



# 2021 MEDIA Credit Claim

Form MEDIA-CLAIM  
V1 9/2021

[15-31-1001 through 15-31-1012. MCA](#)

Name (as it appears on your Montana tax return)

Social Security  
Number

OR

Federal Employer  
Identification Number

## Taxpayer Schedule

- 1 Enter your tax liability.
- 2 Enter the total of your nonrefundable credits, excluding your media credits.
- 3 Current year tax liability after all other nonrefundable credits. Subtract line 2 from line 1.

1	<input type="text"/>	00
2	<input type="text"/>	00
3	<input type="text"/>	00

Mark How  
Credit Was  
Received

	UCRN For Each Credit		A		B		C		D		E	
	Department of Commerce Certification Number	Tax Year First Last	Credit Initially Received	Credit Previously Claimed	Credit Available To Claim	Tax Liability After Credit Claimed	Remaining Credit					
4			00	00	00	00	00	00	00	00		
5			00	00	00	00	00	00	00	00		
6			00	00	00	00	00	00	00	00		
7			00	00	00	00	00	00	00	00		
8			00	00	00	00	00	00	00	00		
9	Total Credit Available to Claim						00					

Purchased  
MT Schedule K-1

See instructions for how to report the amount on Column C, line 9, on your income tax return.

## Pass-through Entity (PTE) Schedule

	UCRN For Each Credit		A	
	Department of Commerce Certification Number	Tax Year First Last	Total Credit Allocated	
1			00	
2			00	
3			00	
4			00	
5			00	
6	Total Credit Allocated			00

Mark How Credit  
Was Received

Purchased  
Montana  
Schedule K-1

**Include this form with your PTE return and keep a copy in your records.  
You will need the figures reported on Column E, if any, to complete next tax year's return.**



\*20UB0101\*

**Montana Schedule K-1 Supplemental Information**

**PTE, Estate, or Trust**

Name

Tax Year

FEIN

**Owner or Beneficiary**

Name

SSN or FEIN

**UCRN For Each Credit**

**A**

	Department of Commerce Certification Number	Tax Year		Total Credit Allocated
		First	Last	
1				00
2				00
3				00
4				00
5				00

**Include this supplemental information with your Montana Schedule K-1.**



\*20UB0201\*

# Form MEDIA-CLAIM Instructions

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## General Instructions

Form MEDIA-CLAIM allows you to report the media credits you can claim against your income tax liability and calculate any carryover amounts.

### Who must file Form MEDIA-CLAIM?

You must file Form MEDIA-CLAIM annually if you are the owner of a media credit that you can claim in the tax year, even if you do not have a tax liability for the year.

You are the owner of a media credit if:

- You are a certified media production or postproduction company, and you received a validation letter from the Department of Revenue stating the amount of credit you can claim associated with one or several unique credit registration numbers (UCRN).
- You purchased a credit and you received a transfer validation letter from the department stating the amount of credit transferred and the associated UCRN. If you did not receive your transfer validation letter within 30 days of recording the transfer, contact the department.

You are no longer the owner of a credit you have transferred.

A UCRN is a unique credit registration number issued by the Department of Revenue when a credit has been validated or transferred.

You can claim a media credit in tax years beginning in the calendar years covered by the UCRN. Your UCRN includes a starting year and an ending year for your carryover period. You cannot claim a media credit before you file your return for the tax year beginning in the starting calendar year of the UCRN. You

cannot carry over any excess credit after the tax year beginning in the ending year of the UCRN.

**Example:** You completed principal photography in the year 2021 and received a validation letter from the Department of Revenue with \$1,000 of credit associated with UCRN 20-Post-10-002-2021-2025. The \$10 million cap for the year 2021 has not been exceeded. You must wait until you file your tax return for Tax Year 2021 to claim the credit. The last year you can claim the credit is Tax Year 2025.

### When is this form filed?

C corporations, individuals, estates or trusts must file Form MEDIA-CLAIM with their Montana income tax return.

Pass-through entities, or estates or trusts allocating a credit to a pass-through entity owner or a beneficiary, must file Form MEDIA-CLAIM with their Form PTE or FID-3.

### Which schedule should be completed?

If you are a C corporation, individual, estate or trust claiming the credit, complete the Taxpayer Schedule, and include it with your income tax return.

**If you are a pass-through entity, or an estate or trust allocating the media credit to an owner or beneficiary, complete the Pass-through Entity Schedule.**

Unless a special allocation is required in your partnership agreement or trust instrument, allocate your media credit to your owners or beneficiaries based on their percentage of items of income and loss and credit. Complete the supplemental information on page 2 for each owner and include this supplemental information with the Montana Schedule K-1 you are sending to your owner or beneficiary.

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## Line Instructions

### Taxpayer Schedule

**Line 1**—Enter your tax liability from the following line on your Montana tax return:

- **Individuals**—Form 2, line 18.
- **Estates and trusts**—Form FID-3, line 30. Electing Small Business Trusts (ESBT) must enter the amount from Form FID-3, Schedule G, line 7 if the entity is a resident, or line 10 if the entity is a nonresident.
- **C corporations**—Form CIT, line 10.

**Line 2**—Enter your total nonrefundable credits as follows:

- **Individuals**—Form 2, Nonrefundable Credits Schedule, line 28 (less the media credit reported on line 27).
- **Estates and trusts**—Form FID-3, lines 31 and 32 (less the media credit).
- **ESBT** must enter the amount from Form FID-3, Schedule G, lines 12 and 13 (excluding their media credit).
- **C corporations**—Form CIT, line 21 (less the media credit on line 20)

**Lines 4 through 8**—Enter the UCRN you received for each of your available media credits for the tax year. First enter the credits with the shortest remaining carryover period.

Mark the box to indicate if you purchased the credit or if you received the credit from a pass-through entity. If neither is applicable, leave both boxes unchecked. Follow the form instructions for Columns A through E.

**Line 9**—Calculate the total for Column C. This is the amount you can claim on your income tax return. Report this credit as follows:

- **Individuals**—Form 2, Nonrefundable Credits Schedule, line 27.
- **Trusts and estates**—Include this amount on Form FID-3, line 32.
- **C corporations**—Form CIT, Schedule C, Column B, line 20.

Deduct the sum of the amounts on Column E from this amount and report the total on Schedule C, Column C, line 20.

### Pass-through Entity Schedule

You must complete this schedule if you are a pass-through entity, an estate or a trust that is allocating some amount of media-credit to owners, or beneficiaries.

**Lines 1 to 5**—Enter the UCRN you received for each of the media credits you are allocating if the tax year for which you are filing Form MEDIA-CLAIM is included in the range of years covered by the years of the UCRN. If the tax year for which you are filing is before or after the periods covered by the UCRN, you cannot allocate the credit associated with this UCRN.

Mark the box to indicate if you purchased the credit or if you received the credit from a pass-through entity. If neither occur, leave both boxes unchecked. Follow the form instructions for Columns A to E.

### Montana Schedule K-1 Supplemental Information

If you are a pass-through entity, an estate or a trust, you must complete this supplemental information schedule for each owner or beneficiary that is being allocated some amount of media credit.

**Lines 1 through 5**—Enter the UCRN you received for each of the credits you are allocating to an owner or beneficiary if the tax year for which you are filing Form MEDIA-CLAIM is included in the range of years covered by the years of the UCRN. If the tax year for which you are filing is before or after the periods covered by the UCRN, you cannot allocate the credit associated with this UCRN.

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