

Owner Backup Withholding

7 Enter the total income tax withholding from Schedule I, Column E

7 999999999999 00

8a Total Montana mineral royalty tax withheld

8a 999999999999 00

8b Mineral royalty tax withheld distributed to owner

8b 999999999999 00

8c Subtract 8b from 8a.

Montana mineral royalty tax withheld attributable to disregarded entity.

8c 999999999999 00

9a Total Montana pass-through withholding from MT Schedules K-1

9a 999999999999 00

9b Montana pass-through withholding distributed to owner

9b 999999999999 00

9c Subtract 9b from 9a.

Montana pass-through withholding attributable to disregarded entity.

9c 999999999999 00

10a 2021 estimated payments

10a 999999999999 00

10b 2021 extension payment

10b 999999999999 00

10c For amended returns only--payments made with original return

10c 999999999999 00

10d For amended returns only--previously received refunds

10d 999999999999 00

10e Add lines 10a through 10c, then subtract 10d.

This is your total return payments.

10e 999999999999 00

11 Add lines 8c, 9c and 10e.

This is the total payments attributable to disregarded entity.

11 999999999999 00

12 Subtract line 11 from line 7

12 999999999999 00

13 Late filing penalty (See instructions)

13 999999999999 00

14 Late payment penalty (See instructions)

14 999999999999 00

15 Interest (See instructions)

15 999999999999 00

16 Add lines 13 through 15 and enter the result here.

This is the sum of your total penalties and interest.

16 999999999999 00

17 Add lines 12 and 16

17 999999999999 00

18 If line 17 results in an amount due, enter it here.

This is the amount you owe.

18 999999999999 00

19 If line 17 results in an overpayment, enter it here.

Enter as a positive number. This is your refund.

19 999999999999 00

Direct Deposit**Your Refund**

1. RTN# 999999999

2. ACCT# 9999999999999999

3. If using direct deposit, you are required to mark one box. ☒ Checking ☒ Savings4. Is this refund going to an account that is located outside of the United States or its territories? ☒ Yes ☒ No

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

X 09092099 NOT CAPTURED XXXXXXXXXXXX 999 999 9999

Print/Type Preparer's Name

Preparer's Signature

Date

PTIN

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

09092099 NOT CAPTURED

P99999999

Firm's Name

Firm's Address

Telephone Number

Firm's FEIN

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

999 999 9999

999999999


Mark the box to allow your tax preparer to discuss this return with us. ☒**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

Schedule I - Disregarded Entity Owner Information

Enter the total number of owners 99

Use Worksheet DE to determine your Montana source income. Include a complete copy with your return.

For each nonresident individual, estate, or trust complete ONLY one of these two columns: E or F. Refer to the instructions for Schedule I.

A				B		C	D	E		F		
Name								Montana Income Tax				
Street Address				Identification Number		Ownership %	Montana Source	Withheld		PT-AGR		
City State ZIP Code				(SSN or FEIN)			Income	(Multiply column D by 6.9% and enter result.)		(Year)		
1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			SSN	999999999							
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			FEIN	999999999							
	XXXXXXXXXXXXXXXXXXXX		XX	999999999			999.9999	999999999	00	999999999	00	2099
2	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			SSN	999999999							
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			FEIN	999999999							
	XXXXXXXXXXXXXXXXXXXX		XX	999999999		999.9999	999999999	00	999999999	00	2099	
Totals							999.9999	999999999	00	999999999	00	



Complete Worksheet DE if the disregarded entity does business within and outside Montana. Include the worksheet with your return.

Disregarded Entity FEIN	9999999999
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1a	9999999999999999	00
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1a	9999999999999999	00
----	------------------	----

1b	9999999999999999	00
----	------------------	----

1c	9999999999999999	00
----	------------------	----

1d	9999999999999999	00
----	------------------	----

[illegible]

1f	9999999999999999	00
----	------------------	----

This is your total income.

1h	9999999999	00
----	------------	----

1i	9999999999999999	00
----	------------------	----

[illegible]

This is your total deductions.

1 Subtract line 1k from line 1g. **This is your total income from trade or business.**

2 Net rental real estate income (loss)

3 Other net rental income (loss)

4 Guaranteed payments (partnerships only)

5 Interest income

6 Ordinary dividends

7 Royalties

8 Net short-term capital gain (loss) (include federal Schedule D)

9 Net long-term capital gain (loss) (include federal Schedule D)

10 Net section 1231 gain (loss) (include federal Form 4797)

11 Other income (loss) (include detailed statement)

12 Section 179 deduction (include federal Form 4562)

13 Other deductions (include detailed statement)

14 Add lines 1 through 11, then subtract lines 12 and 13

15 Montana additions to income

16 Montana subtractions from income

17 Add lines 14 and 15, then subtract line 16.

Mark this box if some income is apportionable. ☒

1a Everywhere property

1b Moritana property

1 Divide line 1b by line 1a.

2a Everywhere payroll

2b Montana payroll

2 Divide line 2b by line 2a.

3a Everywhere receipts

3b Montana receipts

3 Divide line 3b by line 3a.

4 If tax year begins after June 30, 2021, enter the amount reported on line 3. (If it begins earlier than July 1, 2021, leave blank)

5 Add the percentages from lines 1, 2, 3, and 4.

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

No
Staples

For calendar year 2021 or tax year beginning

and ending

Mark if applicable. Initial Return Final Return Amended	Name	GEORGE JETSON CORPORATION		Social Security Number	123232345
	Address	225 GREEN STREET		OR Federal Employer Identification Number	
	City	State	ZIP Code + 4		
	FAYETTE	MT	28301		

Mark this box if this FEIN or SSN is the same as the owner's FEIN or SSN.

- 1 Enter any assumed business name under which the entity does business in Montana JETSON SKYWAYS
- 2 Domestic entities: the date the entity was incorporated or formed in Montana
- 3 Foreign entities: the date the entity obtained a certificate of authority from the Montana Secretary of State 06062006
- 4 Montana Secretary of State ID Number 1234567
- 5 State or country where the entity was incorporated or formed OH
- 6 Disregarded Entity Type (Mark appropriate entity type. See instructions for the correct box to mark.)
- A SMLLC
- Mark only one SMLLC owner type.
- Nonresident or Part-year Resident Individual
- (You are not required to file the Montana Form DER-1 if the SMLLC is owned by an individual who has been a full-year Montana resident during the applicable reporting period.)
- Estate
- Electing IRC § 761 Partnership
- Non-Grantor Trust
- Any other single-member not described above
- B Entity type other than SMLLC
- IRC § 761 Partnership. Enter date of election
- Other (include description)



Owner Backup Withholding

7 Enter the total income tax withholding from Schedule I, Column E	7	71234	00
8a Total Montana mineral royalty tax withheld	8a	123	00
8b Mineral royalty tax withheld distributed to owner	8b	234	00
8c Subtract 8b from 8a. Montana mineral royalty tax withheld attributable to disregarded entity.	8c	-111	00
9a Total Montana pass-through withholding from MT Schedules K-1	9a	345	00
9b Montana pass-through withholding distributed to owner	9b	456	00
9c Subtract 9b from 9a. Montana pass-through withholding attributable to disregarded entity.	9c	-111	00
10a 2021 estimated payments	10a	00	
10b 2021 extension payment	10b	00	
10c For amended returns only—payments made with original return	10c	00	
10d For amended returns only—previously received refunds	10d	00	
10e Add lines 10a through 10c, then subtract 10d. This is your total return payments.	10e	0	00
11 Add lines 8c, 9c and 10e. This is the total payments attributable to disregarded entity.	11	-222	00
12 Subtract line 11 from line 7	12	71456	00
13 Late filing penalty (See instructions)	13		00
14 Late payment penalty (See instructions)	14		00
15 Interest (See instructions)	15		00
16 Add lines 13 through 15 and enter the result here. This is the sum of your total penalties and interest.	16	0	00
17 Add lines 12 and 16	17	71456	00
18 If line 17 results in an amount due, enter it here. This is the amount you owe.	18	71456	00
19 If line 17 results in an overpayment, enter it here. Enter as a positive number. This is your refund.	19	0	00

Direct Deposit**Your Refund**

1. RTN#

2. ACCT#

Complete 1, 2, 3, and 4.
(See instructions)

3. If using direct deposit, you are required to mark one box. ☐ Checking ☐ Savings

4. Is this refund going to an account that is located outside of the United States or its territories? ☐ Yes ☐ No

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 _____

X _____

Print/Type Preparer's Name _____ Preparer's Signature _____ Date _____ PTIN _____

Firm's Name _____ Firm's Address _____ Telephone Number _____ Firm's FEIN _____

Mark the box to allow your tax preparer to discuss this return with us. ☐

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.



Schedule I - Disregarded Entity Owner Information

Enter the total number of owners 1

Use Worksheet DE to determine your Montana source income. Include a complete copy with your return.

For each nonresident individual, estate, or trust complete ONLY one of these two columns: E or F. Refer to the instructions for Schedule I.

A				B		C		D		E		F	
Name				Identification Number (SSN or FEIN)		Ownership %		Montana Source Income		Montana Income Tax Withheld (Multiply column D by 6.9% and enter result.)		PT-AGR (Year)	
Street Address													
City State ZIP Code													
1	JOHN SMITH			SSN	987987987								
	1 MAIN ST			FEIN									
	BIG BEND MT 98765					100.0000		789789 00		71234 00		2021	
2				SSN									
				FEIN									
								00		00			
				Totals		100.00		789789 00		71234 00			



Worksheet DE

Complete Worksheet DE if the disregarded entity does business within and outside Montana. Include the worksheet with your return.

Disregarded Entity Name**Disregarded Entity FEIN****Everywhere**

Business Income	1a Gross income	1a	00		
	1b Returns and allowances	1b	00		
	1c Balance. Subtract line 1b from line 1a.	1c	00		
	1d Cost of goods sold (Provide statement)	1d	00		
	1e Gross profit. Subtract line 1d from line 1c.	1e	00		
	1f Other income including gains (Provide statement)	1f	00		
	1g Add lines 1e and 1f. This is your total income.	1g	00		
Deductions	1h Wages	1h	00		
	1i Rent	1i	00		
	1j Other deductions (Provide statement)	1j	00		
	1k Add lines 1h through 1j. This is your total deductions.	1k	00	Montana	
Other Income	1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	00	1	00
	2 Net rental real estate income (loss)	2	00	2	00
	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
	6 Ordinary dividends	6	00	6	00
	7 Royalties	7	00	7	00
	8 Net short-term capital gain (loss) (include federal Schedule D)	8	00	8	00
	9 Net long-term capital gain (loss) (include federal Schedule D)	9	00	9	00
	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	00	14	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. Mark this box if some income is apportionable.	17	00	17	00
Apportionment Factor	1a Everywhere property	1a	00		
	1b Montana property			1b	00
	1 Divide line 1b by line 1a. This is your property factor.		1		%
	2a Everywhere payroll	2a	00		
	2b Montana payroll			2b	00
	2 Divide line 2b by line 2a. This is your payroll factor.		2		%
	3a Everywhere receipts	3a	00		
	3b Montana receipts			3b	00
	3 Divide line 3b by line 3a. This is your receipts factor.		3		%
	4 If tax year begins after June 30, 2021, enter the amount reported on line 3. (If it begins earlier than July 1, 2021, leave blank)		4		%
	5 Add the percentages from lines 1, 2, 3, and 4. This is the sum of your factors.		5		%
	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		%

No
Staples

For calendar year 2021 or tax year beginning 07012021 and ending 06302022

Mark if applicable. Initial Return Final Return X Amended	Name	FORM APPROVAL CENTRAL		Social Security Number	123232345
	Address	2510 S CROATAN HIGHWAY		OR Federal Employer	
	City	State	ZIP Code + 4	Identification Number	
	NAGS HEAD	MT	27959		

X Mark this box if this FEIN or SSN is the same as the owner's FEIN or SSN.

- 1 Enter any assumed business name under which the entity does business in Montana 01012011
- 2 Domestic entities: the date the entity was incorporated or formed in Montana
- 3 Foreign entities: the date the entity obtained a certificate of authority from the Montana Secretary of State
- 4 Montana Secretary of State ID Number 9879873
- 5 State or country where the entity was incorporated or formed MT
- 6 Disregarded Entity Type (Mark appropriate entity type. See instructions for the correct box to mark.)
- X A SMLLC
- Mark only one SMLLC owner type.
- | | |
|--|---|
| Nonresident or Part-year Resident Individual | Estate |
| (You are not required to file the Montana Form DER-1 if the SMLLC is owned by an individual who has been a full-year Montana resident during the applicable reporting period.) | Electing IRC § 761 Partnership |
| | Non-Grantor Trust |
| | X Any other single-member not described above |
- B Entity type other than SMLLC
- IRC § 761 Partnership. Enter date of election
- Other (include description)



Owner Backup Withholding

7 Enter the total income tax withholding from Schedule I, Column E	7	8148 00
8a Total Montana mineral royalty tax withheld	8a	12148 00
8b Mineral royalty tax withheld distributed to owner	8b	3456 00
8c Subtract 8b from 8a. Montana mineral royalty tax withheld attributable to disregarded entity.	8c	8692 00
9a Total Montana pass-through withholding from MT Schedules K-1	9a	678 00
9b Montana pass-through withholding distributed to owner	9b	321 00
9c Subtract 9b from 9a. Montana pass-through withholding attributable to disregarded entity.	9c	357 00
10a 2021 estimated payments	10a	112 00
10b 2021 extension payment	10b	00
10c For amended returns only—payments made with original return	10c	00
10d For amended returns only—previously received refunds	10d	55 00
10e Add lines 10a through 10c, then subtract 10d. This is your total return payments.	10e	57 00
11 Add lines 8c, 9c and 10e. This is the total payments attributable to disregarded entity.	11	9106 00
12 Subtract line 11 from line 7	12	-958 00
13 Late filing penalty (See instructions)	13	00
14 Late payment penalty (See instructions)	14	00
15 Interest (See instructions)	15	00
16 Add lines 13 through 15 and enter the result here. This is the sum of your total penalties and interest.	16	0 00
17 Add lines 12 and 16	17	-958 00
18 If line 17 results in an amount due, enter it here. This is the amount you owe.	18	0 00
19 If line 17 results in an overpayment, enter it here. Enter as a positive number. This is your refund.	19	958 00

Direct Deposit**Your Refund**

Complete 1, 2, 3, and 4. (See instructions)

1. RTN# 123123123 2. ACCT# 32132132132132132

3. If using direct deposit, you are required to mark one box. ☒ Checking ☒ Savings

4. Is this refund going to an account that is located outside of the United States or its territories? Yes ☐ No ☒

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 01022022 Printed Name and Title JUST ME Telephone Number 987 987 9879

Print/Type Preparer's Name Preparer's Signature Date PTIN
 JOAN FABRICS _____ 01032022 P65465465
 Firm's Name Firm's Address Telephone Number Firm's FEIN
 JF ACCOUNTANTS 1 HERE ST, HERE, MT 98765 654 654 6546 987654321

Mark the box to allow your tax preparer to discuss this return with us. ☒

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.



Schedule I - Disregarded Entity Owner Information

Enter the total number of owners 1

Use Worksheet DE to determine your Montana source income. Include a complete copy with your return.

For each nonresident individual, estate, or trust complete ONLY one of these two columns: E or F. Refer to the instructions for Schedule I.

	A		B		C	D	E	F
	Name		Identification Number		Ownership %	Montana Source Income	Montana Income Tax Withheld	PT-AGR
	Street Address		(SSN or FEIN)				(Multiply column D by 6.9% and enter result.)	(Year)
	City State ZIP Code							
1	GEORGE E JETSON		SSN 400009900					
	12 MILKY WAY		FEIN					
	JUPITER				100.0000	87654 00	8148 00	
2			SSN					
			FEIN					
						00	00	
			Totals		100.00	87654 00	8148 00	



Worksheet DE

Complete Worksheet DE if the disregarded entity does business within and outside Montana. Include the worksheet with your return.

Disregarded Entity Name**Disregarded Entity FEIN****Everywhere**

Business Income	1a Gross income	1a	00		
	1b Returns and allowances	1b	00		
	1c Balance. Subtract line 1b from line 1a.	1c	00		
	1d Cost of goods sold (Provide statement)	1d	00		
	1e Gross profit. Subtract line 1d from line 1c.	1e	00		
	1f Other income including gains (Provide statement)	1f	00		
	1g Add lines 1e and 1f. This is your total income.	1g	00		
Deductions	1h Wages	1h	00		
	1i Rent	1i	00		
	1j Other deductions (Provide statement)	1j	00		
	1k Add lines 1h through 1j. This is your total deductions.	1k	00	Montana	
Other Income	1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	00	1	00
	2 Net rental real estate income (loss)	2	00	2	00
	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
	6 Ordinary dividends	6	00	6	00
	7 Royalties	7	00	7	00
	8 Net short-term capital gain (loss) (include federal Schedule D)	8	00	8	00
	9 Net long-term capital gain (loss) (include federal Schedule D)	9	00	9	00
	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	00	14	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. Mark this box if some income is apportionable.	17	00	17	00
Apportionment Factor	1a Everywhere property	1a	00		
	1b Montana property			1b	00
	1 Divide line 1b by line 1a. This is your property factor.		1		%
	2a Everywhere payroll	2a	00		
	2b Montana payroll			2b	00
	2 Divide line 2b by line 2a. This is your payroll factor.		2		%
	3a Everywhere receipts	3a	00		
	3b Montana receipts			3b	00
	3 Divide line 3b by line 3a. This is your receipts factor.		3		%
	4 If tax year begins after June 30, 2021, enter the amount reported on line 3. (If it begins earlier than July 1, 2021, leave blank)		4		%
	5 Add the percentages from lines 1, 2, 3, and 4. This is the sum of your factors.		5		%
	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		%

No
Staples

For calendar year 2021 or tax year beginning

and ending

Mark if applicable. Initial Return Final Return Amended	Name			Social Security Number
	J&J PHARMACEUTICALS INC			
	Address			OR Federal Employer Identification Number
	119 TUNNEL ROAD SUITE E			987987987
	City	State	ZIP Code + 4	<input checked="" type="checkbox"/> Mark this box if this FEIN or SSN is the same as the owner's FEIN or SSN.
	ASHE	MT	28805	

- 1 Enter any assumed business name under which the entity does business in Montana OTHER PARTNERS
- 2 Domestic entities: the date the entity was incorporated or formed in Montana 02022002
- 3 Foreign entities: the date the entity obtained a certificate of authority from the Montana Secretary of State
- 4 Montana Secretary of State ID Number 6546546
- 5 State or country where the entity was incorporated or formed NC
- 6 Disregarded Entity Type (Mark appropriate entity type. See instructions for the correct box to mark.)
- ☐ A SMLLC
- Mark only one SMLLC owner type.
- | | |
|--|---|
| Nonresident or Part-year Resident Individual | Estate |
| (You are not required to file the Montana Form DER-1 if the SMLLC
is owned by an individual who has been a full-year Montana resident
during the applicable reporting period.) | Electing IRC § 761 Partnership |
| | Non-Grantor Trust |
| | Any other single-member not described above |
- ☒ B Entity type other than SMLLC
- ☒ IRC § 761 Partnership. Enter date of election 07072007
- Other (include description)



Owner Backup Withholding

7 Enter the total income tax withholding from Schedule I, Column E	7	00
8a Total Montana mineral royalty tax withheld	8a	654 00
8b Mineral royalty tax withheld distributed to owner	8b	456 00
8c Subtract 8b from 8a. Montana mineral royalty tax withheld attributable to disregarded entity.	8c	198 00
9a Total Montana pass-through withholding from MT Schedules K-1	9a	54 00
9b Montana pass-through withholding distributed to owner	9b	00
9c Subtract 9b from 9a. Montana pass-through withholding attributable to disregarded entity.	9c	54 00
10a 2021 estimated payments	10a	00
10b 2021 extension payment	10b	00
10c For amended returns only—payments made with original return	10c	00
10d For amended returns only—previously received refunds	10d	00
10e Add lines 10a through 10c, then subtract 10d. This is your total return payments.	10e	0 00
11 Add lines 8c, 9c and 10e. This is the total payments attributable to disregarded entity.	11	252 00
12 Subtract line 11 from line 7	12	-252 00
13 Late filing penalty (See instructions)	13	00
14 Late payment penalty (See instructions)	14	00
15 Interest (See instructions)	15	00
16 Add lines 13 through 15 and enter the result here. This is the sum of your total penalties and interest.	16	0 00
17 Add lines 12 and 16	17	-252 00
18 If line 17 results in an amount due, enter it here. This is the amount you owe.	18	0 00
19 If line 17 results in an overpayment, enter it here. Enter as a positive number. This is your refund.	19	252 00

Direct Deposit**Your Refund**

1. RTN#

2. ACCT#

Complete 1, 2, 3, and 4.
(See instructions)

3. If using direct deposit, you are required to mark one box. ☒ Checking ☐ Savings

4. Is this refund going to an account that is located outside of the United States or its territories? ☐ Yes ☐ No

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
X _____	02022022	JUST ME	987 654 9876

Print/Type Preparer's Name	Preparer's Signature	Date	PTIN
KAY GEM	_____	02022022	P12376543
Firm's Name	Firm's Address	Telephone Number	Firm's FEIN
GEM TAX PREP	1 MAIN ST, HERE, MT 12345	123 654 3210	144987987

Mark the box to allow your tax preparer to discuss this return with us.

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.



Schedule I - Disregarded Entity Owner Information

Enter the total number of owners 2

Use Worksheet DE to determine your Montana source income. Include a complete copy with your return.

For each nonresident individual, estate, or trust complete ONLY one of these two columns: E or F. Refer to the instructions for Schedule I.

A			B		C	D		E	F
Name			Identification Number		Ownership %	Montana Source		Montana Income Tax	PT-AGR
Street Address			(SSN or FEIN)			Income		Withheld	(Year)
City State ZIP Code								(Multiply column D by 6.9% and enter result.)	
1	DAFFY DUCK		SSN	123456123					
	1 QUACK STREET		FEIN						
	HELENA	MT 12345			055.5555	987654	00	00	2021
2	ELIZA DOOLITTLE		SSN						
	1 ZOO LANE		FEIN	212121212					
	BILLINGS	MT 123456789			044.4445	765432	00	00	
Totals					100.00	1753086	00	00	



Worksheet DE

Complete Worksheet DE if the disregarded entity does business within and outside Montana. Include the worksheet with your return.

Disregarded Entity Name OTHER**Disregarded Entity FEIN** 654654654**Everywhere**

Business Income	1a	Gross income	1a	1753086	00		
	1b	Returns and allowances	1b	502389	00		
	1c	Balance. Subtract line 1b from line 1a.	1c	1250697	00		
	1d	Cost of goods sold (Provide statement)	1d	110586	00		
	1e	Gross profit. Subtract line 1d from line 1c.	1e	1140111	00		
	1f	Other income including gains (Provide statement)	1f		00		
	1g	Add lines 1e and 1f. This is your total income.	1g	1140111	00		
Deductions	1h	Wages	1h	90050	00		
	1i	Rent	1i		00		
	1j	Other deductions (Provide statement)	1j		00		
	1k	Add lines 1h through 1j. This is your total deductions.	1k	90050	00		
Other Income	1	Subtract line 1k from line 1g. This is your total income from trade or business.	1	1050061	00	1	987654 00
	2	Net rental real estate income (loss)	2		00	2	00
	3	Other net rental income (loss)	3	50403	00	3	10101 00
	4	Guaranteed payments (partnerships only)	4		00	4	00
	5	Interest income	5		00	5	00
	6	Ordinary dividends	6		00	6	00
	7	Royalties	7		00	7	00
	8	Net short-term capital gain (loss) (include federal Schedule D)	8		00	8	00
	9	Net long-term capital gain (loss) (include federal Schedule D)	9		00	9	00
	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	1100464	00	14	997755 00
	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. Mark this box if some income is apportionable. <input checked="" type="checkbox"/>	17	1100464	00	17
Apportionment Factor	1a	Everywhere property	1a	761058	00		
	1b	Montana property	1b		00		
	1	Divide line 1b by line 1a. This is your property factor.	1			1	100.0000 %
	2a	Everywhere payroll	2a	905070	00		
	2b	Montana payroll	2b		00		
	2	Divide line 2b by line 2a. This is your payroll factor.	2			2	99.4398 %
	3a	Everywhere receipts	3a	90050	00		
	3b	Montana receipts	3b		00		
	3	Divide line 3b by line 3a. This is your receipts factor.	3			3	100.0000 %
	4	If tax year begins after June 30, 2021, enter the amount reported on line 3. (If it begins earlier than July 1, 2021, leave blank)	4			4	005.0505 %
5	Add the percentages from lines 1, 2, 3, and 4. This is the sum of your factors.	5			5	304.4903 %	
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			6	76.1226 %	