

# MeF ATS Testing Instructions and Scenario Criteria

2024 FID-3 Montana Income Tax Return for Estates and Trusts Scenarios

October 31, 2024 V1.1

#### Introduction

The following includes 2 ATS test cases. The ATS test cases consist of a PDF copy of a Montana Income Tax Return for Estates and Trusts (Form FID-3) including various schedules and Montana K-1s. The data submitted for the indicated lines will be determined by the developer. Certain fields will not be provided on the Cases - indicated by an orange highlight- and a calculated value must be provided. Please don't enter any values on blank lines that have not been highlighted. If your software does not support any requirements, please prepare all tests for which you support (as outlined in your LOI).

MT DOR testing environment will be available to developers to submit returns for testing: Reject codes, calculations, communications, acknowledgements, or other development issues. MT DOR will not review any returns until we receive an email at DORMeFTest@mt.gov with all the required information submitted.

#### **Testing Deadlines**

Initial submissions for FID testing must be received by December 16, 2024, and the testing completed by January 15, 2025.

#### **Submitting ATS Test Cases**

All the reject codes must be cleared. After the accepted acknowledgment from MT DOR has been received for each test submission ID, send an email to DORMeFTest@MT.gov with the following information:

- Montana Form name (FID-3)
- Name of the software company
- Name of software product
- State submission IDs and ATS Test number for the ID
- A pdf return must be provided for each submission ID.
- ETIN and test return number in the file name. (Example: 125345Test2.pdf)
- Provide all test case information at the same time. Partial submissions will not be reviewed.
- Do not send your test information to MT DOR until all the reject codes are resolved and you receive an acknowledgment of their acceptance.

Once MT DOR receives the email with the required information, a tester will be assigned to complete the review. Testing is assigned on a first-come, first-serve basis. You will receive an email when your submission has been assigned a tester. Reviews will be completed, generally, within 5-7 business days from the date a tester was assigned.

When the review is complete, MT DOR will send the submitter a test summary document identifying any needed corrections. After all corrections are made by the developer, ATS test cases can be resubmitted for review.

#### **File Transfer Service**

In some instances, the email with the test returns will not make it through to the DORMeFTest@mt.gov. If you're having trouble with emails, there's the option of sending your files securely through ePass Montana at transfer.mt.gov.

Contact DOR Testing Support at DORMeFTest@mt.gov for more information.

#### **Resubmitting failed ATS test cases**

- You will only need to resubmit tests that were identified with failures on the Test Summary unless you are notified otherwise.
- Make all corrections identified on the Test Summary
- Do not resubmit until all your questions are answered. Partial submissions will not be reviewed.
- Do not send your resubmission email until all the warning messages and reject codes have been resolved and after you have received an acceptance acknowledgment from MT DOR for each of the submission IDS.

#### Test cases

- This document includes two (2) test cases.
- Each test scenario will include a completed copy of each test case return. Fields that are indicated by an orange highlighted box are left blank. We intend for you to provide the calculated result for these fields.
- The highlighted fields have a single correct value.
- A synopsis is included at the beginning of each test case which provides the required forms, attachments, and schedules.
- The Test Case values are the minimum amount of information expected. You can test any additional scenarios or values in your systems, but Test Cases with values that are different than the required values or with values in fields that are not highlighted will not be reviewed.

#### Test Case 1: Form FID-3

Joe Smith is the fiduciary for this simple Montana resident trust. The trust received \$3,000 of interest from the state of Idaho and \$2,000 from the state of Montana. All remaining income is Montana Source. One percent of the fiduciary fees are associated interest received from Idaho. The trust received K-1 income from a Montana S-Corp in the amount of \$599,379 and Pass-through Entity Tax Credit of \$37,581 (see attached Pass-Through Entity K-1). The trust also received Montana royalties from Bigtime, Inc. in the amount of \$38,032 and Montana Mineral Royality Withholding of \$2,157. The trust made estimated payments of \$6,000 during the tax year. The trust has one beneficiary.

\*\*Any field in the following case that is highlighted in Orange requires a calculated value\*\*

#### Forms/Information Provided by DOR:

Montana Schedule K-1 (PTE)

#### Forms Required to be provided by Vendors:

#### Montana:

- FID-3
- FID-3 Schedule !
- FID-3 Schedule V
- FID-3 Schedules K-1

#### **Required Attachments:**

• Example PDF attachment (PDF stating "Attachment Example")



## 2024 Montana Income Tax Return for Estates and Trusts Form FID-3

Include a complete copy of the federal Form 1041 and all related forms and schedules.

4/2024

For the year Jan 1 – Dec 31, 2024, or the tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

Mark all that apply.	Name of Estate or Trust		FEIN	0 1 0 1 0 1 0 1 0
Initial return	THE MONTANA TRUST			ted 1 1 0 1 2 0 2 1
Final return	Name and Title of Fiduciary			
Amended return	JOE SMITH, TRUSTEE		Ent	er number of:
Refund return	Current mailing address		Schedule	s K-1 included
Estate or filing	125 N. ROBERTS ST.			beneficiaries 1
trust made a	City	State ZIP Code + 4	Nonresident	beneficiaries
Section 645 election	HELENA	M T 59601	Other types of	of beneficiaries
Entity Type, Mark all t	hat apply		Residency Status	
Decedent's Estate	ESBT	Pooled income fund	X Resident	Resident part-year
X Simple trust	Grantor type trust	Qualified disability trust	Nonresident	State moved to
Complex trust	Bankruptcy estate (Ch. 7)	Qualified funeral trust		State moved from
X QSST	Bankruptcy estate (Ch. 11)	Other	Date of chang	ge
Taxable Income				
	total income or (loss) from Form		1	842378 00
	ents to federal total income from		ne 3 2	40551 00
	ative Income Distribution Deduction			
	stributable Net Income from Form		212	
Schedule B,		3a	683741 00	
	justments to Distributable Net In			
	Column B, Line 3	3b	40551 00	
	mpt income included on line 3b	3c	00	
	3b. Then subtract line 3c.	diam has a day Birdibadahi	- N-4 I 2	T0.10.00.00
	tana Income Distribution Deduc		e Net Income. 3	724292 00
	ative Income Distribution Deduction			
	stribution requirements from Form		602741 00	
Schedule B,		4a	683741 00	
	justments to Income Distribution ule I, Column C, Line 3	4b	40551 00	
	mpt income included on line 4b	4c	00	
	4b. Then subtract line 4c.	40	00	
	our Montana Income Distributi	on Deduction based on r	equirements 4	724292 00
	of line 3 or line 4. This is your Mo			724292 00
	r generation skipping transfer ta		Doddollon o	721232 00
	x if this deduction is different for		6	00
	ent for Tax Year 2024 from Form			00
	Then subtract lines 5, 6, and 7			
		ciary Montana Adjusted 1	Total Income. 8	158637 00
9 Federal exemptio	n from Form 1041, line 21		9	300 00
10 Subtract line 9 fro		ur Fiduciary Montana tax	able income. 10	158337 00

Name THE MONTANA TRUST		FEIN	0 1 0 1 0	1 0 1 0
Credits and Payments				
11a Total Montana income tax withheld. Include federal				
Forms W-2 and 1099.	11a	00		
11b Montana income tax withheld allocated to beneficiaries	11b	00		
11 Subtract line 11b from 11a.				
This is the Montana income tax withheld allo	ocated to the tru	ist or estate.	11	00
12a Total Montana pass-through entity withholding from				
Montana Schedules K-1 (PTE), Part V, line 3c	12a	00		
12b Montana pass-through entity withholding allocated				
to beneficiaries	12b	00		
12 Subtract line 12b from line 12a.				
This is the Montana pass-through entity withholding a	Illocated to the es	state or trust.	12	00
13a Total Montana mineral royalty tax withheld from				
federal Forms 1099 or Montana Schedules K-1 (PTE),	4.0			
Part V, line 4	13a	2157 00		
13b Mineral royalty tax withheld allocated to beneficiaries	13b	2157 00		
13 Subtract line 13b from line 13a.				
This is the mineral royalty tax withheld allo	cated to the est	ate or trust.	13	00
14a Total Montana pass-through entity tax from Montana	44-			
Schedules K-1 (PTE), Part V, line 1	14a	37581 00		
14b Pass-through entity tax allocated to beneficiaries	14b	37581 00		
14 Subtract line 14b from line 14a.			a '	0.0
This is the pass-through entity tax allows 15 2024 estimated tax payments	ocated to the es			00
16 Overpayment applied from 2023 return			15 16	6000 00
17 Extension payments			17	00 00
18 If filing an amended return, payments made with original ret	urn		8	00 -
19 Unlocking public lands credit	um		9	00
20 If filing an amended return, enter overpayments already refu	inded or applied		20	00
21 Add lines 11 through 19, then subtract line 20.	indea or applied	10 2025.	.0	00
This is your total payme	ents and refund:	able credits	1	6000 00
22 Tax liability from page 3, line 19	onto una roruna		2	00
23 If line 21 is less than line 22, subtract line 21 from line 22.	This is v	our tax due. 2		00
24 If line 21 is more than line 22, subtract line 22 from line 21.	This is your to			00
25 Interest on underpayment of estimated taxes (See instructio			25	00
26 Late filing and late payment penalties and interest (See instr			.6	00
27 Other penalties (See instructions)	,		27	00
	total penalties a			00
29 If line 23 is more than zero, add lines 23 and 28. Or, if line 24 is	•			
	ax the estate or		.9	0.0
30 If line 24 is more than zero, and greater than line 28, subtract	ct line 28 from lin	e 24.		
	This is your ov		0	00
Why not e-pay? See your option	the state of the s			
If writing a check, make it payable to MONT.			IUE	
31 Enter the amount from line 30 that the estate or trust wants app	olied to 2025 estin	nated taxes 3	1	00
32 Subtract line 31 from line 30.	This is y	our refund. 3	2	00
	_			



Name THE MONTANA TRUST	FEIN	0	1 0	101010
Fiduciary Income Tax Calculation	7			
1 Total Montana taxable income from page 1, line 10		1		155337 00
2 Enter your net long-term capital gains (See instructions)		2		158637 00
3 Enter the lesser of line 1 or line 2		3		158337 00
4 Subtract line 3 from line 1		4		0 00
5 Net long-term capital gain fiduciary bracket		5		20500 00
6 Subtract line 4 from line 5. If zero or less, enter zero		6		20500 00
7 Enter the lesser of line 3 or line 6		7		20500 00
8 Multiply line 7 by 3% (0.03)		8		615 00
9 Subtract line 6 from line 3. If zero or less, enter zero		9		137837 00
10 Multiply line 9 by 4.1% (0.041)		10		5651 00
11 Add lines 8 and 10. This is your Montana net long-term capital ga		11		6266 00
12 Figure your tax on the amount on line 4 using the Montana Ordinary Income Tax				
This is your Montana ordinary inco	me tax.	12		00
13 Residents add lines 11 and 12.				
Nonresidents and part-year residents report the tax from Schedule II, Column B, line				
This is your Montana income tax liability before nonrefundable	credits.			6266 00
14 Credit for income taxes paid to another state or country (See instructions)		14		00
15 Other nonrefundable tax credits. Enter name and identifying number (See instruct				
40 Add Fees 44 and 45 the color 16 and 40		15		00
16 Add lines 14 and 15, then subtract from 13.	•••			
This is your income tax after nonrefundable				00
17 Lump-sum and recapture taxes (See instructions) Code Code		17		00
18 ESBT Tax Liability from Schedule IV, line 25		18		00
19 Add lines 16, 17, and 18. This is your total tax	nability.	19		6266 00

### Direct Deposit Your Refund Complete 1, 2, and 3. (See instructions)

1 Routing Number

2 Account Number Checking Savings

3 Mark this box if this refund is going to an account that is located outside of the United States or its territories.

REQUIRED - Signature, Paid Preparer, and Third-Party Designee

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.

Fiduciary (or officer representing fiduciary)

Signature	X	Date	1	0	1	5	2	0	2 5	FEIN	8	6	0 9	9 9	9	9	9	9
										Phone	4	0 6	5 4	4	4	6 9	9 0	0

#### **Tax Preparer**

Signature

Date 1 0 1 5 2 0 2 5

Print Name Jane Taxpayer

X Mark this box if you allow the DOR to discuss this tax return with your tax preparer.

Page 1 0 1 5 2 0 2 5

Phone 4 0 6 4 4 4 6 9 0 0

PTIN 8 5 0 9 9 9 9 9 9





## 2024 Montana Form FID-3 Schedule I – Adjustments to Everywhere Income and Montana Source Income



Name THE MONTANA TRUST				FEIN	0 1 0 1 0 1 0 1 0
		Α		В	C
		Net Adjustments to		Adjustments to Distributable	Adjustments to
Montana Adjustments to Everywhere Income		Federal Income		Net Income	Actual Distribution
1 Total additions	1	40551	00	40551 00	40551 00
2 Total subtractions	2		00	00	00
3 Total of additions and subtractions					
to everywhere income	3	40551	00	40551 00	40551 00
Adjustments to Montana Source Income					
4 Total additions to					
Montana source income	4		00	00	00
5 Total subtractions to					
Montana source income	5		00	00	00
6 Total of additions and subtractions					
to Montana source income	6		00	00	00

## 2024 Montana Form FID-3 Schedule II – Tax on Montana Source Income

Name THE MONTANA TRUST		FE	EIN 0 1 0 1 0 1 0 1 0
		Α	В
		Montana Everywhere Income of the Fiduciary	Montana Source Income of the Fiduciary
1 Interest income	1	00	00
2 Ordinary dividends	2	00	00
3 Net short-term capital gains	3	00	00
4 Unrecaptured section 1250 gains	4	00	00
5 Other portfolio and nonbusiness income	5	*00	00
6 Ordinary business income	6	00	00
7 Net rental real estate income	7	00	00
8 Other rental income	8	00	00
9 Montana source adjustments to income (See instructions)	9	00	00
10 Montana source excess business loss (Attach Form NOL-EBL)	10	00	00
11 Add lines 1 through 10.			
This is your Total Ordinary Income for Montana.	11	00	00
12 Divide Column B, line 11 by Column A, line 11.			
This is your Montana sou	rce d	ordinary income ratio. 1	
13 Montana ordinary income tax from page 3, line 12 (See instru	uction	ns) 1	13 00
14 Multiply line 12 by line 13. This is your Montana so			14 00
15 Net long-term capital gains (See instructions)	15	00	00
16 Divide Column B, line 15 by Column A, line 15.			
This is your Montana source net lor	ıg-te	rm capital gains ratio. 1	16 .
17 Montana net long-term capital gains tax from page 3, line 11	(See	instructions)	17 00
18 Multiply line 16 by line 17. This is your Montana source net			18 00
19 Add lines 14 and 18. Enter here and on page 3, line 13.			
This is your total tax o	n Mo	ntana source income. 1	19 00



\*24DT0401\*



## 2024 Montana Form FID-3 Schedule III – Credit for Income Taxes Paid to Another State or Country

2024v1 4/2024

Name THE MONTANA TRUST	FEIN	0 1 0 1 0 1 0 1 0
Montana Ordinary Income Tax		
1 Enter your income sourced and taxable to another state or country that is included in		
your Montana taxable income or in your Montana source income if a part-year resident,		
excluding any net long-term capital gains. (See instructions)	1	00
2 Enter all income sourced and taxable to the other state or country.		
Enter State's abbreviation:	2	00
3 Income sourced and taxable to Montana excluding your net long-term capital gains		
(See instructions)		
3a If a full-year resident, enter Form 1041, line 9,		
excluding your net long-term capital gains 3a 00	)	
3b If a full-year resident, enter expenses related to		
sourced and taxable income 3b	)	
Full-year residents subtract line 3b from line 3a.		
Part-year residents, enter Schedule II, Column A, line 11	3	00
4 Enter your total tax liability paid to the other state or country	4	00
5 Enter your Montana ordinary income tax (See instructions)	5	00
6 Divide line 1 by line 2. Round to 6 decimal places and do not enter more than 1.000000.	6	
7 Multiply line 4 by line 6	7	00
8 Divide line 1 by line 3. Round to 6 decimal places and do not enter more than 1.000000.	8	
9 Multiply line 5 by line 8	9	00
10 Enter the lesser of the amounts on lines 4, 7, or 9 here. This is your credit for income		
tax paid to another state or country for Montana ordinary income tax.	10	00
Montana Net Long-Term Capital Gains Tax		
11 Enter your net long-term capital gain sourced and taxable to another state or country		
that is included in your Montana taxable income or in your Montana source income if a		
part-year resident. (See instructions)	11	00
12 Enter all income sourced and taxable to the other state or country		
Enter state's abbreviation:	12	00
13 If a full-year resident, enter page 3, line 2.		
Part-year residents, enter Schedule II, Column A, line 15.	13	00
14 Enter your income tax liability paid to the other state or country (See instructions)	14	00
15 Enter your Montana net long-term capital gains tax (See instructions)	15	00
16 Divide line 11 by line 12. Round to 6 decimal places and do not enter more than 1.000000.	16	
17 Multiply line 14 by line 16	17	00
18 Divide line 11 by line 13. Round to 6 decimal places and do not enter more than 1.000000.	18	2150
19 Multiply line 15 by line 18	19	00
20 Enter the lesser of the amounts on lines 14, 17, or 19 here.		
This is your credit for income tax paid to another state or country for		
Montana net long-term capital gains tax.		00
Total Credit for Income Taxes Paid to Another State or Country		
21 Add lines 10 and 20. If there is only one Schedule III, enter the total here and on page 3, line 14	21	00
22 If there are multiple schedules, report the total of line 21 on all Schedules III here and on		
page 3, line 14	22	00
• •		





## 2024 Montana Form FID-3 Schedule IV – ESBT S Portion Income Tax Calculation



Name THE MONTANA TRUST	FEIN	0 1 0 1 0 1 0 1 0
1 Total federal adjusted ESBT income (See instructions and include federal computation)	1	00
2 Montana additions to ESBT income (Include statement)	2	00
3 Montana subtractions from ESBT income (Include statement)	3	00
4 Add lines 1 and 2. Then subtract line 3. This is the S portion taxable income.	4	00
5 Enter your net long-term capital gains from the federal Schedules K-1 received	5	. 00
6 Enter the lesser of line 4 or line 5	6	00
7 Subtract line 6 from line 4. This is the S portion amount of ordinary income.	7	00
8 Subtract line 7 from \$20,500. If zero or less enter zero	8	00
9 Enter the lesser of line 6 or line 8	9	00
10 Multiply line 9 by 3% (0.03)	10	00
11 Subtract line 8 from line 6. If zero or less, enter zero	11	00
12 Multiply line 11 by 4.1% (0.041)	12	00
13 Add lines 10 and 12.		
This is your Montana net long-term capital gains tax if the trust is a resident.	13	00
14 Montana source net long-term capital gains from Montana Schedule K-1 (PTE),		
Column B, line 9	14	00
15 Nonresidents and part-year residents divide line 14 by line 5	15	
16 Multiply line 13 by line 15. This is your Montana net long-term capital gains tax		
if the trust is a nonresident or part -year resident.	16	00
17 Figure your tax on the amount on line 4 using the Montana Ordinary Income Tax Table.		
This is your Montana ordinary income tax if the trust is a resident.	17	00
18 Enter Montana Schedule K-1 (PTE), Column B, line 14	18	00
19 Subtract line 14 from line 18. If less than zero, enter zero.	19	00
20 Divide line 14 by line 19	20	
21 Multiply line 20 by line 17. This is your Montana ordinary income tax		
if the trust is a nonresident or part-year resident.	21	00
22 Residents add lines 13 and 17. Nonresidents and part-year residents add lines 16 and 21	22	00
23 Nonrefundable tax credits (See instructions)	23	00
24 Endowment Credit recapture tax	24	00
25 Add lines 22 and 24. Then subtract line 23. Enter here and on page 3, line 18.		
This is the total ESBT liability.	25	00



\*24DT0601\*



# 2024 Montana Form FID-3 Schedule V – Reporting of Special Transactions and Amended Return Information



Name THE MONTANA TRUST

FEIN 0 1 0 1 0 1 0 1 0

Part I. Reporting of Special Transactions

Complete this part only if the estate or trust filed any of the federal income tax forms described below. Mark the appropriate box indicating which form the estate or trust filed with the Internal Revenue Service for this tax year.

1 The estate or trust filed federal Form 8918 – Material Advisor Disclosure Statement with the Internal Revenue Service. Material advisors are required to file Form 8918 for any reportable transactions.

Yes

2 The estate or trust filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service. Note: Mark the box if the like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property. Use Form 8824 to report each exchange of business or investment property for property of a like kind.

Yes

3 The estate or trust filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service. Use Form 8865 to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).

Yes

4 The estate or trust filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service. Use Form 8886 to disclose information for each reportable transaction in which the estate or trust participated.

Yes

#### Part II. Amended Return Information

Mark the appropriate box.

In the table below, indicate the reasons for the changes you made to your Montana tax return.

a NOL carryback

b Federal audit

A Form or Schedule B Line or Box C Reason

c Amended federal return

d Filing status

e Other



#### Montana Schedule K-1 (FID-3)



FEIN 010101010

or SSN 000230000

**FEIN** 

Beneficiary's Share of Income (Loss), Deductions, Credits, etc.

For calendar year 2024 or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

Part I. Estate or Trust Information

Mark applicable boxes: Final Schedule K-1

Amended Schedule K-1

Name of Estate or Trust THE MONTANA TRUST Fiduciary's Name JOE SMITH, TRUSTEE

Mailing Address 125 N. ROBERTS ST.

City HELENA

State M T ZIP Code 5 9 6 0 1

Part II. Beneficiary Information

Name JOHN JAMES

Mailing Address 100 FINANCIAL DR. City KALISPELL

State M T ZIP Code 5 9 9 0 1

What type of entity is this beneficiary? INDIVIDUAL

If beneficiary is an individual, estate, or trust, the beneficiary is a:	∀ Full-year representation in the property of the pro	esident Part-ye	ear resident	Nonresident B
Part III. Montana Adjustments (See instructions)		Everywhere		Montana
1 Additions	1	40551 00		00
2 Subtractions	2	00		00
Part IV. Beneficiary's Share of Montana Source Incom	me (Loss)			
1 Interest income	1	25156 00		00
2 Ordinary dividends	2	81352 00		00
3 Net short-term capital gains	3	00		00
4 Unrecaptured section 1250 gain	4	00		00
5 Other portfolio and nonbusiness income	5	00		00
6 Ordinary business income	6	563434 00		00
7 Net rental real estate income	7	35945 00		00
8 Other rental income	8	0.0		00
9 Directly apportionable deductions	9	00		00
10 Net long-term capital gains	10	0.0		00
Part V. Supplemental Information				
1 Montana income tax withheld on Forms W2 and 1099. (S	ee instructions	s)	1	00
2 Montana pass-through entity withholding allocated to ben			2	00
3 Mineral royalty tax withheld allocated to beneficiary			3	2157 00
4 Pass-through entity tax credit			4	37581 00
5 Other information. List type		and amount.	5	00
Part VI. Tax Credits				
Code Credit Authorization	Number		Am	ount of credit
1				00
2				00
Part VII. Montana Adjustments Detail: Enter the amount a	and code of eac	h adjustment entered	d on Part 3. (	See instructions)

00 2 Code 2AB 37581 00 3 Code 1 Code 1AA 2970 00 00 6 Code 00 5 Code 00 4 Code





## Montana Schedule K-1

(PTE)

2024v1 5/2024

Owner's Share of Income (Loss), Deductions, Credits, etc.

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

,						
Mark applicable boxes: Amended Schedule K-1	Final Schedule	e K-1			ă.	
Part I. Pass-through Entity Information						
Name MTS, CORP					FEIN	000222000
Mailing Address 2 CARSON ST.						
City HELENA	State M T	ZIP Code	59601			
Part II. Owner Information						
Name THE MONTANA TRUST						010101010
Mailing Address 125 N. ROBERTS ST.					or SSN	
City HELENA	State M T	ZIP Code	59601	8	eneficial Owner FEIN	
					or SSN	
Owner Type T X Resident	Nonresid	dent				
Special Allocations (See instructions)				Pro	ofit and loss percentage	
★ The owner is included in a PTET election					Car Lai/Ownership	100 %
Resident owner PTET election (See instructions)					*	
The owner is included in a composite income tax return				A		
				A		В
Part III. Montana Adjustments (See worksheet	on page 9)			Everywhere		Montana
1 Additions			1	37	581 00	37581 00
2 Subtractions			2		00	00
Part IV. Distributive Share of Montana Source	e Income (Los	ss)				
1 Ordinary business income (loss)			1	599	37900	599379 00
2 Net rental real estate income (loss)			2		00	00
3 Other net rental income (loss)				)	00	00
4a Guaranteed payments: services		***	4a		00	00
4b Guaranteed payments: capital		1	40		00	00
5 Interest income	•		5		00	00
6 Ordinary dividends		M	6	,	00	00
7 Royalties	4		7		00	00
8 Net short-term capital gain (loss)	. 0		8		00	00
9 Net long-term capital gain (loss)	V		9		00	00
10 Net section 1231 gain (loss)			10		00	00
11 Other income (loss) (include detailed statement)			11		00	00
12 Section 179 expense deduction			12		00	00
13 Other expense deductions			13		00	00
14 Total distributive share (See instructions)			14		00	00
Part V. Supplemental Information						
The owner filed Form PT-AGR Year		The owner is a	Domestic 2nd ti	ier PTE		
1 PTET paid on behalf of owner. (Sanstructions)					1	37581 00
2 Montana composite income tax paid on behalf of owner					2	00
3a Montana income tax withheld on behalf of owner. (See insi	tructions)				3a	00
3b Montana income tax withheld by a lower tier pass-through					3b	00
3c Add lines 3a and 3b.		r total Montan	a income tax wi	ithheld on you	behalf. 3c	00
4 Montana mineral royalty tax withheld				•	4	00
5 Other information. List type	а	ind amount	5		00	00
Part VI. Tax Credits	. Tabada Š					
	Credit Authoriz	ation Numb	er		Α	mount of Credit
1					-	00
2	a a					00
Part VII. Montana Adjustments Detail: Enter the	e amount and co	de of each adi	ustment entere	ed on Part 3. (S	See instructions)	
1 Code 1AB 37581 00	2 Code	as or saorrad		00 3		00
4 Code 00	5 Code			00 6		00
<del>- 0000</del>	5 5000					ž. <b>š</b>
				1 188118 11		I HATTANT



\*24TT1201\*

#### Test Case 2: Form FID-3

Jane Williams is the fiduciary for this complex non-resident trust. The trust receives income from an Electing Small Business Trust (ESBT) (See attached ESBT Montana K-1) and pass-through income from a partnership that conducts business in Montana and other states (see attached Montana Pass-Through Entity K-1). \$15,148 of Montana Pass-Through Entity Tax was paid by the partnership on the trust's behalf. Per the trust instrument, the trust must distribute \$7,826 of dividends that are taxable in Montana, this amount is reported on page 1, line 4c. The trust distributed 97.3748% of the Montana source income received from the partnership to its' beneficiaries. Estimated payments of \$5,000 per quarter were made. The trust also had an overpayment of \$1,222 applied from tax year 2023. The trust also has income earned from the activities of the trust.

\*\*Any field in the following case that is highlighted in Orange requires a calculated value\*\*

#### Forms/Information Provided by DOR:

- Montana Schedule K-1 (PTE)
- Montana Schedule K-1 (ESBT)
- Federal 1041
- Federal Schedule D

#### Forms Required to be provided by Vendors:

#### Montana:

- FID-3
- FID-3 Schedule I
- FID-3 Schedule II
- FID-3 Schedule IV
- FID-3 Schedule V
- FID-3 Schedules K-1

#### **Required Attachments:**

Example PDF attachment (PDF stating "Attachment Example")



10 Subtract line 9 from line 8.

## 2024 Montana Income Tax Return for Estates and Trusts Form FID-3

Include a complete copy of the federal Form 1041 and all related forms and schedules.

)24v1 /2024

00

VENUE 4/2024 For the year Jan 1 – Dec 31, 2024, or the tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

In Fi Ar Re tru	k all that apply.  itial return  inal return  mended return  efund return  state or filing  ust made a  ection 645 election	Name of Estate or Trust THE MONEY SAVING TRUST Name and Title of Fiduciary JANE WILLIAMS, TRUSTEE Current mailing address 1 BLACKSTONE RD. City PIERRE	State ZIP Code + 4 S D 5 7 5 0 1	Date Entity ( Sche Res Nonres	Ente Ente edules ident t	0 0 5 5 5 0 0 0 d 0 5 2 5 1 9 4 7 r number of: K-1 included 2 peneficiaries 1 peneficiaries 1 peneficiaries
S X C	y Type, Mark all tr decedent's Estate simple trust complex trust assT		Pooled income fund Qualified disability trust Qualified funeral trust Other	Residency Sta Resident X Nonresiden	nt St	Resident part-year State moved to ate moved from
3 /	Montana adjustme 3a Federal tenta based on Dis Schedule B, I 3b Montana adjustme Schedule I, G 3c Net tax-exen Add lines 3a and 3 This is your Mont 4a Federal tenta	ustments to Distributable Net Ind Column B, Line 3 npt income included on line 3b Bb. Then subtract line 3c. ana Income Distribution Deduct tive Income Distribution Deduction	Schedule I, Column A, Lin 1041, 3a come from 3b 3c ion based on Distributab	1796237 00 6850 00 00	1 2	2124978 00 8100 00
4 /	Schedule B, I 4b Montana adji from Schedu 4c Net tax-exem	ribution requirements from Form Line 13 ustments to Income Distribution le I, Column C, Line 3 upt income included on line 4b 4b. Then subtract line 4c.	4a	1013751 00 14676 00 7826 00		
	This is yo	our Montana Income Distribution	on Deduction based on i	requirements.	4	1020601 00
5 I	Enter the lesser of	fline 3 or line 4. This is your Mor	ntana Income Distribution	Deduction	5	00
		generation skipping transfer tax				
	Mark the box	if this deduction is different for I	Montana tax purposes		6	00
7	Transition adjustme	ent for Tax Year 2024 from Form 2	, Transition Schedule (See	e Instructions)	7	00
8 /	Add lines 1 and 2.	Then subtract lines 5, 6, and 7.				
		This is your Fiduc	iary Montana Adjusted '	Total Income.	8	1112477 00
9 F	Federal exemption	from Form 1041, line 21			9	300 00

This is your Fiduciary Montana taxable income. 10

Name THE MONEY SAVING TRUST	FEIN 0 0	0 0 5 5 5 0 0 0
Credits and Payments		
11a Total Montana income tax withheld. Include federal		
Forms W-2 and 1099.	<b>11a</b> 00	
11b Montana income tax withheld allocated to beneficiaries	<b>11b</b> 00	
11 Subtract line 11b from 11a.		
This is the Montana income tax withheld allo	ocated to the trust or estate. 11	00
12a Total Montana pass-through entity withholding from		
Montana Schedules K-1 (PTE), Part V, line 3c	<b>12a</b> 00	
12b Montana pass-through entity withholding allocated		
to beneficiaries	<b>12b</b> 00	
12 Subtract line 12b from line 12a.		
This is the Montana pass-through entity withholding a	llocated to the estate or trust. 12	00
13a Total Montana mineral royalty tax withheld from		
federal Forms 1099 or Montana Schedules K-1 (PTE),		
Part V, line 4	<b>13a</b> 00	
13b Mineral royalty tax withheld allocated to beneficiaries	<b>13b</b> 00	
13 Subtract line 13b from line 13a.		
This is the mineral royalty tax withheld allo	cated to the estate or trust. 13	00
14a Total Montana pass-through entity tax from Montana		
Schedules K-1 (PTE), Part V, line 1	<b>14a</b> 15148 00	
14b Pass-through entity tax allocated to beneficiaries	14b 14750 00	
14 Subtract line 14b from line 14a.	140	
This is the pass-through entity tax allo	ocated to the estate or trust 14	39800
	15	2000000
15 2024 estimated tax payments	16	1222 00
16 Overpayment applied from 2023 return	17	00
17 Extension payments		00
18 If filing an amended return, payments made with original ret	19	00
19 Unlocking public lands credit		00
20 If filing an amended return, enter overpayments already refu	unded or applied to 2025. 20	00
21 Add lines 11 through 19, then subtract line 20.	auto and refundable anadite 21	2162000
	ents and refundable credits. 21	20916 00
22 Tax liability from page 3, line 19		20916 00
23 If line 21 is less than line 22, subtract line 21 from line 22.	This is your tax due. 23	704 00
24 If line 21 is more than line 22, subtract line 22 from line 21.	This is your tax overpaid. 24	
25 Interest on underpayment of estimated taxes (See instruction	ons) 25	00
26 Late filing and late payment penalties and interest (See inst	ructions) 26	00
27 Other penalties (See instructions)	27	00
	total penalties and interest. 28	00
29 If line 23 is more than zero, add lines 23 and 28. Or, if line 24 is		0.0
mio zo, odbilaot mio z i mom mio zo.	tax the estate or trust owes. 29	00
30 If line 24 is more than zero, and greater than line 28, subtra		
	This is your overpayment. 30	704 00
Why not e-pay? See your opti		
If writing a check, make it payable to MON	TANA DEPARTMENT OF REVENUE	
31 Enter the amount from line 30 that the estate or trust wants ap	plied to 2025 estimated taxes 31	00
32 Subtract line 31 from line 30.	This is your refund. 32	00



Name THE MONEY SAVING TRUST FE	N 0 0 0	555000
Fiduciary Income Tax Calculation		
1 Total Montana taxable income from page 1, line 10	1	1112177 00
2 Enter your net long-term capital gains (See instructions)	2	317896 00
3 Enter the lesser of line 1 or line 2	3	317896 00
4 Subtract line 3 from line 1	4	794281 00
5 Net long-term capital gain fiduciary bracket	5	20500 00
6 Subtract line 4 from line 5. If zero or less, enter zero	6	00
7 Enter the lesser of line 3 or line 6	7	00
8 Multiply line 7 by 3% (0.03)	8	00
9 Subtract line 6 from line 3. If zero or less, enter zero	9	317896 00
10 Multiply line 9 by 4.1% (0.041)	10	13034 00
11 Add lines 8 and 10. This is your Montana net long-term capital gains to	ax. 11	00
12 Figure your tax on the amount on line 4 using the Montana Ordinary Income Tax Table		
This is your Montana ordinary income to	ax. 12	4661700
13 Residents add lines 11 and 12.		
Nonresidents and part-year residents report the tax from Schedule II, Column B, line 19 he	re.	
This is your Montana income tax liability before nonrefundable cred	<b>ts.</b> 13	12380 00
14 Credit for income taxes paid to another state or country (See instructions)	14	00
15 Other nonrefundable tax credits. Enter name and identifying number (See instructions)		
	15	00
16 Add lines 14 and 15, then subtract from 13.		
This is your income tax after nonrefundable cred	<b>ts.</b> 16	12380 00
17 Lump-sum and recapture taxes (See instructions) Code Code	17	00
18 ESBT Tax Liability from Schedule IV, line 25	18	<b>8536</b> 00
19 Add lines 16, 17, and 18. This is your total tax liabil	i <b>ty.</b> 19	00

Direct Deposit You	r Refund Complete	1, 2, and 3.	(See instructions)
--------------------	-------------------	--------------	--------------------

1	Douting	Number
	Routing	Number

Checking Savings 2 Account Number

Mark this box if this refund is going to an account that is located outside of the United States or its territories.

REQUIRED – Signature, Paid Preparer, and Third-Party Designee
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. Fiduciary (or officer representing fiduciary)

Signature x Date	FEIN Phone
Tax Preparer	D. C.
Signature	Date
Print Name	Phone
Mark this box if you allow the DOP to discuss this tay return with your tay	preparer PTIN





## 2024 Montana Form FID-3 Schedule I – Adjustments to Everywhere Income and Montana Source Income



Name THE MONEY SAVING TRUST			FEIN	0 0 0 5 5 5 0 0 0
		Α	В	C
		Net Adjustments to	Adjustments to Distributable	Adjustments to
Montana Adjustments to Everywhere Income		Federal Income	Net Income	<b>Actual Distribution</b>
1 Total additions	1	11250 00	10000 00	17826 00
2 Total subtractions	2	3150 00	3150 00	3150 00
3 Total of additions and subtractions				
to everywhere income	3	8100 00	6850 00	14676 00
Adjustments to Montana Source Income				
4 Total additions to				
Montana source income	4	00	00	00
5 Total subtractions to				
Montana source income	5	00	00	00
6 Total of additions and subtractions				
to Montana source income	6	00	00	00

## 2024 Montana Form FID-3 Schedule II – Tax on Montana Source Income

Name THE MONEY SAVING TRUST		FEI	N 0 0 0 5 5 5 0 0 0
		Α	В
		Montana Everywhere	Montana Source Income of
		Income of the Fiduciary	the Fiduciary
1 Interest income	1	00	00
2 Ordinary dividends	2	00	00
3 Net short-term capital gains	3	00	00
4 Unrecaptured section 1250 gains	4	00	00
5 Other portfolio and nonbusiness income	5	00	00
6 Ordinary business income	6	786481 00	120771 00
7 Net rental real estate income	7	00	00
8 Other rental income	8	00	00
9 Montana source adjustments to income (See instructions)	9	8100 00	0.0
10 Montana source excess business loss (Attach Form NOL-EBL)	10	00	00
11 Add lines 1 through 10.			
This is your Total Ordinary Income for Montana.	11	794581 00	120771 00
12 Divide Column B, line 11 by Column A, line 11.			
This is your Montana sou	rce	ordinary income ratio. 12	2 0.151994
13 Montana ordinary income tax from page 3, line 12 (See instru			
		ordinary income tax. 14	708500
15 Net long-term capital gains (See instructions)	15	317896 00	129135 00
16 Divide Column B, line 15 by Column A, line 15.			
This is your Montana source net lor	ıg-te	rm capital gains ratio. 16	0.406217
17 Montana net long-term capital gains tax from page 3, line 11			
18 Multiply line 16 by line 17. This is your Montana source net			5295 00
19 Add lines 14 and 18. Enter here and on page 3, line 13.	ŭ		
	n Mo	ntana source income. 19	00



\*24DT0401\*



## 2024 Montana Form FID-3 Schedule III – Credit for Income Taxes Paid to Another State or Country

2024v1 4/2024

Name THE MONEY SAVING TRUST	,	EIN	0 0 0 5 5 5 0 0 0
Montana Ordinary Income Tax			
1 Enter your income sourced and taxable to another state or country that is inclu			
your Montana taxable income or in your Montana source income if a part-year	resident,		
excluding any net long-term capital gains. (See instructions)		1	00
2 Enter all income sourced and taxable to the other state or country.			
Enter State's abbreviation:		2	00
3 Income sourced and taxable to Montana excluding your net long-term capital	gains		
(See instructions)			
3a If a full-year resident, enter Form 1041, line 9,			
excluding your net long-term capital gains 3a	00		
3b If a full-year resident, enter expenses related to			
sourced and taxable income 3b	00		
Full-year residents subtract line 3b from line 3a.			
Part-year residents, enter Schedule II, Column A, line 11		3	00
4 Enter your total tax liability paid to the other state or country		4	00
5 Enter your Montana ordinary income tax (See instructions)		5	00
6 Divide line 1 by line 2. Round to 6 decimal places and do not enter more than	1 000000	6	
7 Multiply line 4 by line 6	1.000000.	7	
8 Divide line 1 by line 3. Round to 6 decimal places and do not enter more than	1 000000	8	1.00
	1.000000.	9	
<ul> <li>9 Multiply line 5 by line 8</li> <li>10 Enter the lesser of the amounts on lines 4, 7, or 9 here. This is your credit</li> </ul>	for income	0	
tax paid to another state or country for Montana ordinary in	ncome tay	10	00
Mantana Net Lang Term Conital Coinc Tay	icome tax.	10	
Montana Net Long-Term Capital Gains Tax	sountry		
11 Enter your net long-term capital gain sourced and taxable to another state or o	country		
that is included in your Montana taxable income or in your Montana source inc	Joine II a	11	00
part-year resident. (See instructions)		1.1	00
12 Enter all income sourced and taxable to the other state or country		12	. 00
Enter state's abbreviation:		12	00
13 If a full-year resident, enter page 3, line 2.		13	00
Part-year residents, enter Schedule II, Column A, line 15.			
14 Enter your income tax liability paid to the other state or country (See instructio	ns)	14	00
15 Enter your Montana net long-term capital gains tax (See instructions)	4 000000	15	00
16 Divide line 11 by line 12. Round to 6 decimal places and do not enter more than	1.000000.	16	
17 Multiply line 14 by line 16		17	00
18 Divide line 11 by line 13. Round to 6 decimal places and do not enter more than 1	.000000.	18	
19 Multiply line 15 by line 18		19	00
20 Enter the lesser of the amounts on lines 14, 17, or 19 here.			
This is your credit for income tax paid to another state or o	country for		
Montana net long-term capital	l gains tax.	20	00
Total Credit for Income Taxes Paid to Another State or Country	pril' in	1.1.	
21 Add lines 10 and 20. If there is only one Schedule III, enter the total here and on page	ge 3, line 14	21	00
22 If there are multiple schedules, report the total of line 21 on all Schedules III h	ere and on		
page 3, line 14		22	00



\*24DT0501\*



## 2024 Montana Form FID-3 Schedule IV – ESBT S Portion Income Tax Calculation



Name THE MONEY SAVING TRUST	FEIN	0 0 0 5 5 5 0 0 0
1 Total federal adjusted ESBT income (See instructions and include federal computation)	1	265312 00
2 Montana additions to ESBT income (Include statement)	2	150 00
3 Montana subtractions from ESBT income (Include statement)	3	2600 00
4 Add lines 1 and 2. Then subtract line 3. This is the S portion taxable income.		262862 00
5 Enter your net long-term capital gains from the federal Schedules K-1 received	5	64520 00
6 Enter the lesser of line 4 or line 5	6	64520 00
		198342 00
	8	130342 00
8 Subtract line 7 from \$20,500. If zero or less enter zero	9	00
9 Enter the lesser of line 6 or line 8	10	00
10 Multiply line 9 by 3% (0.03)	11	64520 00
11 Subtract line 8 from line 6. If zero or less, enter zero	12	2645 00
12 Multiply line 11 by 4.1% (0.041)	12	2645 00
13 Add lines 10 and 12.	12	2645 00
This is your Montana net long-term capital gains tax if the trust is a resident.	13	2645 00
14 Montana source net long-term capital gains from Montana Schedule K-1 (PTE),	4.4	29111 00
Column B, line 9	14	0 451193
15 Nonresidents and part-year residents divide line 14 by line 5	15	0.451193
16 Multiply line 13 by line 15. This is your Montana net long-term capital gains tax		1104.00
if the trust is a nonresident or part -year resident.	16	1194 00
17 Figure your tax on the amount on line 4 using the Montana Ordinary Income Tax Table.	47	11156 00
This is your Montana ordinary income tax if the trust is a resident.		11456 00
18 Enter Montana Schedule K-1 (PTE), Column B, line 14	18	156231 00
19 Subtract line 14 from line 18. If less than zero, enter zero.	19	127120 00
20 Divide line 14 by line 19	20	0.640913
21 Multiply line 20 by line 17. This is your Montana ordinary income tax		
if the trust is a nonresident or part-year resident.		7342 00
22 Residents add lines 13 and 17. Nonresidents and part-year residents add lines 16 and 21	22	8536 00
23 Nonrefundable tax credits (See instructions)	23	00
24 Endowment Credit recapture tax	24	00
25 Add lines 22 and 24. Then subtract line 23. Enter here and on page 3, line 18.		
This is the total ESBT liability.	25	00



\*24DT0601\*



#### 2024 Montana Form FID-3 Schedule V – Reporting of Special Transactions and Amended Return Information



Name THE MONEY SAVING TRUST

FEIN 0 0 0 5 5 5 0 0 0

#### Part I. Reporting of Special Transactions

Complete this part only if the estate or trust filed any of the federal income tax forms described below. Mark the appropriate box indicating which form the estate or trust filed with the Internal Revenue Service for this tax year.

1 The estate or trust filed federal Form 8918 - Material Advisor Disclosure Statement with the Internal Revenue Service. Material advisors are required to file Form 8918 for any reportable transactions.

Yes

2 The estate or trust filed federal Form 8824 - Like-Kind Exchanges with the Internal Revenue Service. Note: Mark the box if the like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property. Use Form 8824 to report each exchange of business or investment property for property of a like kind.

Yes

3 The estate or trust filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service. Use Form 8865 to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).

Yes

4 The estate or trust filed federal Form 8886 - Reportable Transaction Disclosure Statement with the Internal Revenue Service. Use Form 8886 to disclose information for each reportable transaction in which the estate or trust participated.

Yes

#### Part II. Amended Return Information

Mark the appropriate box. In the table below, indicate the reasons for the changes you made to your Montana tax return.

a NOL carryback

b Federal audit

A Form or Schedule

B Line or Box

C Reason

c Amended federal return

d Filing status

e Other



#### Montana Schedule K-1 (FID-3)



00

Beneficiary's Share of Income (Loss), Deductions, Credits, etc.

0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4 For calendar year 2024 or tax year beginning

Part I. Estate or Trust Information

Amended Schedule K-1 Final Schedule K-1 Mark applicable boxes:

Name of Estate or Trust THE MONEY SAVING TRUST

FEIN 000555000

Fiduciary's Name JANE WILLIAMS, TRUSTEE

Mailing Address 1 BLACKSTONE RD

State S D ZIP Code 5 7 5 0 1 City PIERRE

Part II. Beneficiary Information

FEIN Name JESSICA MONEY

or SSN 666777888 Mailing Address 1 CARSON ST

State M T ZIP Code 59601 City HELENA

What type of entity is this beneficiary?

If beneficiary is an individual, estate, or trust, the beneficiary is a: X Full-year resident Nonresident Part-year resident B Montana Part III. Montana Adjustments (See instructions) Everywhere 00 1 5000 00 1 Additions 2 1575 00 00 2 Subtractions Part IV. Beneficiary's Share of Montana Source Income (Loss) 0

raitiv. Delicitially 3 offaic of Molitaria ocurse in	001110 (2000)		
1 Interest income	1	32606 00	00
2 Ordinary dividends	2	8765 00	00
3 Net short-term capital gains	3	5423 00	00
4 Unrecaptured section 1250 gain	4	00	00
5 Other portfolio and nonbusiness income	5	00	00
6 Ordinary business income	6	442725 00	00
7 Net rental real estate income	7	25000 00	00
8 Other rental income	8	00	00

9 9 Directly apportionable deductions 10 00 00 10 Net long-term capital gains Part V. Supplemental Information 00 1 Montana income tax withheld on Forms W2 and 1099. (See instructions)

00 2 2 Montana pass-through entity withholding allocated to beneficiary 3 00 3 Mineral royalty tax withheld allocated to beneficiary 7375 00

4 4 Pass-through entity tax credit 00 and amount. 5 5 Other information. List type

Part VI. Tax Credits

Amount of credit **Credit Authorization Number** Code 00 1 00 2

Part VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)

3 Code 00 1575 00 5000 00 2 Code 2 S A 1 Code 1AA 00 00 5 Code 6 Code 4 Code



00



4 Code

#### Montana Schedule K-1 (FID-3)

2024v1 4/2024

Beneficiary's Share of Income (Loss), Deductions, Credits, etc.

For calendar year 2024 or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

Part I. Estate or Trust Information Amended Schedule K-1 Final Schedule K-1 Mark applicable boxes: FEIN 000555000 Name of Estate or Trust THE MONEY SAVING TRUST Fiduciary's Name JANE WILLIAMS, TRUSTEE Mailing Address 1 BLACKSTONE RD. ZIP Code 5 7 5 0 1 City PIERRE State Part II. Beneficiary Information FEIN Name JUNE MONEY or SSN 333444555 Mailing Address 25 BLACK HILLS DR. ZIP Code 5 9 6 0 1 State BLACKHILLS What type of entity is this beneficiary? INDIVIDUAL Part-year resident X Nonresident If beneficiary is an individual, estate, or trust, the beneficiary is a: Full-year resident B Montana Everywhere Part III. Montana Adjustments (See instructions) 5000 00 00 1 1 Additions 00 2 1575 00 2 Subtractions Part IV. Beneficiary's Share of Montana Source Income (Loss) 32606 00 00 1 Interest income 2 8765 00 00 2 Ordinary dividends 5423 00 00 3 3 Net short-term capital gains 00 00 4 4 Unrecaptured section 1250 gain 00 5 00 5 Other portfolio and nonbusiness income 442725 00 67984 00 6 Ordinary business income 6 7 25000 00 00 7 Net rental real estate income 00 8 00 8 Other rental income 9 00 00 9 Directly apportionable deductions 10 00 00 10 Net long-term capital gains Part V. Supplemental Information 1 Montana income tax withheld on Forms W2 and 1099. (See instructions) 00 2 00 2 Montana pass-through entity withholding allocated to beneficiary 3 00 3 Mineral royalty tax withheld allocated to beneficiary 4 7375 00 4 Pass-through entity tax credit 00 and amount. 5 Other information. List type Part VI. Tax Credits Amount of credit **Credit Authorization Number** Code 00 1 00 2 Part VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions) 1575 00 3 Code 00 5000 00 2 Code 2 SA 1 Code 1AA

5 Code

00



6 Code

\*24DT0801\*

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## Montana Schedule K-1

(PTE)

2024v1 5/2024

Owner's Share of Income (Loss), Deductions, Credits, etc.

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

1 of the calendar year 2024,	or tax year be	giiiiiig		- and on	ung	
Mark applicable boxes: Amended Schedule K-1	Final Sched	ule K-1				
Part I. Pass-through Entity Information						
Name MTP, LLC					FEIN	2 2 2 3 3 3 4 4 4
Mailing Address 1 LAST CHANCE GULCH						
City HELENA	State M 7	ZIP Code	59601			
Part II. Owner Information						
Name THE MONEY SAVING TRUST					FEIN	000555000
Mailing Address 1 BLACKSTONE RD.					or SSN	
City PIERRE	State S I	ZIP Code	57501	E	Beneficial Owner FEIN	
<b>,</b>					or SSN	
Owner Type T Resident	➤ Nonres	ident				
Special Allocations (See instructions)	<u>.</u>			Pr	ofit and loss percentag	e 50.0000 %
★ The owner is included in a PTET election					Capital/Ownershi	p 50.0000 %
Resident owner PTET election (See instructions)						
The owner is included in a composite income tax return	n			4/		
·				AT		В
Part III. Montana Adjustments (See workshee	et on page 9)		Ev	er there		Montana
1 Additions	-		1		00	00
2 Subtractions			2		00	00
Part IV. Distributive Share of Montana Source	e Income (Le	oss)	1			
1 Ordinary business income (loss)		•	1.	1671	93000	25674000
2 Net rental real estate income (loss)					00	00
3 Other net rental income (loss)					00	00
4a Guaranteed payments: services		• •	40		00	00
4b Guaranteed payments: capital		183	4b		00	00
5 Interest income		11,	5		00	00
6 Ordinary dividends			6		00	00
7 Royalties		1	7		00	00
8 Net short-term capital gain (loss)	26	1	8		00	00
9 Net long-term capital gain (loss)			9		00	00
10 Net section 1231 gain (loss)	7		10		00	00
11 Other income (loss) (include detailed statement)			11		00	00
12 Section 179 expense deduction			12		00	00
13 Other expense deductions	,		13		00	00
14 Total distributive share (See instructions)			14		00	00
Part V. Supplemental Information						
The owner filed Form PT-AGR Year		The owner is a	Domestic 2nd tier	PTE		
1 PTET paid on behalf of owner. (See instructions)					1	15148 00
2 Montana composite income tax paid on behalf of owner					2	00
3a Montana income tax withheld on behalf of owner. (See in	structions)				3a	00
3b Montana income tax withheld by a lower tier pass-through					3b	00
3c Add lines 3a and 3b.		ur total Montana	income tax withl	held on you	r behalf. 3c	00
4 Montana mineral royalty tax withheld	-				4	00
5 Other information. List type		and amount	5		00	00
Part VI. Tax Credits						
Code	<b>Credit Author</b>	ization Numbe	er		Δ.	mount of Credit
1						00
2						00
Part VII. Montana Adjustments Detail: Enter the	ne amount and c	ode of each adju	ustment entered	on Part 3. (S	See instructions)	
1 Code 00	2 Code	_	0		3 Code	00
4 Code 00	5 Code		0	0 6	6 Code	00
				120000000000		
					1811 BJELLAR III BE 181 11816 11911 221	81 IIRI ( <b>88</b> 1



\*24TT1201\*



## Montana Schedule K-1

2024v1 5/2024

Owner's Share of Income (Loss), Deductions, Credits, etc.

For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

Mark applicable boxes: Amended Schedule K-1	Final Schedule K-1		
Part I. Pass-through Entity Information			
Name THE MONEY ESBT		FEIN	
Mailing Address 1 BLACKSTONE RD			
City PIERRE	State S D ZIP Code 57501		
Part II. Owner Information			
Name THE MONEY SAVING TRUST		FEIN	
Mailing Address 1 BLACKSTONE RD.		or SSN	
City PIERRE	State S D ZIP Code 5 7 5 0 1	Beneficial Owner FEIN	
		or SSN	
Owner Type T Resident	➤ Nonresident		
Special Allocations (See instructions)		Profit and loss percentage	100.0000 %
The owner is included in a PTET election		Capital/Ownership	100.0000 %
Resident owner PTET election (See instructions)		<b>.</b>	
The owner is included in a composite income tax return		v /	
		AT	В
Part III. Montana Adjustments (See workshee	t on page 9)	Everywhere	Montana
1 Additions	1	150 00	00
2 Subtractions	2	2600 00	00
Part IV. Distributive Share of Montana Source	e Income (Loss)		
1 Ordinary business income (loss)	. 1	200792 00	127120 00
2 Net rental real estate income (loss)		00	00
3 Other net rental income (loss)		00	00
4a Guaranteed payments: services	4.4.	00	00
4b Guaranteed payments: capital	4b	00	00
5 Interest income	5	00	00
6 Ordinary dividends	6	00	00
7 Royalties	8 9 10	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	64520 00	29111 00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	00	00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	00	00
14 Total distributive share (See instructions)	14	262862 00	156231 00
Part V. Supplemental Information			
The owner filed Form PT-AGR Year	The owner is a Domestic 2nd to	er PTE	
1 PTET paid on behalf of owner. (See instructions)		1	00
2 Montana composite income tax paid on behalf of owner		2	00
3a Montana income tax withheld on behalf of owner. (See ins	structions)	3a	0.0
3b Montana income tax withheld by a lower tier pass-through	entity	3b	00
3c Add lines 3a and 3b.	This is your total Montana income tax w	ithheld on your behalf. 3c	00
4 Montana mineral royalty tax withheld		4	00
5 Other information. List type	and amount 5	00	00
Part VI. Tax Credits			
Code	Credit Authorization Number	Ame	ount of Credit
1			00
2			00
Part VII. Montana Adjustments Detail: Enter th	e amount and code of each adjustment entere	ed on Part 3. (See instructions)	
1 Code 1AB 150 00	2 Code 2 S A 2600		00
4 Code 00	5 Code	00 6 Code	00,



Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts
Go to www.irs.gov/Form1041 for instructions and the latest information.

2024
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OMB No. 1545-0092

_			- GO TO WV		7041 101 11154 404				0004 and	andina			, 20
A (	Check	all that	t apply:	For calendar	r year 2024 or f	scal year b	eginning		, 2024, and			dentif	ication number
	Deced	ent's e	estate				st, see the instructions	5.)		"			
	Simple	trust			SAVING TRU	ST				100	ate entity		55000
V	Compl	ex trus	st	Name and title	e of fiduciary					100			
	Qualifi	ed disa	ability trust		AMS, TRUSTE					<del> </del>	-		/1947
~	ESBT	S port	ion only)	Number, stree	et, and room or su	ite no. (If a P	O. box, see the instru	ictions.)		E N	onexempt usts, check	cham k app	table and split-interest licable box(es).
$\Box$	Granto	r type	trust	1 BLACKST	ONE RD.					S	ee instruct	ions.	
=			estate-Ch. 7	Ref. Es									4947(a)(1). Check here
_			estate-Ch. 11	City or town,	state or province,	country, and	ZIP or foreign postal	code		if	not a priva	ate for	undation
=		5 15	ne fund	PIERRE, SD	57501						escribed in	n sec.	4947(a)(2)
_		- Cal 2022	chedules K-1	F Check	Initial return		Final return	Ame	nded return		☐ Net	t oper	rating loss carryback
	attach	ed (see		applicable boxes:		st's name	Change in fiducia	ry Char	ge in fiduciary	's name	Chi	ange	in fiduciary's address
	hack		the estate or fil				T.BR. J.B.		Trust TIN				
<u>u</u> (	1								T		7.9	1	65213
	1 -	. Ta	tel erdinen	dividende	E. d	The said			The state of		. 2	2a	5230
	2a	1 10	ital ordinary	alviderius .	to: (1) Benefic	iariae	(2	Estate or tr	ust				
	l k	) QL	ialitied divide	inds allocable	Attach School	dulo C (Fo	rm 1040)	Lotato or ti				3	10845
9	3	Br	usiness inco	me or (loss).	Attach Sched	Jule C (FO	041)		44 8			4	628741
Income	4	Ca	apital gain o	r (loss). Aπa	cn Schedule L	) (FORTI TO	musta eta Attach	Schodule I		10)		5	1763945
2	5	Re	ents, royaltie	es, partnersh	ips, other est	ates and the	rusts, etc. Attach	ochedule i	L (i Oilli 10-	, ,		6	(52860)
_	6	Fa	rm income	or (loss). Atta	ach Schedule	F (Form 1	040)					7	2300
	7											-	10000
	8			. List type ar								8	
	9	To	tal income	. Combine li	nes 1, 2a, and	3 through	h8					9	2433414
	10	Interest. Check if Form 4952 is attached								10	562		
	11										11	35000	
	12	Fiduciary fees. If only a portion is deductible under section 67(e), see instructions							1 1 1 1 1	12	13800		
	13	C	Charitable deduction (from Schedule A. line 7)								[_]	13	135000
	14	to the state of th							7(e),	- 1			
Ø										14	12500		
Deductions	158	Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)								7(e) 1	5a	65974	
늉	l	N/a	Net operating loss deduction. See instructions								. 1	5b	45600
킁	16		The same of the sa	hrough 15b								16	308436
ě	17						rom line 9		17	21	24978		
_		A	ajusteu totai	ution doduc	tion (from Sc	hedule R	line 15). Attach S	chedules K	-1 (Form 10	041)		18	1013751
	18	ine	come distric	duction deduc	dina certain d	eneration	-skipping taxes (a	attach com	putation)			19	
	19	ES	state tax dec		deduction A	ttach For	m 8005 or 8005-	1	, , , , , , , , , , , , , , , , , , ,			20	264592
	20		ualified busi	iness income deduction. Attach Form 8995 or 8995-A								21	300
	21			nption									1278643
_	22	A	da lines 18 t	nrough 21 .		ino 17 # -	loss, see instruc	tione	<del></del>	•		22	846335
ts	23	Ta	axable incon	ne. Subtract	line 22 from i	ine 17. ii a	a loss, see mstruc			•	· · H	24	
avments	24	To	otal tax (from	from Schedule G, Part I, line 9)								25	
2	25	Cı	urrent year r	net 965 tax li	apility paid fro	om corm s	000-A, Part II, COI	umm (K) (Se		10)	–	26	
Pa	26	To	otal payme	nts (from Sc	hedule G, Par	t II, line 19	9)				· · ⊢	27	
D	27	Es	stimated tax	penalty. Se	e instructions					•		28	
Tax and Pa	28	Ta	ax due. If lin	e 26 is smal	ler than the to	otal of lines	s 24, 25, and 27,	enter amou	int owed .		_	29	
ă	29								· · H	30			
-	30	Ar	mount of line	e 29 to be: a	Credited to	2025	; inalization and	b Refund	ules and state	mente			of my knowledge and
		Unde	er penalties of p	erjury, I declare	e that I have examete. Declaration of	nined this ret preparer (ot)	turn, including accom her than taxpayer) is b	ased on all inf	ormation of wh	nich pre	parer has	any k	nowledge.
Si	gn	Deliei	i, it is true, com	out and comple		,		1			1	May th	e IRS discuss this return
H	ere												e preparer shown below?
		Sign	ature of fiducia	ry or officer repr	resenting fiducian		Date	EIN of fiduc	iary if a financi	al institu	ution		
D.	aid		Print/Type pre	parer's name		Preparer's	signature		Date		Check		PTIN
									L		self-emplo	uyea	
	epa		Firm's name							Firm's	EIN		
U	se O	nly	y Firm's address Phone no.										

a	g	e	2	
	_			

Form 1	041 (2024)		Page Z
Sch	edule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.		
1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	50000
2	Tax-exempt income allocable to charitable contributions. See instructions	2	15000
3	Subtract line 2 from line 1	3	35000
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes	4	100000
5	Add lines 3 and 4	5	135000
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable	P 95	
	purposes. See instructions	6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7	135000
Sch	edule B Income Distribution Deduction		
1	Adjusted total income. See instructions	1	2124978
2	Adjusted tax-exempt interest	2	12436
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	150000
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	100000
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	50000
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a		
	positive number	6	(628741)
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0	7	1808673
8	If a complex trust, enter accounting income for the tax year as determined		
-	under the governing instrument and applicable local law		
9	Income required to be distributed currently	9	961187
10	Other amounts paid, credited, or otherwise required to be distributed	10	65000
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	1026187
12	Enter the amount of tax-exempt income included on line 11	12	12436
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	1013751
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	1796237
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18 .	15	1013751
	edule G Tax Computation and Payments (see instructions)		
-	- Tax Computation		
1	Tax:	7 38	
a	Tax on taxable income. See instructions		
b	Tax on lump-sum distributions. Attach Form 4972		
c	Alternative minimum tax (from Schedule I (Form 1041), line 54) 1c		
ď	Amount from Form 4255, Part I, line 3, column (q)		
e	Total. Add lines 1a through 1d	1e	
2a	Foreign tax credit. Attach Form 1116		
b	General business credit. Attach Form 3800		
c	Credit for prior year minimum tax. Attach Form 8801	9.4	
d	Bond credits. Attach Form 8912	4	
e	Total credits. Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1e. If zero or less, enter -0	3	
4	Tax on the ESBT portion of the trust (from ESBT Tax Worksheet, line 17). See instructions	4	
5	Net investment income tax from Form 8960, line 21	5	
6a	Amount from Form 4255, Part I, line 3, column (r)	6a	
b	Recapture tax from Form 8611	6b	
C		6c	
7	Other recapture taxes: Household employment taxes. Attach Schedule H (Form 1040)	7	
8	Other taxes and amounts due	8	
9	Total tax. Add lines 3 through 8. Enter here and on page 1, line 24	9	
	Total day, too minor of the age of the age of the best of the age of the best of the age	-	1011

_				-
P	а	a	A	

Sob	edule G Tax Computation and Payments (see instructions) (continued)				
	— Payments				
10	Current year's estimated tax payments and amount applied from preceding year's return	10			
11	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	11			
	Subtract line 11 from line 10	12			
12	Tax paid with Form 7004. See instructions	13			
13	Federal income tax withheld. If any is from Form(s) 1099, check here	14	Billion.		
14	Current year net 965 tax liability from Form 965-A, Part I, column (f) (see instructions)	15	-		
15	- Dil Manadil Miller of the South to the the terms of the second to the terms of th	16			
16	Payments from Form 2439	17			
17	Payments from Form 4136	18a			
18a		18b			
b	Other credits or payments (see instructions)  Total payments. Add lines 12 through 18b. Enter here and on page 1, line 26	19			
19				Yes	No
	Information	nansa	6		
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of ex	period	3.		
_	Enter the amount of tax-exempt interest income and exempt-interest dividends \$  Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensate)	ion) of	any		
2	individual by reason of a contract assignment or similar arrangement?		٠.,	No. of Street, or other Desires.	SCHOOL STORY
•	At any time during calendar year 2024, did the estate or trust have an interest in or a signature or oth	er auth	ority		
3	over a bank, securities, or other financial account in a foreign country?				
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the r foreign country				
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or tran foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		100		
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If the instructions for the required attachment	"Yes,"	see		
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions				
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions				
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in estate, and check here	closing	g the		
•	Are any present or future trust beneficiaries skip persons? See instructions		_		
9 10	Was the trust a specified domestic entity required to file Form 8938 for the tax year? See the Instruction 8938	uction	s for		
11a	Did the estate or trust distribute S corporation stock for which it made a section 965(i) election?				
b	If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instruction	ns			
12	Did the estate or trust either make a section 965(i) election or enter into a transfer agreement as an elig 965(i) transferee for S corporation stock held on the last day of the tax year? See instructions	ible se	ction		
13	At any time during the tax year, did the estate or trust (a) receive (as a reward, award, or payment for services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital	proper asset)?	ty or		
	instructions		•	-	+
14	ESBTs only. Does the ESBT have a nonresident alien grantor? If "Yes," see instructions		•		₩
15	ESBTs only. Did the S portion of the trust claim a qualified business income deduction? If "Yes," see in	struction	ons		
			Form	1041	(2024)

#### **SCHEDULE D** (Form 1041)

## **Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Go to www.irs.gov/Form1041 for instructions and the latest information.

Employer identification number

	MONEY SAVING TRUST				0-055	5000
f "Ye	ou dispose of any investment(s) in a qualified opportunity s," attach Form 8949 and see its instructions for additiona	fund during the tax Il requirements for	year? reporting your ga	in or loss.	□ Y	es ☑ No
Par	Form 5227 filers need to complete only Parts I and II.  Short-Term Capital Gains and Losses—Ger	nerally Assets H	eld 1 Year or L	ess (see in	struc	ctions)
See ii ines This f	nstructions for how to figure the amounts to enter on the below.  orm may be easier to complete if you round off cents to a dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949, line 2, colum	ts from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	20000	9155			10845
	Totals for all transactions reported on Form(s) 8949 with Box A checked		$\mathcal{A}$		196	
	Totals for all transactions reported on Form(s) 8949 with Box B checked		1/4			
	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 6252,	, 6781, and 8824.	9	21	4	24
5	Net short-term gain or (loss) from partnerships, S corpor Short-term capital loss carryover. Enter the amount, Carryover Worksheet	rations, and other of if any, from line 9	estates or trusts of the 2023 Ca	apital Loss	5	( )
7	Net short-term capital gain or (loss). Combine lines 1 Part III, line 17, column (3)				7	10845
Pari		nerally Assets H	eld More Than	1 Year (se		
ee ir nes	nstructions for how to figure the amounts to enter on the below.  orm may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949,	ts from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
	dollars.	, , , , ,		line 2, colum	n (g)	column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	1200000	582104			617896
	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11 12 13 14 15	Long-term capital gain or (loss) from Forms 2439, 4684, Net long-term gain or (loss) from partnerships, S corpora Capital gain distributions	ations, and other e	states or trusts	apital Loss	11 12 13 14 15	
16		a through 15 in co			16	617896

1	Pa	a	е	2

Part	Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this part.		(see instr.)	or trust's	(S) Total
17	Net short-term gain or (loss)	17	10845		10845
18	Net long-term gain or (loss):				
а	Total for year	18a	300000	317896	617896
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
C	28% rate gain	18c	k W ## ##	and the same of	
19	Total net gain or (loss). Combine lines 17 and 18a	19	310845	317896	628741

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part IV	Canital	Lose	Limitation
	Capitai	LOSS	Limitation

- 20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of:

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

#### Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- · Either line 18b, column (2), or line 18c, column (2), is more than zero;
- · Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- · There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, column (2), or line 18c, column (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990	D-T,	Part I, line 11)	21			
22	Enter the smaller of line 18a or 19 in column (2) but not						
	less than zero	22				190	
23	Enter the estate's or trust's qualified dividends from		777	100	-		
	Form 1041, line 2b(2) (or enter the qualified dividends			Acres 13			
	included in income in Part I of Form 990-T)	23	2 1		E		
24		24			ACCORDING NO.		
25	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g; otherwise, enter -0	25					
26	Subtract line 25 from line 24. If zero or less, enter -0-			26			
27	Subtract line 26 from line 21. If zero or less, enter -0			27			
28	Enter the smaller of the amount on line 21 or \$3,150 .			28			
29	Enter the smaller of the amount on line 27 or line 28 .			29			
30	Subtract line 29 from line 28. If zero or less, enter -0 This	amo	ount is taxed at 09	6		30	
31	Enter the smaller of line 21 or line 26			31		100	
32	Subtract line 30 from line 26			32		100	
33	Enter the smaller of line 21 or \$15,450			33			
34	Add lines 27 and 30			34			
35	Subtract line 34 from line 33. If zero or less, enter -0-			35			
36	Enter the smaller of line 32 or line 35			36		4	
37	Multiply line 36 by 15% (0.15)					37	
38	Enter the amount from line 31			38			
39	Add lines 30 and 36			39			
40	Subtract line 39 from line 38. If zero or less, enter -0-			40			
41	Multiply line 40 by 20% (0.20)					41	
42	Figure the tax on the amount on line 27. Use the 2024 Tax Rate						
	and Trusts. See the Schedule G instructions in the Instructions	for F	orm 1041	42			
43	Add lines 37, 41, and 42			43			
44	Figure the tax on the amount on line 21. Use the 2024 Tax Rate						
	and Trusts. See the Schedule G instructions in the Instructions			44			
45	Tax on all taxable income. Enter the smaller of line 43 or						
	Part I, line 1a (or Form 990-T, Part II, line 2)					45	