

No
Staples

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

Mark if applicable.

- ☒ Initial Return
☒ Final Return
☒ Amended

Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City

XXXXXXXXXXXXXXXXXXXX

State

XX

ZIP Code + 4

99999999

Social Security Number

99999999

OR Federal Employer

Identification Number

99999999

- ☒ 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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2 Domestic entities: the date the entity was incorporated or formed in Montana

09092099

3 Foreign entities: the date the entity obtained a certificate of authority from the Montana Secretary of State

09092099

4 Montana Secretary of State ID Number

99999999

5 State or country where the entity was incorporated or formed

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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 09092099

- ☒ Other (include description)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



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 XXXXXXXXXXXXXXXXXXXXXXXX 999 999 9999

Print/Type Preparer's Name

Preparer's Signature

Date

PTIN

XXXXXXXXXXXXXXXXXXXXXXXXXXXX 09092099 P9999999

Firm's Name

Firm's Address

Telephone Number

Firm's FEIN

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX 999 999 9999 99999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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.

21ED0257

Schedule I - Disregarded Entity Owner Information

Enter the total number of owners 99

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

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

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



Worksheet DE

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

Disregarded Entity Name XX
Disregarded Entity FEIN 999999999

		Everywhere		Montana	
Business Income	1a Gross income	1a	9999999999 00		
	1b Returns and allowances	1b	9999999999 00		
	1c Balance. Subtract line 1b from line 1a.	1c	9999999999 00		
	1d Cost of goods sold (Provide statement)	1d	9999999999 00		
	1e Gross profit. Subtract line 1d from line 1c.	1e	9999999999 00		
	1f Other income including gains (Provide statement)	1f	9999999999 00		
	1g Add lines 1e and 1f. This is your total income.	1g	9999999999 00		
Deductions	1h Wages	1h	9999999999 00		
	1i Rent	1i	9999999999 00		
	1j Other deductions (Provide statement)	1j	9999999999 00		
1k Add lines 1h through 1j. This is your total deductions.	1k	9999999999 00			
Other Income	1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	9999999999 00	1	9999999999 00
	2 Net rental real estate income (loss)	2	9999999999 00	2	9999999999 00
	3 Other net rental income (loss)	3	9999999999 00	3	9999999999 00
	4 Guaranteed payments (partnerships only)	4	9999999999 00	4	9999999999 00
	5 Interest income	5	9999999999 00	5	9999999999 00
	6 Ordinary dividends	6	9999999999 00	6	9999999999 00
	7 Royalties	7	9999999999 00	7	9999999999 00
	8 Net short-term capital gain (loss) (include federal Schedule D)	8	9999999999 00	8	9999999999 00
	9 Net long-term capital gain (loss) (include federal Schedule D)	9	9999999999 00	9	9999999999 00
	10 Net section 1231 gain (loss) (include federal Form 4797)	10	9999999999 00	10	9999999999 00
	11 Other income (loss) (include detailed statement)	11	9999999999 00	11	9999999999 00
	12 Section 179 deduction (include federal Form 4562)	12	9999999999 00	12	9999999999 00
	13 Other deductions (include detailed statement)	13	9999999999 00	13	9999999999 00
	14 Add lines 1 through 11, then subtract lines 12 and 13	14	9999999999 00	14	9999999999 00
Adj.	15 Montana additions to income	15	9999999999 00	15	9999999999 00
	16 Montana subtractions from income	16	9999999999 00	16	9999999999 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	9999999999 00	17	9999999999 00
Apportionment Factor	1a Everywhere property	1a	9999999999 00		
	1b Montana property	1b	9999999999 00		
	1 Divide line 1b by line 1a.			1	999 . 9999 %
	This is your property factor.				
	2a Everywhere payroll	2a	9999999999 00		
	2b Montana payroll	2b	9999999999 00		
	2 Divide line 2b by line 2a.			2	999 . 9999 %
	This is your payroll factor.				
	3a Everywhere receipts	3a	9999999999 00		
	3b Montana receipts	3b	9999999999 00		
3 Divide line 3b by line 3a.			3	999 . 9999 %	
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	999 . 9999 %	
5 Add the percentages from lines 1, 2, 3, and 4.			5	999 . 9999 %	
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.			6	999 . 9999 %	
This is your Apportionment factor.					

No
StaplesFor calendar year 2021 or tax year beginning and ending

Mark if applicable.

- ☐ Initial Return
- ☐ Final Return
- ☐ Amended

Name

GEORGE JETSON CORPORATION

Address

225 GREEN STREET

City

FAYETTE

State

MT

ZIP Code + 4

28301

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

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) 

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 ☐ 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

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.

21ED0257

Schedule I - Disregarded Entity Owner Information

Enter the total number of owners 1

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

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

A				B	C	D	E		F
Name				Identification Number (SSN or FEIN)	Ownership %	Montana Source Income	Montana Income Tax Withheld		PT-AGR (Year)
Street Address							(Multiply column D by 6.9% and enter result.)		
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					
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		Montana	
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		
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. <input type="checkbox"/>	17	00	17	00
Apportionment Factor	1a Everywhere property	1a	00		
	1b Montana property 1 Divide line 1b by line 1a.	1b	00	1	%
	This is your property factor.				
	2a Everywhere payroll	2a	00		
	2b Montana payroll 2 Divide line 2b by line 2a.	2b	00	2	%
	This is your payroll factor.				
	3a Everywhere receipts	3a	00		
	3b Montana receipts 3 Divide line 3b by line 3a.	3b	00	3	%
	This is your receipts factor.				
	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	%
5 Add the percentages from lines 1, 2, 3, and 4.	5		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.	6		6	%	
This is your Apportionment factor.					

No
Staples

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

Mark if applicable. <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input checked="" type="checkbox"/> Amended	Name		Social Security Number	
	FORM APPROVAL CENTRAL		123232345	
	Address		OR Federal Employer Identification Number	
	2510 S CROATAN HIGHWAY			
	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.
	NAGS HEAD	MT	27959	

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.)

☒ 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 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**

1. RTN# 123123123

2. ACCT# 32132132132132132

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

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 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. ☒**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

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

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

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	GEORGE E JETSON			SSN	400009900	100.0000	87654	00	8148	00
	12 MILKY WAY			FEIN						
	JUPITER		FL	33458						
2				SSN				00		00
				FEIN						
Totals						100.00	87654	00	8148	00



21ED0357

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		Montana	
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		
	1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	00	1	00
Other Income	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
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 type="checkbox"/>	17	00	17	00
Apportionment Factor	1a Everywhere property	1a	00		
	1b Montana property			1b	00
	1 Divide line 1b by line 1a.			1	%
	This is your property factor.				
	2a Everywhere payroll	2a	00		
	2b Montana payroll			2b	00
	2 Divide line 2b by line 2a.			2	%
	This is your payroll factor.				
	3a Everywhere receipts	3a	00		
	3b Montana receipts			3b	00
	3 Divide line 3b by line 3a.			3	%
	This is your receipts factor.				
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.			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.			6	%	
This is your Apportionment factor.					

No
StaplesFor calendar year 2021 or tax year beginning and ending

Mark if applicable.

- ☐ Initial Return
- ☐ Final Return
- ☐ Amended

Name

J&J PHARMACEUTICALS INC

Address

119 TUNNEL ROAD SUITE E

City

ASHE

State

MT

ZIP Code + 4

28805

Social Security Number

OR Federal Employer

Identification Number

987987987

- ☒ 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

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

(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 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 ☐ 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 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

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

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

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		Montana	
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 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 00		
	1j Other deductions (Provide statement)	1j	00 00		
1k Add lines 1h through 1j. This is your total deductions.	1k	90050 00			
	1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	1050061 00	1	987654 00
Other Income	2 Net rental real estate income (loss)	2	00 00	2	00 00
	3 Other net rental income (loss)	3	50403 00	3	10101 00
	4 Guaranteed payments (partnerships only)	4	00 00	4	00 00
	5 Interest income	5	00 00	5	00 00
	6 Ordinary dividends	6	00 00	6	00 00
	7 Royalties	7	00 00	7	00 00
	8 Net short-term capital gain (loss) (include federal Schedule D)	8	00 00	8	00 00
	9 Net long-term capital gain (loss) (include federal Schedule D)	9	00 00	9	00 00
	10 Net section 1231 gain (loss) (include federal Form 4797)	10	00 00	10	00 00
	11 Other income (loss) (include detailed statement)	11	00 00	11	00 00
	12 Section 179 deduction (include federal Form 4562)	12	00 00	12	00 00
	13 Other deductions (include detailed statement)	13	00 00	13	00 00
	14 Add lines 1 through 11, then subtract lines 12 and 13	14	1100464 00	14	997755 00
	Adj.	15 Montana additions to income	15	00 00	15
16 Montana subtractions from income		16	00 00	16	00 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	997755 00
Apportionment Factor	1a Everywhere property	1a	761058 00		
	1b Montana property			1b	761058 00
	1 Divide line 1b by line 1a. This is your property factor.	1	100.0000 %		
	2a Everywhere payroll	2a	905070 00		
	2b Montana payroll			2b	900000 00
	2 Divide line 2b by line 2a. This is your payroll factor.	2	99.4398 %		
	3a Everywhere receipts	3a	90050 00		
	3b Montana receipts			3b	90050 00
	3 Divide line 3b by line 3a. This is your receipts factor.	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	005.0505 %		
	5 Add the percentages from lines 1, 2, 3, and 4. This is the sum of your factors.	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	76.1226 %			