pass-through withholding from all owners' MT Schedules K-1, Part	5, line	3a	2	22 5199	00
	23a Total Montana mineral royalty tax from MT Schedules K-1 and					
	federal Forms 1099 received by the PTE	23a	0	0		
<b>D</b>	23b Mineral royalty tax allocated to owners on their MT Schedules K-1, Part 5, line 4	23b		0		
Withholding	23 Subtract line 23b from line 23a. This is the amount of Montana mine	eral ro	yalty tax that the PTE can claim	1. 2	23	00
阜	24a Total Montana pass-through withholding from MT Schedules K-1 received	24a	0	0		
× Xit	24b Montana pass-through withholding allocated to owners on their MT Schedules K-1,					
	Part 5, line 3b	24b	<b>54545</b> 0	0		
	24 Subtract line 24b from 24a. This is the amount of Montana pass-th					00
	25 Add lines 23 and 24. This is the total withhold	ding pa	ayments that the PTE can claim	1. 2	25 -54545	00
	26a 2020 overpayment applied to 2021	26a	0	0		
nts	26b 2021 estimated payments	26b	66789 0	0		
Return Payments	26c 2021 tentative payments	26c	0	0		
Pa	26d For amended returns only – payments made with original return	26d	0	0		
E	26e For amended returns only – previously issued refunds. (See instructions)	26e	0	0		
Ret	26 Add lines 26a through 26d, then subtract line 26e.	Th	is is your total return payments	3. 2	66789	00
	27 Add lines 21, 21a, and 22, then subtract lines 25 and 26.	This is	your amount due or (overpaid)	). 2	13603	00
	28a PTE information return late filing penalty	28a	0	0		
P .	28b Interest on underpayment of estimated composite tax	28b	0	0		
Penalties and Interest	28c Composite income tax return late filing penalty	28c	0	0		
nafti Inte	28d Late payment penalty	28d	0	0		
Per	28e Interest	28e	0	0		
	28 Add lines 28a through 28e.	his is y	your total penalties and interest	t. 2	28	00
	29 Add lines 27 and 28			2	13603	00
p p	30 If line 29 results in an amount due, enter it here.		This is the amount you owe. ▶	. (	13603	00
Ę Č	Why not e-pay? See your options at MTRevenue.gov. If writing a	check	k, make it payable to MONTAN	A D	EPARTMENT OF REVENUE.	
Amount Owed or Refund			ent. Enter as a positive number			00
Amo	32 Enter the amount from line 31 that you want applied to your 2022 tax	32	•	0		
-	33 Subtract line 32 from line 31 and enter the amount here.		This is your refund. ▶	- (	33	00
			•			

### **Direct Deposit**

Your Refund

1. RTN# 654654654

2. ACCT# 98765498765498765

Complete 1, 2, 3, and 4. 3. If using direct deposit, you are required to mark one box. ▶ X Checking

Savings

(See instructions) 4. If this refund is going to an account that is located outside of the United States or its territories, mark here. X

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Officer Date Printed Name and Title Telephone Number  $\chi$  \_\_\_\_\_\_ 02022021 JOHN DOE 321 654 9876

Print/Type Preparer's Name	Preparer's Signature	Date	PTIN
GEM JONES		02022021	P88888777
Firm's Name	Firm's Address	Telephone Number	Firm's FEIN
GEM TAX PREP	1 HERE ST	654 987 6547	321654321
	THERE, MT 65465		

If you allow the DOR to discuss this tax return with your tax preparer, mark here. X



Cabadula I	Annortionment	Easter for	Multiptoto	Doos Through	Entition
Schedule 1 -	Apportionment	racioi ioi	MulliState	rass-illiough	

er amounts in columns A and B. Enter percentages in column		A. Everywhere		B. Monta	na.	C. Facto
<b>Property Factor:</b> Use average value for real and tangible personal property.						
	1a		00			00
1b Buildings	1b		00			00
1c Machinery	1c		00			00
1d Equipment	1d		00			00
	1e		00			00
1f Leases and leased property	1f		00			00
1g Inventories	1g		00			00
1h Depletable assets	1h		00			00
1i Supplies and other	1i		00			00
1j Multiply amount of rents by 8 and enter result	1j		00			00
1k Total Property Value. Add lines 1a through 1j	1k	0	00		0	00
Divide the total in column B by the total in column A. Multiply the result by 100.		T	his is your	property factor.	1 00	00.000
Payroll Factor:						
2a Compensation of officers	2a		00			00
2b Salaries and wages	2b		00			00
Payroll included in:						
2c Costs of goods sold	2c		00			00
2d Other expenses and deductions	2d		00			00
2e Total Payroll Value. Add lines 2a through 2d.	2e	0	00		0	00
Divide the total in column B by the total in column A. Multiply the result by 100.			This is you	ur payroll factor.	2 00	00.000
Gross Receipts Factor:			•			
3a Gross Receipts, less returns and allowances	3a	879879	00			
3b Receipts delivered or shipped to Montana purchasers:						
(1) Shipped from outside Montana			3b(1)	4	654	00
(2) Shipped from within Montana			3b(2)	6	546	00
3c Receipts shipped from Montana to:			- ( )			
(1) United States government			3c(1)	5	464	00
(2) Purchasers in a state where the taxpayer is not taxable			3c(2)	9	879	00
3d Receipts other than receipts of tangible personal property (e.g., service incon	ne)		3d		468	00
	3e		00			00
·	3f		00			00
	3g	879879	00	92	011	00
Divide the total in column B by the total in column A. Multiply the result by 100.	<b>-</b> 9			receipts factor.		10.457
For tax years beginning after June 30, 2021, enter the amount reported on line 3.	(If the ta		•			5.973
Add the percentages from lines 1, 2, 3, and 4 in column C.	(11 010 00			of your factors.		L6.430
Divide the total percentage from line 5, column C, by the number of factors that ca	an be inc			o. your idoloror	0 0	
If a property, payroll, or receipts factor is 0%, it is included in the calculation for line	a 6 if thar	e is a value in column A (	See instruct	rions)		



\*21TT0357\*

Schedule II - Montana Pass-Through Entity Tax Credits

Type of Credit		Amount of Credi	it
Dependent care assistance credit (include Form DCAC)	1	7	00
2 College contribution credit (include Form CC)	2	9898	00
3 Health insurance for uninsured Montanans credit (include Form HI)	3		00
4 Recycle credit (include Form RCYL)	4	8666	00
5 Alternative energy production credit (include Form AEPC)	5		00
6 Contractor's gross receipts tax credit. If the entity reports multiple CGR accounts, mark here.			
CGR account id: CGR	6		00
7 Alternative fuel credit (include Form AFCR)	7	444	00
8 Infrastructure user fee credit (include Form IUFC)	8		00
9 Historic property preservation credit (include federal Form 3468)	9	555	00
10 Mineral and coal exploration incentive credit (include Forms MINE-CERT and MINE-CRED)	10		00
11 Empowerment zone credit	11		00
12 Biodiesel blending and storage credit (include Form BBSC)	12	8777	00
13 Innovative educational program credit	13		00
14 Student scholarship organization credit	14		00
15 Emergency lodging credit (include Form ELC)	15		00
16 Unlocking public lands credit	16		00
17 Apprenticeship tax credit	17		00
18 Media credit (include Form MEDIA-CLAIM and all supplemental information with Montana Schedules K-1)	18		00
19 Trades education and training credit	19		00
		Amount of	
Type of Credit Recapture		Credit Recapture	
20 Historic property preservation credit recapture	20	33	00
21 Biodiesel blending and storage credit recapture	21	10.5-	00
22 Oilseed crushing and biodiesel/biolubricant production credit recapture	22	4321	00
When attributing any credit or credit recapture from a PTE to its owners, use the same proportion the PTE used to report each owner's	income or lo	ss for Montana tax	
purposes. Include a detailed breakdown that shows each owner's share of the credit or credit recapture.			

Use Montana Schedule K-1 to notify each owner of the amount of credit available to the owner.



\*21TT0457\*

Schedule IV – Montana Composite Income Tax Schedule

Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants.

Part II. Composite Tax Ratio	1	2	3	
Use the amount in column 3	Enter the amount from	Enter the amount from	Divide column 2 by	
to complete the calculation	page 1, line 14	page 1, line 20	column 1 Do not enter more	
in column H below.	of this form.	of this form.	than 1.000000.	
	98989898 00	89898989 00	0.908163	

Part III. Enter the required information and amount	s for each eligible [	participant in columns	S A − Ħ.
A	В	С	D
	0!-! 0!6 -		

2

/ \		0	D	_	'	0	
Name	Social Security Number or Federal Employer Identification Number	Owner's share of federal income from entity	Standard deduction	Exemption \$2,580	Montana taxable income – Subtract columns D and E from column C.	Enter the appropriate tax from the tax table below.	Montana composite income tax. Multiply column G by composite tax ratio from Part II.
1 ONE PERSON	123456789	12345600	250000	258000	11837600	756900	687400
2 TWO PEOPLE	234567890	23456700	350000	258000	22848700	1516700	1377400
3		0.0	0.0	00	00	0.0	0.0
4		00	00	00	00	00	0.0
5		00	00	00	00	00	0.0
6		00	00	00	00	00	0.0
7		0.0	00	0.0	00	00	0.0
8		0.0	00	0.0	00	00	0.0
9		00	00	00	00	0.0	0.0
10		00	00	00	00	00	0.0
			11 Enter th	ne total comp	oosite tax from all addi	tional pages, if used	0.0
		Add colu	mn H, lines 1	through 11.	This is your total compo	site income tax liability.	2064800

Transfer the amounts from column H to each owner's Montana Schedule K-1, Part 5, line 2.



If additional space is needed, make copies of this page. Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$3,100	1% (0.010)	\$0	
\$3,100	\$5,500	2% (0.020)	\$31	
\$5,500	\$8,400	3% (0.030)	\$86	
\$8,400	\$11,400	4% (0.040)	\$170	
\$11,400	\$14,600	5% (0.050)	\$284	
\$14,600	\$18,800	6% (0.060)	\$430	
More than \$18,800		6.9% (0.069)	\$599	

Complete box indic	VI – Reporting of Special Transactions te Schedule VI only if your PTE filed any of the federal incompating which form(s) you filed with the Internal Revenue Service of these forms, you must include a complete copy of yo	vice (IRS) for th	s tax year. If your answ		
1 Th	ne entity filed federal Form 8918 – Material Advisor Disclo	sure Statemen	t with the IRS		Yes
	ne entity filed federal <b>Form 8824 – Like-Kind Exchanges</b> w OTE: Mark the box if your like-kind exchange includes Mont				Yes
	he entity filed federal <b>Form 8865 – Return of U.S. Persons</b> artnerships with the IRS	with Respect	o Certain Foreign		Yes
4 Th	ne entity filed federal Form 8886 – Reportable Transaction	Disclosure St	atement with the IRS		Yes
	or S corporations only: The S corporation filed federal Form or Corporations Making Qualified Stock Purchases with the		ns Under Section 338	3	Yes
	Complete this section if the PTE	is a partnersh	ip.		
Pr • <b>F</b> • <b>F</b>	ark the box if the partnership filed one or more of the following rovide a copy of each form with your tax return.  Federal Form 8985, Pass-Through Statement - Transmittal/Prederal Form 8986, Partner's Share of Adjustment(s) to Part Federal Form 8082, Notice of Inconsistent Treatment or Adm	artnership Adju nership-Related	stment Tracking Repo		
	ark the box if the partnership had Montana source income a applicable, provide a copy of your federal audit adjustment r			X	
	Complete this section if you made a disbu	ursement to a i	elated party.		
<b>(e</b> : If y	uring this tax year, the entity made payments to one or rexcluding salary compensation) that exceeded \$100,000 you answered "Yes" to this question, please provide the nanumber of each related party below and the amount that you provide the nanumber of each related party below and the amount that you provide the same of the same	per recipient. ne and federal e	employer identification	X	Yes
JO	DHN DOE		989898		
				00	
				00	
				0.0	
				0.0	
				00	
				30	
				00	



\*21TT0657\*

Schedule VII - List of Disregarded Entities (DE)

Ochedule VII – List	A Principles (1	В	С	D	Е	F	G	Н	I
	Name	FEIN	Montana SOS Registration Number	LLC	Q Sub	If Q Sub, enter election date	DE has multistate activities	DE is a segment of the PTE	Montana Source Income from DE's own activities
1									00
2									00
3									00
4									00
5									00
6									00
7									00
8									00
9									00
10									00
11									00
12									00
13									00
14									00
								15 <b>Total</b>	00

#### Schedule DE - Disregarded Entity Montana Source Income

File this schedule for all disregarded entities that must report Montana source income.

Do not file this schedule for disregarded entities that only receive flow-through income or are considered segments. (See instructions.)

Complete the Everywhere column first. If the income reported on line 17 includes apportionable income, then mark the box and calculate the apportionment factor.

Use the apportionment factor to calculate your Montana source income. If line 17 includes nonapportionable income, report it on the applicable line in the Montana column.

#### **Disregarded Entity Name Disregarded Entity FEIN** Everywhere 00 1a Gross income 1a **Business Income** 1b Returns and allowances 1b 00 00 1c Balance. Subtract line 1b from line 1a. 1c 1d Cost of goods sold (provide statement) 1d 00 1e Gross profit. Subtract line 1d from line 1c. 00 1e 1f Other income including gains (provide statement) 1f 00 1g Add lines 1e and 1f. This is your total income. 00 1g 00 1h Wages 1h **Deductions** 1i Rent 1i 00 00 1j 1j Other deductions (provide statement) This is your total deductions. 1k Add lines 1h through 1j. 1k 00 Montana 1 Subtract line 1k from line 1g. This is your total income from trade or business. 1 00 00 2 00 2 00 2 Net rental real estate income (loss) 3 00 3 Other net rental income (loss) 00 3 4 Guaranteed payments (partnerships only) 4 00 4 00 5 5 Interest income 00 5 00 6 Ordinary dividends 6 00 6 00 Other Income 7 00 7 Royalties 00 8 00 00 8 Net short-term capital gain (loss) (include federal Schedule D) 8 9 9 Net long-term capital gain (loss) (include federal Schedule D) 00 9 00 10 00 10 Net section 1231 gain (loss) (include federal Form 4797) 00 10 11 Other income (loss) (include detailed statement) 11 00 11 00 12 00 12 00 12 Section 179 deduction (include federal Form 4562) 13 00 13 00 13 Other deductions (include detailed statement) 00 14 Add lines 1 through 11, then subtract lines 12 and 13 14 00 14 15 Montana additions to income 15 00 15 00 16 Montana subtractions from income 16 00 16 00 17 Add lines 14 and 15, then subtract line 16. **Total** 17 00 17 00 Mark this box if some income is apportionable. 00 1a Everywhere property 1a 1b 00 1b Montana property 1 Divide line 1b by line 1a. This is your Property factor. 00 2a Everywhere payroll 2a Apportionment Factor 00 2b Montana payroll 2b 2 Divide line 2b by line 2a. This is your Payroll factor. 3a Everywhere receipts 3a 00 3b Montana receipts 3b 3 Divide line 3b by line 3a. This is your Receipts factor. 3 4 For tax years beginning after June 30, 2021, enter the amount reported on line 3. Otherwise, leave blank. 4 5 5 Add the percentages from lines 1, 2, 3, and 4. This is the sum of your factors. 6 Divide the total percentage from line 5 by the number of factors that can be included in the calculation. If a property, payroll, or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the "Everywhere" column. This is your Apportionment factor. 6



## Montana Adjustments Worksheet

•		Α	В	С	D	E
Montana Additions     to Everywhere Income	Code	PTE's Apportionable Activities	Nonapportionable Income	From MT Schedules K-1, Part 3, Column I (See instructions)	From Schedules DE, Everywhere column, lines 15 and 16	Total Everywhere Adjustments
		00	00	0.0	00	0
		00	00	0.0	0.0	0
		00	00	00	0.0	0
		00	00	0.0	0.0	0
		00	00	00	0.0	0
		00	00	0.0	0.0	0
2 Montana Subtractions to Everywhere Income	Total	00	00	00	00	0
to Everywhere moonie		00	00	0.0	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
	Total	00	00	00	00	0
				From MT Schedules K-1,	From Schedules DE, Montana	<b>Total Montana Source</b>
3 Montana Source Additions	Code	PTE's Apportionable Activities	Nonapportionable Income	Part 3, Column II	column, lines 15 and 16	Income Adjustments
		00	00	00	00	0
		00	00	00	0.0	0
		0.0	00	00	0.0	0
		00	00	00	0.0	0
		0.0	00	00	0 0	0
		00	00	00	0 0	0
4 Montana Source Subtractions	Total	00	00	00	00	0
		00	00	0.0	0.0	0
		0.0	00	00	00	0
		00	00	00	0.0	0
		00	00	00	0.0	0
		0.0	00	00	0.0	0
		0.0	00	00	00	0



### **Montana Source Income Schedule**

	Α	В	С	D	E
				Montana Source income	
Sum of Montana source income	Montana Source Income fro	m Montana Source Income from	Montana Source Income from	from PTE's apportionable	Total of columns
per item of income (loss) and deduction.	Montana Schedules K-1	Schedules DE	Nonapportionable income	activities	A through D
1 Ordinary business income (loss) 1	67981234	0 0	899484 00	7619225	76499943 00
2 Net rental real estate income (loss) 2		0	00	C	00
3 Other net rental income (loss) 3	(	0	00	C	00
4 Guaranteed payments 4	(	0	00	C	00
5 Interest income 5	(	0	00	C	00
6 Ordinary dividends 6	(	0	00	C	00
7 Royalties 7	(	0	00	C	00
8 Net short-term capital gain (loss) 8	(	0 0	00	C	00
9 Net long-term capital gain (loss) 9	(	0 0	00	C	00
10 Net §1231 gain (loss) 10	(	0	00	C	00
11 Other income (loss).	(	0	00	C	00
12 §179 expense deduction apportionable					
and/or allocable to Montana 12	(	0	00	C	00
13 Other expense deductions apportionable					
and/or allocable to Montana 13		0 0	0 0	C	00
14 Total Montana Source Income 14	67981234	0 0	899484 00	7619225	76499943 00



\*21TT1057\*

# Montana Schedule K-1 (PTE)

#### Owner's Share of Income (Loss), Deductions, Credits, etc.

(	,,,,
For the calendar year 2021, or tax year beginning	and ending

_	Mark applicable boxes: Amended Schedule K-1 Final Schedule K-1	
Part 1 PTE Information	Pass-through Entity's Name	
t 1 rma		FEIN
Part 1 nform	Mailing Address	
Ē	City State ZIP Code	
_	Side En Sode	
	Name	FEIN
no		OR
nati	Mailing Address	SSN
Part 2 Inforn	City State ZIP Code	Beneficial owner FEIN
- Pai	City State ZIF Code	or SSN
Part 2 Owner Information	Owner Type Resident Nonresident The owner is included in a composite	
ó		loss percentage
	The owner filed Form PT-AGR Year	apital/Ownership
Part 3 Adj.	Montana Adjustments (See worksheet on page 9)  1 Additions  Everywhere 1 00	Montana
Pal	1 Additions 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Distributive Share of Montana Source Income (Loss)	
	1 Ordinary business income (loss)	0.0
O	2 Net rental real estate income (loss) 2	
шo	3 Other net rental income (loss)	
<u>luc</u>	4 Guaranteed payments 4 0 0	
4 5 6	5 Interest income 5 00 6 Ordinary dividends 6 00	
Part 4 Montana Source Income	6 Ordinary dividends 6 0 0 0 7 Royalties 7 0 0 0	
a S T	8 Net short-term capital gain (loss)	
Itan	9 Net long-term capital gain (loss) 9 0 0	
<b>lo</b> n	10 Net section 1231 gain (loss) 10 0 0	0.0
2	11 Other income (loss) (include detailed statement)  11 0ther income (loss) (include detailed statement)	
	12 Section 179 expense deduction 12 0 0	
	13 Other expense deductions 13	0.0
	Supplemental Information  1 Owner's share of Montana source income (loss)	1 00
e G	2 Montana composite income tax paid on behalf of owner	2 00
	3a Montana income tax withheld on behalf of owner. (See instructions)	3a 00
Part 5 Informati	3b Montana income tax withheld by a lower tier pass-through entity	3b 0 0
<u>ž</u>	3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf.	3c 0 0
	4 Montana mineral royalty tax withheld	4 00
	5 Other information. List type and amount 5 00  Tax Credits and Recapture	0.0
ë ş	1 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here.	1 00
Part 6 Tax Credits	CGR Account ID C G R	1
E 0	2 Other credit/recapture information. List type and amount	2 00
_	Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instruction	
Part 7 PTE Use	1 Code 0 0 2 Code 0 0 3 Code	0.0
Part 7 TE Use	4 Code 00 5 Code 00 6 Code	0.0
7 E	7 Code 00 8 Code 00 9 Code	0.0
	10 Code 0 0 11 Code 0 0 12 Code	00



#### Form PTE

# 2021 Montana Pass-Through Entity Tax Return



Include a complete copy of all related federal forms and schedules.

Partnership S corporation No Staples For calendar year 2021 or tax year beginning Page 1 and ending 789789789 FEIN Mark all that apply: Name Initial return AJ'S HOUSE OF MIRRORS Federal Business Code/NAICS 987654 1234567 Χ MT Secretary of State ID# Final return Mailing Address Amended return RR 1 BOX 23 05052005 Date of Registration in Montana State ZIP Code + 4 01012000 Refund return City State formed in NC on 987654321 PTP BILLINGS MT35 13 Schedules DE Included **Enter Number of:** Schedules K-1 Included Nonresident Owners 14 8 Resident Owners Other Types of Owners Schedules K-1 Received Owners' Distributive Share of Income Items (federal Schedule K) 987987 0.0 1 Ordinary business income (loss) 2 Net rental real estate income (loss) (include federal Form 8825) 2 76543 00 3a Other gross rental income (loss) 3a 00 3b Expenses from other rental activities (include detailed statement) 3b 00 3 Subtract line 3b from line 3a. This is your other net rental income or loss. 00 3 00 4 Guaranteed payments (partnerships only) 4 5 Interest income 5 00 87654 6 Ordinary dividends 6 00 Federal Schedule K 7 00 7 Royalties 8 00 8 Net short-term capital gain (loss) (include federal Schedule D) 9 9 Net long-term capital gain (loss) (include federal Schedule D) 00 12345 0.0 10 Net section 1231 gain (loss) (include federal Form 4797) 10 11 Other income (loss) (include detailed statement) 11 00 1164529 00 12 Add lines 1 through 11 and enter result. This is your total federal income or loss. 12 Owners' Distributive Share of Deduction Items (include federal Schedule K) 00 13a Section 179 deduction (include federal Form 4562) 13a 13b 00 13b Contributions 2345 13c Investment interest expense 13c 00 13d Section 59(e)(2) expenditures (include detailed statement) 13d 00 13e Other deductions (include detailed statement) 00 13e 2345 00 13 Add lines 13a through 13e and enter result. This is your total federal deductions. 13 1162184 00 14 Subtract line 13 from line 12. This is your federal income from all sources. 14 15 Montana additions to the PTE's apportionable activities 15 00 16a Montana subtractions from the PTE's apportionable activities 16a 00 16b 00 16b Total everywhere income (loss) from federal Schedules K-1 16c Total everywhere income (loss) from disregarded entities 16c 00 00 Montana Source Income 16d Other nonapportionable income (loss) from the PTE's own activities 16d 16 Add lines 16a through 16d. This is your deductions including nonapportionable income. 16 00 1162184 17 Add lines 14 and 15, then subtract line 16. 17 00 Schedule I not required. (See instructions) 792406 00 18 Income (loss) apportioned to Montana. Multiply line 17 x 068.1825 % 18 19a Total Montana source income received from pass-through entities (Montana source income from MT Schedules K-1 issued to this entity) 19a 00 19b 00 19b Total Montana source income from Schedules VII 19c Nonapportionable income allocated to Montana. (See instructions) 19c 00

19 Add lines 19a through 19c.

20 Add lines 18 and 19; enter result.



00

0.0

792406

This is the total nonapportionable income (loss) sourced to Montana. 19

This is your total Montana source income. 20

ш.≧	21 Enter your total composite tax from Schedule IV, column H				- 2	21	111480	00
PTE Liability	21a Enter the PTE's tax liability resulting from an adjustment to			)		1a		00
	22 Enter the sum of pass-through withholding from all owners		rt 5, line 3a			22	27547	00
	23a Total Montana mineral royalty tax from MT Schedules K-1 a	and						
	federal Forms 1099 received by the PTE		23a	888888	00			
D	23b Mineral royalty tax allocated to owners on their MT Schedu		23b	77777	00			
Withholding			neral royalty	tax that the PTE can cla	im.	23	8811111	00
र्	24a Total Montana pass-through withholding from MT Schedule		24a		00			
₩.	24b Montana pass-through withholding allocated to owners on	their MT Schedules K-1						
	Part 5, line 3b		24b		00			
		-	-	holding the PTE can cla				00
		This is the total withho		nts that the PTE can cla		25	8811111	00
	26a 2020 overpayment applied to 2021		26a		00			
ents	26b 2021 estimated payments		26b	545454	00			
Ě	26c 2021 tentative payments		26c		00			
n Pa	26d For amended returns only – payments made with original r		26d		00			
Return Payments	26e For amended returns only – previously issued refunds. (Se	e instructions)	26e		00			
8	26 Add lines 26a through 26d, then subtract line 26e.		-	our total return paymer			545454	00
	27 Add lines 21, 21a, and 22, then subtract lines 25 and 26.		-	amount due or (overpa	-	27	-9217538	00
_	28a PTE information return late filing penalty		28a		00			
Penalties and Interest	28b Interest on underpayment of estimated composite tax		28b		00			
nalties ar Interest	28c Composite income tax return late filing penalty		28c		00			
int int	28d Late payment penalty		28d		00			
a a	28e Interest		28e		00			
	28 Add lines 28a through 28e.		This is your t	otal penalties and interes		28		00
-	29 Add lines 27 and 28					29	-9217538	00
nd e	30 If line 29 results in an amount due, enter it here.			is the amount you owe.		30		00
Amount Owed or Refund	Why not e-pay? See your options at MTRev	-						
nou or F	31 If line 29 results in an overpayment, enter it here.	-		Enter as a positive numb		31	9217538	0 0
₹	32 Enter the amount from line 31 that you want applied to you	r 2022 tax	32	This is a second of the state of	00	20	0017530	0.0
	33 Subtract line 32 from line 31 and enter the amount here.			This is your refund.		33	9217538	0 0
	ct Deposit	2	ACCT#					
	Kelulia			Ch a alvin a		0-	u da ma	
	ete 1, 2, 3, and 4. 3. If using direct deposit, you a nstructions)  4. If this refund is going to an ac				:4-		avings	
(See I	nstructions) 4. If this refund is going to an ac	ccount that is locate	ea outsiae d	or the United States	or its	territo	ories, mark nere.	
Llnda	r penalties of false swearing, I declare that I have	a avaminad this to	turn indu	ding accompanying	coh	adulas	and statements as	nd
	best of my knowledge and belief, it is true, corre			ang accompanying	SCITE	edules	s and statements, ar	iu
	ure of Officer Date	•	nted Name a	and Title			Telephone Number	
	ure of Officer Date	FIII	ileu ivairie a	ind fille			relephone Number	
Χ								
Print/	ype Preparer's Name Pr	eparer's Signature		Date			PTIN	
1 11110/	, por repaid o Haine	oparor o orginature		Date				
Firm's	Name Firm's Addre	ess		Telephone N	umb	er	Firm's FEIN	

If you allow the DOR to discuss this tax return with your tax preparer, mark here.



This is your apportionment factor. 6 068.1825

Schedule I - Apportionment Factor for Multistate Pass-Through Entities Enter amounts in columns A and B. Enter percentages in column C. B. Montana. C. Factor A. Everywhere 1 Property Factor: Use average value for real and tangible personal property. 9999999 1a Land 00 8888888 0.0 1a 898989 15151515 00 00 1b Buildings 1b 1414141 77777 00 1c Machinery 1c 00 16161616 00 666666 00 1d Equipment 1d 00 00 1e Furniture and fixtures 1e 81818 181818 1f Leases and leased property 1f 00 00 0.0 0.0 1g Inventories 1g 1h Depletable assets 1h 00 00 55555 44444 1i 00 00 1i Supplies and other 00 00 1j Multiply amount of rents by 8 and enter result 1j 132964644 90658582 00 0.0 1k Total Property Value. Add lines 1a through 1j 1k This is your property factor. 1 068.1825 Divide the total in column B by the total in column A. Multiply the result by 100. 2 Payroll Factor: 2a Compensation of officers 2a 00 00 2b 00 00 2b Salaries and wages Payroll included in: 00 2c Costs of goods sold 2c 00 2d Other expenses and deductions 2d 00 0.0 2e Total Payroll Value. Add lines 2a through 2d. 0 00 0 00 2e This is your payroll factor. 2 000.000 Divide the total in column B by the total in column A. Multiply the result by 100. 3 Gross Receipts Factor: 00 3a Gross Receipts, less returns and allowances 3a 3b Receipts delivered or shipped to Montana purchasers: 00 (1) Shipped from outside Montana 3b(1) (2) Shipped from within Montana 00 3b(2) 3c Receipts shipped from Montana to: 00 3c(1) (1) United States government (2) Purchasers in a state where the taxpayer is not taxable 3c(2) 00 3d Receipts other than receipts of tangible personal property (e.g., service income) 3d 00 3e Net gains reported on federal Schedule D and Form 4797 00 00 3e 00 3f 00 3f Other gross receipts (rents, royalties, interest, etc.) 3g Total Receipts Value. Add lines 3a through 3f. 0 00 0 00 000.0000 Divide the total in column B by the total in column A. Multiply the result by 100. This is your receipts factor. 3 4 For tax years beginning after June 30, 2021, enter the amount reported on line 3. (If the tax year begins before July 1, 2021 leave blank). 5 Add the percentages from lines 1, 2, 3, and 4 in column C. This is the sum of your factors. 068.1825



6 Divide the total percentage from line 5, column C, by the number of factors that can be included in the calculation.

If a property, payroll, or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in column A (See instructions).

\*21TT0357\*

Schedule II - Montana Pass-Through Entity Tax Credits

ochedule ii – Montana r ass-rinough Entity fax Credits				
Type of Credit			Amount of Credi	it
1 Dependent care assistance credit (include Form DCAC)		1	789789	00
2 College contribution credit (include Form CC)		2	8989898	00
3 Health insurance for uninsured Montanans credit (include Form HI)		3	777888	00
4 Recycle credit (include Form RCYL)		4	888666	00
5 Alternative energy production credit (include Form AEPC)		5	666555	00
6 Contractor's gross receipts tax credit. If the entity reports multip	le CGR accounts, mark here. X			
CGR account id:	4445556666 C G R	6	444555	00
7 Alternative fuel credit (include Form AFCR)		7	333444	00
8 Infrastructure user fee credit (include Form IUFC)		8	222333	00
9 Historic property preservation credit (include federal Form 3468)		9	111555	00
10 Mineral and coal exploration incentive credit (include Forms MINE-CERT at	nd MINE-CRED)	10	555111	00
11 Empowerment zone credit		11	222555	00
12 Biodiesel blending and storage credit (include Form BBSC)		12	999777	00
13 Innovative educational program credit		13	10506	00
14 Student scholarship organization credit		14	9876	00
15 Emergency lodging credit (include Form ELC)		15	333222	00
16 Unlocking public lands credit		16	222111	00
17 Apprenticeship tax credit		17	15786	00
18 Media credit (include Form MEDIA-CLAIM and all supplemental information	n with Montana Schedules K-1)	18	9876	00
19 Trades education and training credit		19		00
			Amount of	
Type of Credit Recapture			Credit Recapture	е
20 Historic property preservation credit recapture		20	111222	00
21 Biodiesel blending and storage credit recapture		21	444333	00
22 Oilseed crushing and biodiesel/biolubricant production credit recapture		22	555666	00
When attributing any credit or credit recapture from a PTE to its owners, use the	same proportion the PTE used to report each owner's	income or lo	oss for Montana tax	
purposes. Include a detailed breakdown that shows each owner's share of the c	credit or credit recapture.			

Use Montana Schedule K-1 to notify each owner of the amount of credit available to the owner.



\*21TT0457\*

Form PTE, Page 5 – 2021

FEIN 789789789

Schedule IV – Montana Composite Income Tax Schedule

Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants. 20

Part II. Composite Tax Ratio123Use the amount in column 3 to complete the calculation in column H below.Enter the amount from page 1, line 14 of this form.Enter the amount from page 1, line 20 of this form.Divide column 2 by column 1 Do not enter more than 1.000000.989898980089898989000.908163

Part III. Enter the required information and amounts for each eligible participant in columns A - H.

A	В	С	D	E	F	G	Н
Name	Social Security Number or Federal Employer Identification Number	Owner's share of federal income from entity	Standard deduction	Exemption \$2,580	Montana taxable income – Subtract columns D and E from column C.	Enter the appropriate tax from the tax table below.	Montana composite income tax. Multiply column G by composite tax ratio from Part II.
1 PORK E PIG	123456789	12345600	250000	258000	11837600	756900	687400
2 GEORGE JETSON	234567890	23456700	350000	258000	22848700	1516700	1377400
3 MICKEY C MOUSE	345678901	34567800	250000	258000	34059800	2290200	2079900
4 ELMER D FUDD	456789123	4567800	250000	258000	4059800	220200	200000
5 CHARLIE W BROWN	789456123	55555500	400000	258000	54897500	3728000	3385600
6 CHIP N DALE	321321321	9378900	350000	256000	8772900	545400	495300
7 TEST U PHROZINTOWES	400005008	1231200	250000	258000	723200	13100	11900
8 CHER BONO	338244835	3456700	250000	258000	2948700	143600	130400
9 SANTA M CLAUS	987654321	5678900	250000	258000	5170900	296900	269600
10 POPEYE SMITH	032998334	2210200	250000	258000	1702200	59100	53700
			11 Enter th	e total comp	osite tax from all addi	tional pages, if used	2456800
Add column H, lines 1 through 11. This is your total composite income tax liability.							

Transfer the amounts from column H to each owner's Montana Schedule K-1, Part 5, line 2.



\*21TT0557\*

If additional space is needed, make copies of this page. Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$3,100	1% (0.010)	\$0	
\$3,100	\$5,500	2% (0.020)	\$31	
\$5,500	\$8,400	3% (0.030)	\$86	
\$8,400	\$11,400	4% (0.040)	\$170	
\$11,400	\$14,600	5% (0.050)	\$284	
\$14,600	\$18,800	6% (0.060)	\$430	
More than \$18,800		6.9% (0.069)	\$599	

Form PTE, Page 5 – 2021

FEIN 789789789

Schedule IV – Montana Composite Income Tax Schedule

Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants. 20

Part II. Composite Tax Ratio	1	2	3
Use the amount in column 3	Enter the amount from	Enter the amount from	Divide column 2 by
to complete the calculation	page 1, line 14	page 1, line 20	column 1 Do not enter more
in column H below.	of this form.	of this form.	than 1.000000.
	98989898 00	89898989 00	0.908163

Part III. Enter the required information and amounts for each eligible participant in columns A – H.

A	В	С	D	E	F	G	Н
Name	Social Security Number or Federal Employer Identification Number	Owner's share of federal income from entity	Standard deduction	Exemption \$2,580	Montana taxable income – Subtract columns D and E from column C.	Enter the appropriate tax from the tax table below.	Montana composite income tax. Multiply column G by composite tax ratio from Part II.
1 DAGWOOD JONES	987654321	2345600	250000	258000	1837600	67300	61100
2 FRED W FLINTSTONE JR	654654654	3456700	250000	258000	2948700	143600	130400
3 DAFFY C DUCK	404040404	4040400	250000	258000	3532400	183800	166900
4 RONALD J BLACKBURN	515151515	45454500	350000	258000	44846500	3034500	2755800
5 TEST J CADEN	323232323	3232300	400000	258000	2574300	117700	106900
6 TEST L JONES	123123123	1231200	250000	256000	725200	13200	12000
7 JOHN J LAMB	990005008	9876500	400000	258000	9218500	576200	523300
8 ONE T SCENARIO	887788998	8899700	250000	258000	8391700	519100	471400
9 PETER A PAN	123987654	9876500	250000	258000	9368500	586500	532600
10 TESS L LUCKY	010101010	1010100	250000	258000	502100	6900	6300
			11 Enter th	e total comp	osite tax from all addi	tional pages, if used	00
		Add colu	mn H, lines 1	through 11.	This is your total compo	site income tax liability.	4766700

Transfer the amounts from column H to each owner's Montana Schedule K-1, Part 5, line 2.



\*21TT0557\*

If additional space is needed, make copies of this page. Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$3,100	1% (0.010)	\$0	
\$3,100	\$5,500	2% (0.020)	\$31	
\$5,500	\$8,400	3% (0.030)	\$86	
\$8,400	\$11,400	4% (0.040)	\$170	
\$11,400	\$14,600	5% (0.050)	\$284	
\$14,600	\$18,800	6% (0.060)	\$430	
More than \$18,800		6.9% (0.069)	\$599	

#### Schedule VI - Reporting of Special Transactions

Complete Schedule VI only if your PTE filed any of the federal income tax forms described below. Mark the appropriate box indicating which form(s) you filed with the Internal Revenue Service (IRS) for this tax year. If your answer is "Yes" to one or more of these forms, you must include a complete copy of your federal tax return.

1 The entity filed federal Form 8918 – Material Advisor Disclosure Statement with the IRS	X	Yes
2 The entity filed federal <b>Form 8824 – Like-Kind Exchanges</b> with the IRS. NOTE: Mark the box if your like-kind exchange includes Montana property.	X	Yes
3 The entity filed federal Form 8865 – Return of U.S. Persons with Respect to Certain Foreign Partnerships with the IRS	X	Yes
4 The entity filed federal Form 8886 – Reportable Transaction Disclosure Statement with the IRS	X	Yes
5 For S corporations only: The S corporation filed federal Form 8023 – Elections Under Section 338 for Corporations Making Qualified Stock Purchases with the IRS	X	Yes
Complete this section if the PTE is a partnership.		
6 Mark the box if the partnership filed one or more of the following forms in 2021.  Provide a copy of each form with your tax return.  • Federal Form 8985, Pass-Through Statement - Transmittal/Partnership Adjustment Tracking Report  • Federal Form 8986, Partner's Share of Adjustment(s) to Partnership-Related Items(s)  • Federal Form 8082, Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)	t	
7 Mark the box if the partnership had Montana source income and paid an imputed underpayment. If applicable, provide a copy of your federal audit adjustment report. (See instructions)		
Complete this section if you made a dishumoment to a volated worky		

#### Complete this section if you made a disbursement to a related party.

8 During this tax year, the entity made payments to one or more related parties (excluding salary compensation) that exceeded \$100,000 per recipient.

X Yes

If you answered "Yes" to this question, please provide the name and federal employer identification number of each related party below and the amount that you paid to each related party:

Name	FEIN	Amount of Payment		
JOHN DOE	989898989	989898	00	
MARY SMITH	123123123	123123	00	
HARRY FEET	556644556	556644	00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	



\*21TT0657\*

Schedule VII -	List of Disregarded	<b>Entities</b>	(DE)
----------------	---------------------	-----------------	------

0011044	A	В	С	D	E	F	G	Н	I
	Name	FEIN	Montana SOS Registration Number	LLC	Q Sub	If Q Sub, enter election date	DE has multistate activities	DE is a segment of the PTE	Montana Source Income from DE's own activities
1 CC	ONE ONE	654987321	32016546	X			X	X	654654 00
2 CC	ORP ONE	320105465	65790879		X	10102018	X		321032 00
3 CC	OMPANY TWO	032106546	65798765		X	05052015		X	65406 00
4									00
5									00
6									00
7									00
8									00
9									00
10									00
11									00
12									00
13									00
14									00
								15 <b>Total</b>	1041092 00



\*21TT0757\*

#### Schedule DE – Disregarded Entity Montana Source Income

File this schedule for all disregarded entities that must report Montana source income.

Do not file this schedule for disregarded entities that only receive flow-through income or are considered segments. (See instructions.)

Complete the Everywhere column first. If the income reported on line 17 includes apportionable income, then mark the box and calculate the apportionment factor.

Use the apportionment factor to calculate your Montana source income. If line 17 includes nonapportionable income, report it on the applicable line in the Montana column.

Disregarded Entity Name COMPANY ONE

Disregarded Entity FEIN 654987321 Everywhere 1a 32130213 0.0 1a Gross income **Business Income** 3210654 1b Returns and allowances 1b 00 28919559 00 1c Balance. Subtract line 1b from line 1a. 1c 65406 1d Cost of goods sold (provide statement) 1d 0.0 28854153 00 1e Gross profit. Subtract line 1d from line 1c. 1e 1f Other income including gains (provide statement) 1f 00 28854153 1g Add lines 1e and 1f. This is your total income. 00 1g 32103 00 1h Wages 1h **Deductions** 1i Rent 1i 00 36579 00 1j Other deductions (provide statement) 1j 68682 1k Add lines 1h through 1j. This is your total deductions. 1k 00 Montana 28785471 00 20202020 1 Subtract line 1k from line 1g. This is your total income from trade or business. 1 0.0 2 35465 00 32103 00 2 Net rental real estate income (loss) 3 00 00 3 Other net rental income (loss) 3 4 Guaranteed payments (partnerships only) 4 00 4 00 8789879 510650 5 5 Interest income 00 5 00 6 Ordinary dividends 6 00 6 00 Other Income 7 00 7 Royalties 00 8 00 00 8 Net short-term capital gain (loss) (include federal Schedule D) 8 9 9 Net long-term capital gain (loss) (include federal Schedule D) 00 9 00 78987 45654 10 00 10 00 10 Net section 1231 gain (loss) (include federal Form 4797) 11 Other income (loss) (include detailed statement) 11 00 11 00 12 0.0120.0 12 Section 179 deduction (include federal Form 4562) 1236549 987654 13 00 13 00 13 Other deductions (include detailed statement) 36453253 19802773 00 14 00 14 Add lines 1 through 11, then subtract lines 12 and 13 14 15 Montana additions to income 15 00 15 00 16 Montana subtractions from income 16 00 16 00 17 Add lines 14 and 15, then subtract line 16. **Total** 36453253 19802773 Mark this box if some income is apportionable. X 17 00 17 00 6540654 00 1a Everywhere property 1a 132132 0.0 1b Montana property 1b 002.0202 1 Divide line 1b by line 1a. This is your Property factor. 3210321 00 2a Everywhere payroll 2a Apportionment Factor 106549 0.0 2b Montana payroll 2b 003.3190 This is your Payroll factor. 2 Divide line 2b by line 2a. 65465446 00 3a Everywhere receipts 3a 198765 00 3b Montana receipts 3b 3 Divide line 3b by line 3a. This is your Receipts factor. 3 000.3036 4 For tax years beginning after June 30, 2021, enter the amount reported on line 3. Otherwise, leave blank. 4 005.6428 5 Add the percentages from lines 1, 2, 3, and 4. 5 This is the sum of your factors. 6 Divide the total percentage from line 5 by the number of factors that can be included in the calculation. If a property, payroll, or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the "Everywhere" column. 001.8809 This is your Apportionment factor.



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## Montana Adjustments Worksheet

•		Α	В	С	D	E
Montana Additions     to Everywhere Income	Code	PTE's Apportionable Activities	Nonapportionable Income	From MT Schedules K-1, Part 3, Column I (See instructions)	From Schedules DE, Everywhere column, lines 15 and 16	Total Everywhere Adjustments
		00	00	00	00	0
		00	00	0.0	00	0
		00	00	00	00	0
		00	00	0.0	00	0
		00	00	0.0	00	0
		00	00	0.0	00	C
2 Montana Subtractions to Everywhere Income	Total	00	00	00	00	C
to Everywhere income		00	00	0.0	0.0	C
		0.0	0.0	0.0	00	C
		0.0	00	0.0	00	C
		0.0	0.0	00	00	(
		0.0	00	00	00	(
		00	00	00	00	(
	Total	00	00	00	00	(
				From MT Schedules K-1,	From Schedules DE, Montana	<b>Total Montana Source</b>
3 Montana Source Additions	Code	PTE's Apportionable Activities	Nonapportionable Income	Part 3, Column II	column, lines 15 and 16	Income Adjustments
		00	00	00	00	(
		00	00	00	00	(
		00	00	00	00	(
		00	00	00	00	(
		00	00	00	00	(
		00	00	00	00	(
4 Montana Source Subtractions	Total	00	00	00	00	(
		00	00	0.0	0.0	C
		00	00	00	00	C
		00	00	0.0	0.0	C
		00	00	00	0.0	C
		00	00	0.0	0.0	C
		0.0	0.0	0.0	0.0	C
				1		



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### **Montana Source Income Schedule**

		Α	В	С	D	E
					Montana Source income	
Sum of Montana source income			Montana Source Income from	Montana Source Income from	from PTE's apportionable	Total of columns
per item of income (loss) and deduction.		Montana Schedules K-1	Schedules DE	Nonapportionable income	activities	A through D
1 Ordinary business income (loss)	1	00	00	00	0.0	0.0
2 Net rental real estate income (loss)	2	00	00	00	00	00
3 Other net rental income (loss)	3	00	00	00	00	00
4 Guaranteed payments	4	00	00	00	00	0.0
5 Interest income	5	00	00	00	00	0.0
6 Ordinary dividends	6	00	00	00	00	0.0
7 Royalties	7	00	00	00	00	0.0
8 Net short-term capital gain (loss)	8	00	0 0	00	0.0	0.0
9 Net long-term capital gain (loss)	9	00	0 0	00	0 0	0.0
10 Net §1231 gain (loss)	10	00	00	00	00	00
11 Other income (loss).	11	00	00	00	00	0.0
12 §179 expense deduction apportionable						
and/or allocable to Montana	12	00	00	00	0 0	00
13 Other expense deductions apportionable						
and/or allocable to Montana	13	00	00	00	0.0	0.0
14 Total Montana Source Income	14	00	00	00	0.0	00

# Montana Schedule K-1 (PTE)

#### Owner's Share of Income (Loss), Deductions, Credits, etc.

(	,,,,
For the calendar year 2021, or tax year beginning	and ending

_	Mark applicable boxes: Amended Schedule K-1 Final Schedule K-1	
Part 1 PTE Information	Pass-through Entity's Name	
t 1 rma		FEIN
Part 1 nform	Mailing Address	
Ē	City State ZIP Code	
_	Side En Sode	
	Name	FEIN
no		OR
nati	Mailing Address	SSN
Part 2 Inforn	City State ZIP Code	Beneficial owner FEIN
- Pai	City State ZIF Code	or SSN
Part 2 Owner Information	Owner Type Resident Nonresident The owner is included in a composite	
ó		loss percentage
	The owner filed Form PT-AGR Year	apital/Ownership
Part 3 Adj.	Montana Adjustments (See worksheet on page 9)  1 Additions  Everywhere 1 00	Montana
Pal	1 Additions 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Distributive Share of Montana Source Income (Loss)	
Part 4 Montana Source Income	1 Ordinary business income (loss)	0.0
	2 Net rental real estate income (loss) 2	
	3 Other net rental income (loss)	
<u>luc</u>	4 Guaranteed payments 4 0 0	
4 5 6	5 Interest income 5 00 6 Ordinary dividends 6 00	
Part 4 Source	6 Ordinary dividends 6 0 0 0 7 Royalties 7 0 0 0	
a S T	8 Net short-term capital gain (loss)	
tang	9 Net long-term capital gain (loss) 9 0 0	
<b>lo</b> n	10 Net section 1231 gain (loss) 10 0 0	0.0
2	11 Other income (loss) (include detailed statement)  11 0ther income (loss) (include detailed statement)	
	12 Section 179 expense deduction 12 0 0	
	13 Other expense deductions 13	0.0
	Supplemental Information  1 Owner's share of Montana source income (loss)	1 00
e G	2 Montana composite income tax paid on behalf of owner	2 00
	3a Montana income tax withheld on behalf of owner. (See instructions)	3a 00
Part 5 Informati	3b Montana income tax withheld by a lower tier pass-through entity	3b 0 0
<u>ž</u>	3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf.	3c 0 0
	4 Montana mineral royalty tax withheld	4 00
	5 Other information. List type and amount 5 00  Tax Credits and Recapture	0.0
ë ş	1 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here.	1 00
Part 6 Tax Credits	CGR Account ID C G R	1
E 0	2 Other credit/recapture information. List type and amount	2 00
_	Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instruction	
Part 7 PTE Use	1 Code 0 0 2 Code 0 0 3 Code	0.0
Part 7 TE Use	4 Code 00 5 Code 00 6 Code	0.0
7 E	7 Code 00 8 Code 00 9 Code	0.0
	10 Code 0 0 11 Code 0 0 12 Code	00

