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4 If fax year begins after June 30, 2021, enter the amount reported on line 3. (If it begins earlier than July 1, 2021, leave blank) 4 999.9999 % 5 Add the percentages from lines 1, 2, 3, and 4. This is the sum of your factors. 5 999.9999 % 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. 6 999.9999 %		act		2a	999	99	99999	9	00	Щ						
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	H		F7 11160001			+		+		+					+	+
	H		3/11102021					++		\mathbb{H}		+		+	+	++

Form DER-1

2021 Montana Disregarded Entity Information Return



No Staples

For calendar year 2021 or tax year beginning

and ending

Mark if applicable. Initial Return Name

GEORGE JETSON CORPORATION

Address

Final Return

225 GREEN STREET

Amended City

State ZIP Code + 4

MT 28301 FAYETTE

Social Security Number 123232345

OR Federal Employer Identification Number

> 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 1234567

4 Montana Secretary of State ID Number

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)

17 Add lines 12 and 16

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

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

17

18

This is the amount you owe.

Enter as a positive number. This is your refund.

71456

71456

0

00

Owner Backup Withholding						
7 Enter the total income tax withholding from Schedule I, Co	lumn 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. Mc	ntana mineral royalty tax withheld	attributable to disregarded entity	8c	-111	00	
9a Total Montana pass-through withholding from MT Schedul	es K-1 9a	345 00)			
9b Montana pass-through withholding distributed to owner	9b	456 00)			
9c Subtract 9b from 9a. Mo						
10a 2021 estimated payments	10a	00)			
10b 2021 extension payment	10b	00)			
10c. For amended returns only-payments made with original re	eturn 10c	00)			
10d For amended returns only-previously received refunds	10d	00)			
10e Add lines 10a through 10c, then subtract 10d.	Th	nis is your total return payments	10e	0	0.0	
11 Add lines 8c, 9c and 10e.	This is the total payments a	attributable to disregarded entity	. 11	-222	0.0	
12 Subtract line 11 from line 7			12	71456	00	
13 Late filing penalty (See instructions)			13		0.0	
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	0.0	

Direct Deposit 1. RTN# 2. ACCT# Your Refund Complete 1, 2, 3, and 4. 3. If using direct deposit, you are required to mark one box. ▶ Checking (See instructions) 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 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.



57 11162021

OR FEIN

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

Schedule I - Disregarded Entity Owner Information Enter the total number of owners 1

Enter the total number of owners

Use Worksheet DE to determ	nine your Montana source incom	e. Include a comp	lete copy with	your return.		instructions for Sche	edule I.	
	Α			В	С	D	E	F
	Name						Montana Income Tax	
	Street Address City State ZIP Code		lde	ntification Number (SSN or FEIN)	Ownership %	Montana Source Income	e Withheld (Multiply column D by 6.9% and enter result.)	PT-AGR (Year)
1 JOHN SMITH 1 MAIN ST BIG BEND	МТ	98765	SSN FEIN	987987987	100.0000	789789	,	2021
2			SSN FEIN					
				Totals	100.00		00 00 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

Disieg	arded Entity I Env		Everywhere							
	1a Gross income	1a	00							
пе	1b Returns and allowances	1b	00							
Business Income	1c Balance. Subtract line 1b from line 1a.	1c	00							
l ss	1d Cost of goods sold (Provide statement)	1d	00							
ij.	1e Gross profit. Subtract line 1d from line 1c.	1e	00							
Bus	1f Other income including gains (Provide statement)	1f	00							
	1g Add lines 1e and 1f. This is your total income.	1g	00							
	1h Wages	1h	00							
ons	1i Rent	1i	00							
Deductions	1j Other deductions (Provide statement)	1j	00							
Ded	1k Add lines 1h through 1j. This is your total deductions.	1k	00		Montana					
_	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				
<u>o</u>	6 Ordinary dividends	6	00	6		00				
E S	7 Royalties	7	00	7		00				
- E	8 Net short-term capital gain (loss) (include federal Schedule D)	8	00	8		00				
Other Income	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	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.									
ĭ	Mark this box if some income is apportionable.	17	00	17		00				
	1a Everywhere property	1a	00							
	1b Montana property			1b		00				
₽	1 Divide line 1b by line 1a.		This is your property factor.	1		%				
nment Factor	2a Everywhere payroll	2a	00							
Į.	2b Montana payroll			2b		00				
ЩE	2 Divide line 2b by line 2a.		This is your payroll factor.	2		%				
흝	3a Everywhere receipts	3a	00							
Apportior	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	s earlie	r than July 1, 2021, leave blank)	4		%				
	5 Add the percentages from lines 1, 2, 3, and 4.	his 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		•							
		This	is your Apportionment factor.	6		%				

Form DER-1

2021 Montana Disregarded Entity Information Return



No Staples

For calendar year 2021 or tax year beginning

07012021

and ending

06302022

Mark if applicable. Initial Return

X Amended

Final Return

FORM APPROVAL CENTRAL

Address

Name

2510 S CROATAN HIGHWAY

City

NAGS HEAD

MT 27959

State ZIP Code + 4

Social Security Number 123232345

OR Federal Employer Identification Number

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

9879873

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

5 State or country where the entity was incorporated or formed

MΤ

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

(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

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 m	attributable to disregarded er	ntity.	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 pa	ass-through withholding	attributable to disregarded er	itity.	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.	T	his is your total return payme	nts. 1	0e	57	00
11 Add lines 8c, 9c and 10e.	his is the total payments	attributable to disregarded er	itity.	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 inter	est.	16	0	00
17 Add lines 12 and 16				17	-958	00

Direct Deposit

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

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

Your Refund

1. RTN# 123123123

2. ACCT# 32132132132132

This is the amount you owe.

Enter as a positive number. This is your refund.

18

0 0 0

958 00

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

(See instructions) 4. Is this refund going to an account that is located outside of the United States or its territories? X No Yes

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 Printed Name and Title Telephone Number 01022022 JUST ME 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. X

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



57 11162021

SSN 123232345

OR FEIN

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

Schedule I - Disregarded Entity Owner Information Enter the total number of owners 1

Use	Worksheet DE to determine your Montana source incom	sheet DE to determine your Montana source income. Include a complete copy with your return.						instructions for Schedule I.						
	Α			В	С	D		E	F					
	Name Street Address							Montana Income Tax						
				ntification 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	GEORGE E JETSON		SSN	400009900				,						
	12 MILKY WAY		FEIN											
	JUPITER FL	33458			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

Disieg	arded Entity I Env		Everywhere							
	1a Gross income	1a	00							
пе	1b Returns and allowances	1b	00							
Business Income	1c Balance. Subtract line 1b from line 1a.	1c	00							
l ss	1d Cost of goods sold (Provide statement)	1d	00							
ij.	1e Gross profit. Subtract line 1d from line 1c.	1e	00							
Bus	1f Other income including gains (Provide statement)	1f	00							
	1g Add lines 1e and 1f. This is your total income.	1g	00							
	1h Wages	1h	00							
ons	1i Rent	1i	00							
Deductions	1j Other deductions (Provide statement)	1j	00							
Ded	1k Add lines 1h through 1j. This is your total deductions.	1k	00		Montana					
_	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				
<u>o</u>	6 Ordinary dividends	6	00	6		00				
E S	7 Royalties	7	00	7		00				
- E	8 Net short-term capital gain (loss) (include federal Schedule D)	8	00	8		00				
Other Income	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	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.									
ĭ	Mark this box if some income is apportionable.	17	00	17		00				
	1a Everywhere property	1a	00							
	1b Montana property			1b		00				
₽	1 Divide line 1b by line 1a.		This is your property factor.	1		%				
nment Factor	2a Everywhere payroll	2a	00							
Į.	2b Montana payroll			2b		00				
ЩE	2 Divide line 2b by line 2a.		This is your payroll factor.	2		%				
흝	3a Everywhere receipts	3a	00							
Apportior	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	s earlie	r than July 1, 2021, leave blank)	4		%				
	5 Add the percentages from lines 1, 2, 3, and 4.	his 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		•							
		This	is your Apportionment factor.	6		%				

Form DER-1

2021 Montana Disregarded Entity Information Return



No Staples

For calendar year 2021 or tax year beginning

and ending

Mark if applicable.

J&J PHARMACEUTICALS INC

Initial Return Address

Final Return

Amended City

119 TUNNEL ROAD SUITE E

ASHE

Name

OR Federal Employer **Identification Number** 987987987

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

Social Security Number

1 Enter any assumed business name under which the entity does business in Montana

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

OTHER PARTNERS

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

State ZIP Code + 4

MT 28805

Electing IRC § 761 Partnership

Non-Grantor Trust

Any other single-member not described above

X B Entity type other than SMLLC

X IRC § 761 Partnership. Enter date of election 07072007

Other (include description)

Owner Backup Withholding					
7 Enter the total income tax withholding from Schedule I, Colu	mn E		7		00
8a Total Montana mineral royalty tax withheld	8a	654 0	0		
8b Mineral royalty tax withheld distributed to owner	8b	456 0	0		
8c Subtract 8b from 8a. Mont	ana mineral royalty tax withheld	attributable to disregarded entit	y. 8c	198	00
9a Total Montana pass-through withholding from MT Schedules	s K-1 9a	54 0	0		
9b Montana pass-through withholding distributed to owner	9b	0	0		
9c Subtract 9b from 9a. Mont	ana pass-through withholding	attributable to disregarded entit	y. 9c	54	00
10a 2021 estimated payments	10a	0	0		
10b 2021 extension payment	10b	0	0		
10c. For amended returns only-payments made with original retu	ım 10c	0	0		
10d For amended returns only-previously received refunds	10d	0	0		
10e Add lines 10a through 10c, then subtract 10d.	T	his is your total return payment	s. 10e	0	00
11 Add lines 8c, 9c and 10e.	This is the total payments	attributable to disregarded entit	y. 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 interes	t. 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 ow	e. 18	0	00
19 If line 17 results in an overpayment, enter it here.	Enter as a pos	itive number. This is your refun	d. 19	252	00

Direct Deposit Your Refund

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

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

2. ACCT#

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 $\chi = 02022022 \quad \text{JUST ME} \qquad 987 \quad 654 \quad 9876$

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

57 11162021

1. RTN#

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



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

Schedule I - Disregarded Entity Owner Information Enter the total number of owners 2

SSN

Use Worksheet DE to determine your Montana source	ce incom	e. Include a complete co	your return.	instructions for Schedule I.				
Α			ВС		D	E	F	
Name							Montana Income Tax	
Street Address			Ide	entification 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 DAFFY DUCK			SSN	123456123			,	
1 QUACK STREET			FEIN					
HELENA	MT	12345			055.5555	987654 0	0	2021
2 ELIZA DOOLITTLE			SSN					
1 ZOO LANE			FEIN	212121212				
BILLINGS	MT	123456789			044.4445	765432 0	00)
				Totals	100.00	1753086 o	0)

57 11162021

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				
	1a Gross income	1a	1753086	00			
me	1b Returns and allowances	1b	502389	00			
00	1c Balance. Subtract line 1b from line 1a.	1c	1250697	00			
l ss	1d Cost of goods sold (Provide statement)	1d	110586	00			
Business Income	1e Gross profit. Subtract line 1d from line 1c.	1e	1140111	00			
Bus	1f Other income including gains (Provide statement)	1f		00			
	1g Add lines 1e and 1f. This is your total income.	1g	1140111	00			
	1h Wages	1h	90050	00			
ons	1i Rent	1i		00			
Deductions	1j Other deductions (Provide statement)	1j		00			
Ded	1k Add lines 1h through 1j. This is your total deductions.	1k	90050	00		Montana	
_	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
<u>a</u>	6 Ordinary dividends	6		00	6		00
Som	7 Royalties	7		00	7		00
흔	8 Net short-term capital gain (loss) (include federal Schedule D)	8		00	8		00
Other Income	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			00
	14 Add lines 1 through 11, then subtract lines 12 and 13	14	1100464	00		997755	00
Adj.	15 Montana additions to income	15		00			00
⋖	16 Montana subtractions from income	16		00	16		00
Total	17 Add lines 14 and 15, then subtract line 16.						
Ĕ	Mark this box if some income is apportionable. X	17	1100464	00	17	997755	00
	1a Everywhere property	1a	761058	00			
	1b Montana property	10	701030	00	1b	761058	00
_	1 Divide line 1b by line 1a.		This is your property fac	tor.	1	100.0000 %	
onment Factor	2a Everywhere payroll	2a	905070	00	·		•
# Fa	2b Montana payroll		2000.0		2b	900000	00
mer	2 Divide line 2b by line 2a.		This is your payroll fac	tor.	2	99.4398 %	
ion	3a Everywhere receipts	3a	90050		_		
Apporti	3b Montana receipts				3b	90050	00
₽	3 Divide line 3b by line 3a.		This is your receipts fac	tor.	3	100.0000 %	
	4 If tax year begins after June 30, 2021, enter the amount reported on line 3. (If it begin	s earlie	•		4	005.0505 %	
	5 Add the percentages from lines 1, 2, 3, and 4.	,	5	304.4903 %			
	6 Divide the total percentage from line 5 by the number of factors that can be included		This is the sum of your factor alculation. If a property, payro				
	or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the						
			is your Apportionment fac	tor.	6	76.1226 %)