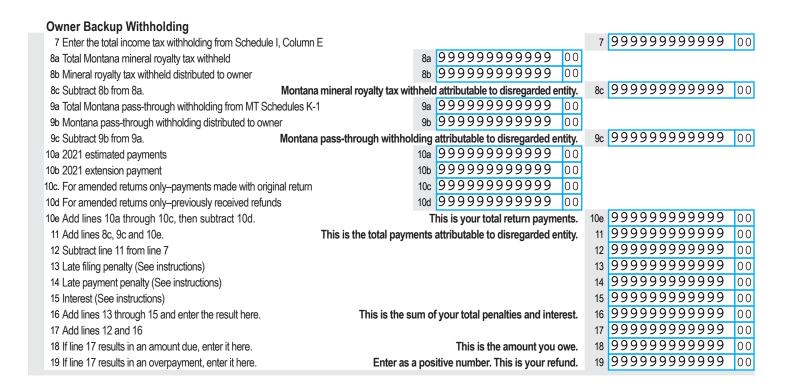
Form DER-1	2021 Montana	a Disregarded	Entity	Inf	ormation	n Ret	turn	D I
No Staples For cal	endar year 2021 or	tax year beginning	09092	099	and endi	ng (09092099	
Mark if applicable. X Initial Return X Final Return X Amended	Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX State	XXX ZIP (OR F	Social Security Number 999999999999999999999999999999999999	EIN
 2 Domestic entities: the date 3 Foreign entities: the date t 4 Montana Secretary of Sta 5 State or country where the 6 Disregarded Entity Type (I 	e the entity was incorporated he entity obtained a certificate te ID Number e entity was incorporated or fo	e of authority from the Montana S	·				XXXXXXXXXX 09092099 09092099 999999999	
X Nonres (Yo is o dur	wned by an individual who haing the applicable reporting p	Montana Form DER-1 if the SML as been a full-year Montana resio eriod.)	LC lent	X EI X No	state lecting IRC § 761 F on-Grantor Trust ny other single-me			
	(include description)	XXXXXXXXXXXXX	XXXXX	XXX	XXXXXXXX	ΧΧΧΣ	XXXXXXXXXX	XXX



Proposit Your Refund Complete 1, 2, 3, and 4. (See instructions)	 RTN# 999999 If using direct deports Is this refund going 	osit, you ar		mark one box	(. ▶ X	O9999999999999999999999999999999999999		X No
•	•			urn, including a	ccompar	nying schedules and state	ements, and to	the best
of my knowledge and be	elief, it is true, correct, a	nd complete).					
Signature of Officer		Date		Printed Name a	nd Title		Telephone Nun	nber
X		09	9092099	XXXXXXX	XXXXX	XXXXXXXXXX	999 999	9999
Print/Type Preparer's Nan	ne	Pre	parer's Signatı	ure		Date	PTIN	
XXXXXXXXXXXX	XXXXXXXXXX					09092099	P99999	999
Firm's Name	F	irm's Addres	SS			Telephone Number	Firm's FEIN	
XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXX	XXXX	999 999 9999	999999	999
		XXXXXX	XXXXXXX	XXXXXXX	XXXX			

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.



SSN 999999999

OR FEIN 999999999

Schedule I - Disregarded Entity Owner Information

Enter the total number of owners 99					
			For each nonresident in	ndividual, estate, or trust com	plete
			ONLY one of these two	columns: E or F. Refer to the)
Use Worksheet DE to determine your Montana source income. Include a complete co	ppy with your return.		instructions for Schedu	le I.	
A	В	С	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%	(Year)
				and enter result.)	
1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SSN 999999999				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	FEIN 999999999				
XXXXXXXXXXXXXXXXXX		999.9999	99999999 00	999999999 00	2099
2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SSN 999999999				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	FEIN 999999999				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999.9999	99999999 00	999999999 00	2099
	Totals	999.9999	99999999 00	999999999 00	

Form DER-1, Page 4 - 2021 SSN 999999999 *OR* FEIN 999999999

Worksheet DE

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

Disregarded Entity FEIN 9999999999

Disteg	arded Entity Fein 999999999		Promodern			
	1a Gross income	1a	Everywhere 999999990	Ω		
<u>ω</u>	1b Returns and allowances	1b	99999999999 0	_		
Ö	1c Balance. Subtract line 1b from line 1a.	1c	99999999999 0	_		
<u>=</u>		1d	99999999999 0	_		
ess	1d Cost of goods sold (Provide statement)		99999999999 0	_		
Business Income	1e Gross profit. Subtract line 1d from line 1c.	1e		_		
<u> </u>	1f Other income including gains (Provide statement)	1f	9999999999 0	_		
	1g Add lines 1e and 1f. This is your total income.	1g	9999999999 0	_		
S	1h Wages	1h	9999999999 0	_		
Ęį	1i Rent	1i	9999999999 0	_		
Deductions	1j Other deductions (Provide statement)	1j	9999999999 0	_		
å	1k Add lines 1h through 1j. This is your total deductions.	1k	9999999999 0	_	Montana	
	1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	9999999999 0	_	9999999999	00
	2 Net rental real estate income (loss)	2	9999999999 0	_	9999999999	00
	3 Other net rental income (loss)	3	9999999999 0	_	99999999999	00
	4 Guaranteed payments (partnerships only)	4	99999999999 0	_	99999999999	00
	5 Interest income	5	9999999999 0	_	99999999999	00
த	6 Ordinary dividends	6	9999999999 0	_	99999999999	00
	7 Royalties	7	9999999999 0	_	99999999999	00
Other Income	8 Net short-term capital gain (loss) (include federal Schedule D)	8	99999999999 0	_	99999999999	00
돭	9 Net long-term capital gain (loss) (include federal Schedule D)	9	99999999999 0	0 9	99999999999	00
O	10 Net section 1231 gain (loss) (include federal Form 4797)	10	99999999999 0	0 10	99999999999	00
	11 Other income (loss) (include detailed statement)	11	99999999999 0	0 11	99999999999	00
	12 Section 179 deduction (include federal Form 4562)	12	99999999999 0	0 12	99999999999	00
	13 Other deductions (include detailed statement)	13	99999999999 0	0 13	99999999999	00
	14 Add lines 1 through 11, then subtract lines 12 and 13	14	99999999999 0	0 14	99999999999	00
:	15 Montana additions to income	15	99999999999 0	0 15	99999999999	00
Adj.	16 Montana subtractions from income	16	99999999999 0	0 16	99999999999	00
Total	17 Add lines 14 and 15, then subtract line 16.					
P	Mark this box if some income is apportionable.	17	9999999999 0	0 17	9999999999	00
	1a Everywhere property	1a	99999999999 0	0		
	1b Montana property			1b	99999999999	00
=	1 Divide line 1b by line 1a.		This is your property factor.	1	999.9999 %)
Apportionment Factor	2a Everywhere payroll	2a	9999999999 0	0		
E E	2b Montana payroll			2b	99999999999	00
<u>a</u>	2 Divide line 2b by line 2a.		This is your payroll factor.	2	999.9999 %)
Ę.	3a Everywhere receipts	3a	9999999999 0	0		
DO .	3b Montana receipts			3b	99999999999	00
₹	3 Divide line 3b by line 3a.		This is your receipts factor.	3	999.9999 %)
	4 If tax year begins after June 30, 2021, enter the amount reported on line 3. (If it begin	s earl	-	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		-			
	or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the					
	2 2.2.2. p. 3. issue: 10. 0.7.5; it is introduced in an obstantial in the on another to diffuse in the		s is your Apportionment factor.	6	999.9999 %	,
			Jean - Aber gonnion (goton			

Form DER-1	2021 Montana Disregarded E	ntity Informatio	n Retu	ırn D
No Staples For ca	alendar year 2021 or tax year beginning	and end	ding	
Mark if applicable. Initial Return Final Return Amended	Name GEORGE JETSON CORPORATION Address 225 GREEN STREET City FAYETTE	State ZIP Code + 4 MT 28301	OR Fee	cial Security Number L23232345 deral Employer entification Number ark this box if this FEIN SSN is the same as the ener's FEIN or SSN.
2 Domestic entities: the date 3 Foreign entities: the date 4 Montana Secretary of St 5 State or country where th 6 Disregarded Entity Type A SMLLC Mark only or (Y) is du	ness name under which the entity does business in Montana te the entity was incorporated or formed in Montana the the entity obtained a certificate of authority from the Montana Serate ID Number ne entity was incorporated or formed (Mark appropriate entity type. See instructions for the correct box ne SMLLC owner type. Seident or Part-year Resident Individual fou are not required to file the Montana Form DER-1 if the SMLLC owned by an individual who has been a full-year Montana resider uring the applicable reporting period.)	to mark.) Estate Electing IRC § 761	H Partnership	06062006 1234567
	r (include description)			

8a Total Montana mineral royalty tax withheld 8b Mineral royalty tax withheld distributed to owner 8b 234 00 8c Subtract 8b from 8a.	Owner Backup Withholding					
8b Mineral royalty tax withheld distributed to owner 8c Subtract 8b from 8a. Montana mineral royalty tax withheld attributable to disregarded entity. 9a Total Montana pass-through withholding from MT Schedules K-1 9b Montana pass-through withholding distributed to owner 9c Subtract 9b from 9a. Montana pass-through withholding attributable to disregarded entity. 10a 2021 estimated payments 10a 10b 2021 extension payment 10b 10c For amended returns only—payments made with original return 10c 10d For amended returns only—previously received refunds 11 Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 11 Add lines 8c, 9c and 10e. 11 Add lines 8c, 9c and 10e. 11 Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. This is the sum of your total penalties and interest. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. This is the amount you owe. 8c	7 Enter the total income tax withholding from Schedule I, Column	nE		7	71234	00
8c Subtract 8b from 8a.	8a Total Montana mineral royalty tax withheld	8a	123 00			
9a Total Montana pass-through withholding from MT Schedules K-1 9b Montana pass-through withholding distributed to owner 9c Subtract 9b from 9a. Montana pass-through withholding attributable to disregarded entity. 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 10e Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. This is the amount you owe.	8b Mineral royalty tax withheld distributed to owner	8b	234 00			
9b Montana pass-through withholding distributed to owner 9c Subtract 9b from 9a. Montana pass-through withholding attributable to disregarded entity. 10a 2021 estimated payments 10a 00 10b 2021 extension payment 10c 00 10c. For amended returns only–payments made with original return 10c 00 10d For amended returns only–previously received refunds 10e Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. This is the sum of your total penalties and interest. This is the amount you owe. This is the amount you owe.	8c Subtract 8b from 8a. Montan	a mineral royalty tax withheld	attributable to disregarded entity.	8c	-111	00
9c Subtract 9b from 9a. Montana pass-through withholding attributable to disregarded entity. 10a 2021 estimated payments 10b 2021 extension payment 10c. For amended returns only—payments made with original return 10d For amended returns only—previously received refunds 10d Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. Montana pass-through withholding attributable to disregarded entity. 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9a Total Montana pass-through withholding from MT Schedules K	-1 9a	345 00			
10a 2021 estimated payments 10b 2021 extension payment 10c 500 10c. For amended returns only-payments made with original return 10d For amended returns only-previously received refunds 10e Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9b Montana pass-through withholding distributed to owner	9b	456 00			
10b 2021 extension payment 10c. For amended returns only–payments made with original return 10d For amended returns only–previously received refunds 10e Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. 10c 10c 10c 10c 10c 10c 10c 10c 10d 10c 10d 10c 10d 10d 10c 10d 10d 10c 10d	9c Subtract 9b from 9a. Montan	a pass-through withholding	attributable to disregarded entity.	9c	-111	00
10c. For amended returns only-payments made with original return 10d For amended returns only-previously received refunds 10e Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. 10c 10d	10a 2021 estimated payments	10a	0.0			
10d For amended returns only-previously received refunds 10e Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. 100 100 110 110 110 100 100 110 100 10	10b 2021 extension payment	10b	0.0			
10e Add lines 10a through 10c, then subtract 10d. 11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. 18 This is your total return payments. 10e 0 00 11 12 71456 00 13 00 14 00 15 10 00 16 Add lines 13 through 15 and enter the result here. 16 0 00 17 1456 00 18 If line 17 results in an amount due, enter it here. 18 This is the amount you owe.	10c. For amended returns only–payments made with original return	10c	0.0			
11 Add lines 8c, 9c and 10e. 12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. This is the total payments attributable to disregarded entity. 11 -222 00 71456 00 71456 00 10 71456 00 71456 00 71456 00 71456 00 71456 00 71456	10d For amended returns only-previously received refunds	10d	0.0			
12 Subtract line 11 from line 7 13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. 18 This is the sum of your total penalties and interest. 19 This is the amount you owe. 10 This is the amount you owe.	10e Add lines 10a through 10c, then subtract 10d.	Т	his is your total return payments.	10e		00
13 Late filing penalty (See instructions) 14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. 18 Interest (See instructions) 19 O O O O O O O O O O O O O O O O O O O	11 Add lines 8c, 9c and 10e.	This is the total payments	attributable to disregarded entity.	11		00
14 Late payment penalty (See instructions) 15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. 18 This is the sum of your total penalties and interest. 19 This is the amount you owe. 10 O O O O O O O O O O O O O O O O O O O	12 Subtract line 11 from line 7			12	71456	00
15 Interest (See instructions) 16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. 18 If line 17 results in an amount due, enter it here. 19 Octoor 16 Octoor 17 Octoor 17 Octoor 18 Octoo	13 Late filing penalty (See instructions)			13		00
16 Add lines 13 through 15 and enter the result here. 17 Add lines 12 and 16 18 If line 17 results in an amount due, enter it here. This is the sum of your total penalties and interest. 16 17 17 1456 00 00 00 00 00 00 00 00 00	14 Late payment penalty (See instructions)			14		00
17 Add lines 12 and 16 17 1456 00 18 If line 17 results in an amount due, enter it here. This is the amount you owe. 18 71456 00 18 18 18 18 18 18 18 18 18 18 18 18 18	15 Interest (See instructions)			15		00
18 If line 17 results in an amount due, enter it here. This is the amount you owe. 18 71456 00	16 Add lines 13 through 15 and enter the result here.	This is the sum of	f your total penalties and interest.	16	_	00
	17 Add lines 12 and 16			17		00
19 If line 17 results in an overpayment, enter it here. Enter as a positive number. This is your refund.	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 pos	itive number. This is your refund.	19	0	00

Direct Deposit Your Refund Complete 1, 2, 3, and 4. (See instructions)	RTN# If using direct de Is this refund goir		•		Checking Savi	
Under penalties of false	swearing, I declare th	at I have	examined this retu	ırn, including accompai	nying schedules and state	ements, and to the best
of my knowledge and be	elief, it is true, correct,	and com	plete.			
Signature of Officer		D	ate	Printed Name and Title		Telephone Number
X						
Print/Type Preparer's Nar	ne		Preparer's Signatu	ire	Date	PTIN
Firm's Name		Firm's Ac	ddress		Telephone Number	Firm's FEIN
Mark the box to allow v	our tax preparer to	discuss t	his return with us			

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



OR FEIN

Schedule	١-	Disrega	rded	Entity	1wO	ner	Info	ormation	i
		_		_			-		

Ente	er the total number of owners 1								
							For each nonresident	individual, estate, or trust con	nplete
							ONLY one of these two	columns: E or F. Refer to th	е
Use	Worksheet DE to determine your Montana	source incom	e. Include a complete	copy with	your return.		instructions for Schedu	ıle I.	
	A				В	С	D	E	F
	Name)						Montana Income Tax	
	Street Add	dress		lde	entification Number	Ownership %	Montana Source	Withheld	PT-AGR
	City State 2	ZIP Code			(SSN or FEIN)		Income	(Multiply column D by 6.9%	(Year)
								and enter result.)	
1	JOHN SMITH			SSN	987987987				
	1 MAIN ST			FEIN					
	BIG BEND	MT	98765			100.0000	789789 00	71234 00	2021
2				SSN					
				FEIN					
							0 (
					Totals	100.00	789789 00	71234 00)

Form	DER-1, Page 4 - 2021 SSN	OR	FEIN				
	Worksheet DE						
	Complete Worksheet DE if the disregarded entity does business within and outside Monta	ana. Incl	ude the worksl	neet with your return	١.		
_	arded Entity Name						
Disreg	arded Entity FEIN						
			Every	where			
	1a Gross income	1a		0.0			
me	1b Returns and allowances	1b		00			
2	1c Balance. Subtract line 1b from line 1a.	1c		00			
SS	1d Cost of goods sold (Provide statement)	1d		00			
Business Income	1e Gross profit. Subtract line 1d from line 1c.	1e		0.0			
Bü	1f Other income including gains (Provide statement)	1f		0.0			
	1g Add lines 1e and 1f. This is your total income.	1g		00			
	1h Wages	1h		00			
ons	1i Rent	1i		00			
Ę	1j Other deductions (Provide statement)	1j		00			
Deductions	1k Add lines 1h through 1j. This is your total deductions.	1k		0.0		Montana	a
	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		0.0	2		0.0
	3 Other net rental income (loss)	3		00	3		0.0
	4 Guaranteed payments (partnerships only)	4		00	4		0.0
	5 Interest income	5		00	5		0.0
	6 Ordinary dividends	6		00	6		0.0
Other Income	7 Royalties	7		00	7		00
<u>2</u>	8 Net short-term capital gain (loss) (include federal Schedule D)	8		00	8		00
Jer	9 Net long-term capital gain (loss) (include federal Schedule D)	9		00	9		00
ᅙ	10 Net section 1231 gain (loss) (include federal Form 4797)	10		00			0.0
	11 Other income (loss) (include detailed statement)	11		00			0.0
	12 Section 179 deduction (include federal Form 4562)	12		00			00
	13 Other deductions (include detailed statement)	13		00			00
	14 Add lines 1 through 11, then subtract lines 12 and 13	14		00			00
	15 Montana additions to income	15		00			00
Adj.		_					
	16 Montana subtractions from income	16		00	16		00
Total	17 Add lines 14 and 15, then subtract line 16.	47		0.0	47		0.0
	Mark this box if some income is apportionable.	17		00	17		00
	4. Eventual annual	4. F		0.0			
	1a Everywhere property	1a		00	A1.		0.0
	1b Montana property		This is		1b		00
ģ	1 Divide line 1b by line 1a.	^	inis is your	property factor.	1		%
Fac	2a Everywhere payroll	2a		00	01		0.0
ent	2b Montana payroll		T 1 · ·	11.6	2b		00
ш	2 Divide line 2b by line 2a.		This is you	ır payroll factor.	2		%
örţ	3a Everywhere receipts	3a		0.0			0.0
Apportionment Factor	3b Montana receipts				3b		00
-	3 Divide line 3b by line 3a.		-	receipts factor.	3		%
	4 If tax year begins after June 30, 2021, enter the amount reported on line 3. (If it begin		-		4		%
	5 Add the percentages from lines 1, 2, 3, and 4.			of your factors.	5		%
	6 Divide the total percentage from line 5 by the number of factors that can be included						
	or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the		-				
		This	is your Appor	tionment factor.	6		%

Form DE	R-1

2021 Montana Disregarded Entity Information Return

D

No	
Staples	

Other (include description)

Staples For cal	endar year 2021 or tax year b	eginning 07012	2021	and endi	ng	06302022		
	Name					Social Security Number		
ark if applicable.	FORM APPROVAL CEN	TRAL				123232345		
Initial Return	Address				OR	Federal Employer		
Final Return	2510 S CROATAN HIG	GHWAY				Identification Number		
X Amended	City	State	ZIP C	ode + 4				
	NAGS HEAD	МТ	2795	59	X	Mark this box if this FEIN		
						or SSN is the same as the		
						owner's FEIN or SSN.		
						OWNERS I ENV OF CON.		
1 Enter any assumed husing	ess name under which the entity does busin	ness in Montana	0101	L2011				
	e the entity was incorporated or formed in M		0101					
	he entity obtained a certificate of authority fr		State					
4 Montana Secretary of Stat		official violitaria Secretary of	Siale			9879873		
•				М	г	9019013		
•	e entity was incorporated or formed			141	L			
X A SMLLC	Mark appropriate entity type. See instruction	s for the correct box to mark.)						
Mark only one	SMLLC owner type.							
Nonres	ident or Part-year Resident Individual		Esta	ate				
	u are not required to file the Montana Form	DER-1 if the SMLLC	Elec	cting IRC § 761 F	Partners	ship		
,	wned by an individual who has been a full-y			n-Grantor Trust		- -		
	ing the applicable reporting period.)	odi Montana roolaoni						
dun	ing the applicable reporting period.)		-1 All)	outer single-file	IIIDGI III	ot accompa above		
B Entity type oth	er than SMLLC							
7 71	GI LIAIT OIVILLO							

Owner Backup Withholding						
7 Enter the total income tax withholding from Schedule I, Column	n 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. Montar	na mineral royalty tax withheld	attributable to disregarded e	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. Montar	na pass-through withholding	attributable to disregarded e	ntity.	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.	Т	his is your total return payme	ents. 1	0e	57	00
11 Add lines 8c, 9c and 10e.	This is the total payments	attributable to disregarded e	ntity.	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 inte	rest.	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 pos	itive number. This is your ref	und.	19	958	00

Poly Service 1 Your Refund Complete 1, 2, 3, and 4. (See instructions)	3. If using dire	3123123 ct deposit, you are requ d going to an account tha	ired to mark one b	oox. ►	132132132132 Checking X Savied States or its territories	3 -
	•	are that I have examined	this return, including	g accompan	ying schedules and state	ements, and to the best
of my knowledge and be	elief, it is true, coi	rect, and complete.				
Signature of Officer		Date	Printed Nam	e and Title		Telephone Number
X		01022	022 JUST M	ΙE		987 987 9879
Print/Type Preparer's Na	me	Preparer's	Signature		Date	PTIN
JOAN FABRICS					01032022	P65465465
Firm's Name		Firm's Address			Telephone Number	Firm's FEIN
JF ACCOUNTANT	ΓS	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

57 11162021

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



OR FEIN

Schedule I - Disregarded Entity Owner Information

Enter the tot	tal number of owners 1										
							For each nonresid	ent in	dividual, estate, or trust of	compl	ete
							ONLY one of these	e two	columns: E or F. Refer to	the	
Use Works	sheet DE to determine your Montana source	e incom	e. Include a complete co	opy with	your return.		instructions for Scl	hedul	e I.		
	Α				В	С	D		E		F
	Name								Montana Income Ta	ax	
	Street Address	3		lde	ntification Number	Ownership %	Montana Source	ce	Withheld		PT-AGR
	City State ZIP (Code		(SSN or FEIN)			Income		(Multiply column D by 6.9	%	(Year)
									and enter result.)		
1 GE(ORGE E JETSON			SSN	400009900						
12	MILKY WAY			FEIN							
JUI	PITER	$_{ m FL}$	33458			100.0000	87654	00	8148	00	
2				SSN							
				FEIN							
								00		00	
					Totals	100.00	87654	00	8148	00	

Form	DER-1, Page 4 - 2021 SSN	OR	FEIN			
	Worksheet DE					
	Complete Worksheet DE if the disregarded entity does business within and outside Mont	ana. Incli	ude the worksheet with your r	eturr	۱.	
Disreg	arded Entity Name					
Disreg	arded Entity FEIN					
			Everywhere			
	1a Gross income	1a		00		
me	1b Returns and allowances	1b		00		
Business Income	1c Balance. Subtract line 1b from line 1a.	1c		00		
SS	1d Cost of goods sold (Provide statement)	1d		00		
sine	1e Gross profit. Subtract line 1d from line 1c.	1e		00		
Bu	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		
ions	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
ē	6 Ordinary dividends	6		00	6	00
Other Income	7 Royalties	7		00	7	00
r E	8 Net short-term capital gain (loss) (include federal Schedule D)	8		00	8	00
E L	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
ď	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		00	17	00
	1a Everywhere property	1a		00		
	1b Montana property				1b	00
ō	1 Divide line 1b by line 1a.		This is your property factor		1	%
-act	2a Everywhere payroll	2a		00		
int.	2b Montana payroll				2b	00
nme	2 Divide line 2b by line 2a.		This is your payroll factor		2	%
oportionment Factor	3a Everywhere receipts	3a		00		
odd	3b Montana receipts				3b	00

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)

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.

3

4

5

6

%

%

%

%

This is your receipts factor.

This is the sum of your factors.

This is your Apportionment factor.

3 Divide line 3b by line 3a.

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

No	2021 Montana Disregarded E	Entity			eturn D			
Staples For ca	endar year 2021 or tax year beginning		and end	ii ig				
Mark if applicable	Name J&J PHARMACEUTICALS INC				Social Security Number			
Mark if applicable. Initial Return Final Return	Address 119 TUNNEL ROAD SUITE E			OR	Federal Employer Identification Number			
Amended	City		987987987					
	ASHE	MT	28805	X	Mark this box if this FEIN or SSN is the same as the owner's FEIN or SSN.			
•	ess name under which the entity does business in Montana		OTHER PART	NERS				
	e the entity was incorporated or formed in Montana he entity obtained a certificate of authority from the Montana Se	acretary of	State		02022002			
4 Montana Secretary of Sta	· · · · · · · · · · · · · · · · · · ·	oretary or	Olale		6546546			
·	5 State or country where the entity was incorporated or formed NC							
6 Disregarded Entity Type (A SMLLC	Mark appropriate entity type. See instructions for the correct box	k to mark.)						
Mark only one	SMLLC owner type.							
Nonres	ident or Part-year Resident Individual		Estate					
(Yo	u are not required to file the Montana Form DER-1 if the SMLL	С	Electing IRC § 761	Partners	ship			

Non-Grantor Trust

Any other single-member not described above

is owned by an individual who has been a full-year Montana resident

during the applicable reporting period.)

Other (include description)

X IRC § 761 Partnership. Enter date of election 07072007

X B Entity type other than SMLLC

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 withhele	d attributable to disregarded en	tity. 8	198	00
9a Total Montana pass-through withholding from MT Scher	dules 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 en	tity. 9	54	00
10a 2021 estimated payments	10a		00		
10b 2021 extension payment	10b		00		
10c. For amended returns only-payments made with original	l return 10c		00		
10d For amended returns only–previously received refunds	10d		00		
10e Add lines 10a through 10c, then subtract 10d.	1	his is your total return payme	nts. 10e	0	00
11 Add lines 8c, 9c and 10e.	This is the total payments	attributable to disregarded en	tity. 1	252	00
12 Subtract line 11 from line 7			12	2 –252	00
13 Late filing penalty (See instructions)			13	3	00
14 Late payment penalty (See instructions)			14	1	00
15 Interest (See instructions)			1	5	00
16 Add lines 13 through 15 and enter the result here.	This is the sum o	f your total penalties and inter	est. 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 o	we. 18		00
19 If line 17 results in an overpayment, enter it here.	Enter as a pos	sitive number. This is your refu	ınd. 19	252	00

	2. ACCT# deposit, you are required to mark one box. ▶ oing to an account that is located outside of the Uni	Checking Savi ted States or its territories	0
Under penalties of false swearing, I declar of my knowledge and belief, it is true, corresignature of Officer X	that I have examined this return, including accompact, and complete. Date Printed Name and Title 0 2 0 2 2 0 2 2 JUST ME		Telephone Number 987 654 9876
Print/Type Preparer's Name KAY GEM Firm's Name GEM TAX PREP	Preparer's Signature Firm's Address 1 MAIN ST, HERE, MT 12345	Date 02022022 Telephone Number 123 654 3210	PTIN P12376543 Firm's FEIN 144987987

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

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



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

	i the total number of owners									
									dividual, estate, or trust comp columns: E or F. Refer to the	
Use	Worksheet DE to determine your Montana sour	ce income. In	clude a complete co	py with	your return.		instructions for Sch	nedule	e I.	
	A				В	С	D		E	F
	Name								Montana Income Tax	
	Street Addres	ss		Ide	ntification Number	Ownership %	Montana Source	е	Withheld	PT-AGR
	City State ZIP	Code		(SSN or FEIN)			Income		(Multiply column D by 6.9%	(Year)
									and enter result.)	
1	DAFFY DUCK			SSN	123456123					
	1 QUACK STREET			FEIN						
	HELENA	MT 1	.2345			055.5555	987654	00	00	2021
2	ELIZA DOOLITTLE			SSN						
	1 ZOO LANE			FEIN	212121212					
	BILLINGS	MT 1	.23456789			044.4445	765432	00	00	
					Totals	100.00	1753086	00	00	

Form DER-1, Page 4 - 2021 SSN *OR* FEIN 987987987

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 1753086 1a Gross income 00 1a 502389 **Business Income** 1b Returns and allowances 1b 00 1250697 1c Balance. Subtract line 1b from line 1a. 1c 00 110586 1d Cost of goods sold (Provide statement) 00 1d 1140111 1e Gross profit. Subtract line 1d from line 1c. 1e 00 1f Other income including gains (Provide statement) 1f 0.0 1140111 1g Add lines 1e and 1f. This is your total income. 1g 00 1h Wages 90050 00 1h Deductions 1i Rent 1i 00 00 1j Other deductions (Provide statement) 1j 90050 1k Add lines 1h through 1j. This is your total deductions. 1k 00 Montana 1 1050061 00 1 987654 00 1 Subtract line 1k from line 1g. This is your total income from trade or business. 2 Net rental real estate income (loss) 2 00 2 00 3 50403 10101 00 3 Other net rental income (loss) 00 3 4 00 4 00 4 Guaranteed payments (partnerships only) 5 5 Interest income 00 5 00 00 6 Ordinary dividends 6 6 0.0 Other Income 7 00 7 00 7 Royalties 00 8 00 8 8 Net short-term capital gain (loss) (include federal Schedule D) 9 9 00 9 Net long-term capital gain (loss) (include federal Schedule D) 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 00 12 Section 179 deduction (include federal Form 4562) 12 13 Other deductions (include detailed statement) 13 00 13 00 997755 1100464 14 00 14 Add lines 1 through 11, then subtract lines 12 and 13 00 14 15 00 15 00 15 Montana additions to income Adj. 16 Montana subtractions from income 16 00 16 00 Total 17 Add lines 14 and 15, then subtract line 16. 1100464 997755 Mark this box if some income is apportionable. 17 00 17 00 761058 00 1a Everywhere property 1a 761058 1b Montana property 1b 0.0 1 Divide line 1b by line 1a. This is your property factor. 100.0000 % Apportionment Factor 905070 00 2a 2a Everywhere payroll 2b Montana payroll 900000 00 2b This is your payroll factor. 2 99.4398 % 2 Divide line 2b by line 2a. 90050 00 3a Everywhere receipts 3a 90050 00 3b Montana receipts 3b 100.0000 % 3 Divide line 3b by line 3a. This is your receipts factor. 3 005.0505 % 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 5 304.4903 % 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 76.1226 %