



**MeF ATS Testing Instructions
and Scenario Criteria**

**Montana Pass-Through Entity Tax
2024**

October 1, 2024

v1.0



Contents

<u>Montana MeF ATS Testing Overview</u>	<u>3</u>
<u>MEF PTE Error Messages</u>	<u>5</u>
<u>Test Case 1: Form PTE (Partnership)</u>	<u>7</u>
<u>Test Case 2: Form PTE (Partnership)</u>	<u>46</u>
<u>Test Case 3: Form PTE (S-Corp)</u>	<u>64</u>

Introduction

The following includes 3 ATS test cases. The ATS test cases consist of a PDF copy of a Montana Pass-through Entity Tax return (Form PTE) 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 a 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 both Partnership and S corporation filings, please prepare all three tests for whichever entity type you support (as outlined in your LOI).**

MT DOR testing environment will be available to developers to submit returns for testing: Reject codes, warning messages, 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 PTE testing must be received by December 16, 2024, and the testing completed by January 15, 2025.

Warning Messages

MT DOR has implemented warning messages to be used during the ATS process in conjunction with the reject codes. The warning messages are intended to assist in testing prior to sending your test submission email to MT DOR.

Warning messages will not reject your submissions, however, they must be resolved before notifying MT DOR that test submissions are ready to review.

Submitting ATS Test Cases

All the warning messages and 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 (PTE - Montana Pass-Through Entity Return)
- 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 warning messages and 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 . 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.**
- The error tables at the end of the document will provide answers to the errors you may encounter on your initial submissions. The error messages are intended to assist you with the self-testing process. Should a return continue to have errors, we will provide more detailed feedback.

Test cases

- This document includes three (3) test cases.
- **Each test scenario will include a completed copy of each test case return. Fields that are indicated by a 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.

PTE Error Messages

The following table provides the answers we will provide to errors we may encounter on your initial submissions. The error messages are intended to assist you with the self-testing process. Once a submission has passed the initial Tests, or if a return continues to have errors, we will provide detailed feedback.

PTE Page #	PTE Line #	Description	Warning Message
1	Line 4	Guaranteed payments (Partnerships only)	If this value is incorrect, check that your Federal Schedule K values are correct and transferred to the PTE correctly. This line is to report Guaranteed Payments.
1	Line 14	Subtract line 13 from line 12	If this value is incorrect, check the federal Schedule K values are correct and transferred to the PTE correctly. This line shows the total federal income.
1	Line 15	Montana additions to the PTE's apportionable activities	Verify that this figure transferred correctly from the Montana Adjustments Worksheet, Part 1, Column A. This line is for reporting apportionable Montana additions.
1	Line 16a	Montana subtractions from the PTE's apportionable activities	Verify that this figure transferred correctly from the Montana Adjustments Worksheet, Part 2, Column A. This line is for reporting apportionable Montana subtractions.
1	Line 18	Income (loss) Apportioned to Montana	Verify the ratio reported on Schedule 1 – Apportionment factor. This line is equal to the apportionment factor % multiplied by line 17.
1	Line 19	Add lines 19a through 19c	Verify line 19a (total MT source income from MT Schedules K-1, Part 4, line 14, Column B received from other pass-through entities). Verify line 19b (total MT source income from Schedule VII). Verify line 19c (see instructions for 19c). This is a sum line of 19a, 19b, and 19c.
1	Line 20	Add lines 18 and 19; enter result	Verify that lines 18 and 19 are correct. This is a sum line of 18 and 19.
2	Line 21	2024 Payments	This is a sum line of estimated and tentative payments. Review ATS packet for payments
2	Line 22	2023 overpayment applied to 2024	Check line 22 (see instructions).
2	Line 23	Add lines 21 and 22. Total prepayments	This line is the sum of all pre-payments for 2024.
2	Line 24	Total taxable income subject to Pass-through Entity Dax (PTET) from all owners' MT Schedules K-1, Part 4, Line 14	Sum line for all owners' MT Schedules K-1, Part 4, Line 14. (See instructions)
2	Line 25	Total Pass-through Entity Tax (PTET) from all owners' MT Schedules K-1, Part 5, Line 1	Sum line for Pass-through Entity Tax (PTET) from all owners' MT Schedule K-1, Part 5, Line 1. (See instructions)
2	Line 26	Flow-through Payments Schedule, Column A, Line 12	This line is from Column A, line 12 of the Flow-through payment Schedule. It is the total amount the PTE can claim as a credit from this column. (See instructions)
2	Line 27	Subtract Line 23 and 26 from line 25. Pass-through Entity Tax due or (overpayment)	Subtract line 23 and 26 from line 25. This equals your Pass-through Entity Tax due or overpaid.
2	Line 28	Total composite tax from Schedule IV, Column H	Total line of all Owners MT Schedules K-1 Part 5, Line 2. (See instructions)

2	Line 29	Flow-Through payment Schedule, Column B, Line 12	This line is from Column B, Line 12 of the Flow-Through Payment schedule. It is the total amount the PTE can claim as credit from this column. (See instructions)
2	Line 30	Add Line 27 and 28, then subtract Line 29. Composite tax and Pass-through Entity Tax due or (overpayment)	Subtract lines 27 and 29 from line 29. This equals your Composite tax due or overpaid.
2	Line 31	Interest on Underpayment of Estimated Tax (UT Penalty) (See instructions)	This line is for Interest on Underpayment of Estimated Tax (UT Penalty). It is associated with Supplemental form EST-PTI.
2	Line 32	Total Pass-through Withholding from all owners' MT Schedules K-1, Part 5, Line 3a	Total sum of all owners' MT Schedules K-1, part 5, Line 3a. (See instructions)
2	Line 34	Flow-Through Payments Schedule, Column C, Line 12	Amount is from Column C, Line 12 of the Flow-Through Payments schedule. It is the total amount the PTE can claim as a credit from this column.
2	Line 35	Add Lines 32 and 33, then subtract Line 34 Pass-through Withholding and other partnership liability dur or (overpayment)	This line is the sum Lines 32 and 33 minus Line 34. This is equals your Pass-through Withholding and other partnership liability due or overpaid.
2	Line 37	Add Lines 30, 31, 35, and 36. Total PTE Taxes with interest and/or penalty	This line is the sum lines 30, 31, 35 and 36. If this line is incorrect check prior calculations.
2	Line 43	Add lines 40 through 42. Total tax, penalties, and interest	This line is the sum of lines 40, 41, and 42. If this line is incorrect check prior calculations.
2	Line 44	If Line 43 is more than zero, enter the amount here. This is the amount you owe.	This is the amount you owe. If line 43 is more than zero enter the value here.
2	Line 45	If line 43 is less than zero, enter the amount here. This is your overpayment.	This is your overpayment if Line 43 is less than zero enter the value here.
2	Line 47	Subtract Line 46 from Line 45. This is your refund.	Subtract Line 46 from Line 45. This is your refund amount.

Case 1: Form PTE (Partnership)

Test Partnership 1 is filing an initial 2024 calendar-year return on March 15, 2025. The Company operates only in Montana with 100% of its property, payroll and gross receipts within Montana (see business rules for 100% Montana checkbox). The company’s total Montana source income is \$150,166,540 and consists of both apportionable and non-apportionable income. The company has both composite tax and pass-through withholding owing, and the company has not made payments. The company is receiving a pass-through Entity Tax (PTET) Credit of \$15,000.

The return will be subject to Underpayment of Estimated Tax Penalty (UT Penalty). Both the Underpayment of Estimated Tax – Short Method and Regular Method will be provided on Form EST-PTI (found at the end of Test Case 1). The calculation used for the purposes of Case 1 is the Regular Method and is entered on Page 2, Line 31. See form instructions for a detailed breakdown of the calculation.

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

Forms/Information Provided by DOR:

- Schedule K Information

Forms Required to be Provided by Vendors:

Montana:

- Apportionable Income Worksheet
- Form PTE
- Flow-through Payment Schedule
- Schedule IV
- Schedule VI
- Montana Adjustments Worksheet
- Schedule MTSI
- Montana Schedules K-1
- Form EST-PTI

Federal:

- Form 1065
- Schedule K

Required Attachments:

- Example PDF attachment (PDF stating “Attachment Example”)

Taxpayer Information: Test Partnership 1 LLC
1793 Legendborn Way
Helena, MT 59602

FEIN:	20-1111111	Date Formed:	09/15/2020
State Formed in:	Montana	Federal Business Code/NAICS:	813410
MT Secretary of State ID:	L5446082	Date registered in MT:	09/15/2020
Schedules DE Included:	0	Schedules K-1 Received:	1

Owners: 26 total owners consisting of 3 Resident Owners, 3 Nonresident Owners, and 20 Other Types of Owners of various types. All Forms and attachments are required to be included in the PDF submission.



2024 Montana Pass-Through Entity Tax Return

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

Partnership S corporation

Form PTE

2024v1

5/2024

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

Mark all that apply: Name Initial return Final return Amended return Refund return PTP PTET

Test Partnership 1 LLC
Mailing Address 1793 Legendborn Way
City Helena State MT ZIP Code + 4 5 9 6 0 2

FEIN 2 0 1 1 1 1 1 1 1
Federal Business Code/NAICS 8 1 3 4 1 0
MT Secretary of State ID # L 5 4 4 6 0 8 2
Date of Registration in Montana 0 9 1 5 2 0 2 0
State formed in N C on 0 9 1 5 2 0 2 0

Resident PTET Enter Number of: Schedules K-1 Included 2 6 Resident Owners 3 Nonresident Owners 3 Other Types of Owners 2 0 Schedules DE Included Schedules K-1 Received 1

Owners' Distributive Share of Income Items (federal Schedule K)

1	Ordinary business income (loss)		1	150000000	00
2	Net rental real estate income (loss) (include federal Form 8825)		2		00
	3a Other gross rental income (loss)	3a		00	
	3b Expenses from other rental activities (include detailed statement)	3b		00	
3	Subtract line 3b from line 3a.	This is your other net rental income or loss.	3		00
	4a Guaranteed payments: Services	4a		00	
	4b Guaranteed payments: Capital	4b		155540	00
4	Add lines 4a and 4b	This is your total guaranteed payments.	4	155540	00
5	Interest income		5	35000	00
6	Ordinary dividends		6	50000	00
7	Royalties		7		00
8	Net short-term capital gain (loss) (include federal Schedule D)		8		00
9	Net long-term capital gain (loss) (include federal Schedule D)		9		00
10	Net section 1231 gain (loss) (include federal Form 4797)		10		00
11	Other income (loss) (include detailed statement)		11	16500	00
12	Add lines 1 through 11 and enter result.	This is your total federal income or loss.	12	150257040	00

Owners' Distributive Share of Deduction Items – Montana Source Income (include federal Schedule K)

13a	Section 179 deduction (include federal Form 4562)	13a		00	
13b	Contributions	13b		25000	00
13c	Investment interest expense	13c		10000	00
13d	Section 59(e)(2) expenditures (include detailed statement)	13d			00
13e	Other deductions (include detailed statement)	13e		5500	00
13	Add lines 13a through 13e and enter result.	This is your total federal deductions.	13	40500	00
14	Subtract line 13 from line 12.	This is your federal income from all sources.	14	150216540	00
15	Montana additions to the PTE's apportionable activities		15	375000	00
	16a Montana subtractions from the PTE's apportionable activities	16a		425000	00
	16b Total everywhere income (loss) from federal Schedules K-1	16b		222222	00
	16c Total everywhere income (loss) from disregarded entities	16c			00
	16d Other nonapportionable income (loss) from the PTE's own activities	16d			00
16	Add lines 16a through 16d.	This is your deductions including nonapportionable income.	16	647222	00
17	Add lines 14 and 15, then subtract line 16.		17	149944318	00
18	Mark the box that describes your business activity or enter your apportionment factor.				
	<input checked="" type="checkbox"/> 100% Montana activity <input type="checkbox"/> 0% Montana activity 100.0000 % Apportionment factor x line 17		18	149944318	00
19a	Total Montana source income received from pass-through entities (Montana source income from MT Schedules K-1 issued to this entity)	19a		222222	00
19b	Total Montana source income from Schedules VII	19b			00
19c	Nonapportionable income allocated to Montana. (See instructions)	19c			00
19	Add lines 19a through 19c.	This is the total nonapportionable income (loss) sourced to Montana.	19	222222	00
20	Add lines 18 and 19; enter result.	This is your total Montana source income.	20	150166540	00



24TT0101

Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1 1

Prepayments

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for 2024 payments, 2023 overpayment, and Total prepayments.

Pass-through Entity Tax, Composite Tax, and Pass-Through Withholding

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for taxable income, composite tax, withholding, and Total PTE taxes.

Amended Return

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for amended returns only.

Penalty and Interest

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for late payment penalty and interest.

Amount Owed or Refund

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for amount owed, overpayment, and refund.

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

- 1 Routing Number
2 Account Number
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.

Officer

Signature x Date Signed 0 8 1 9 2 0 2 4
Printed Name Bree Matthews Phone 4 9 8 5 2 7 3 6 1 7

Tax Preparer

Signature Date Signed 0 8 1 9 2 0 2 4
Print Name Tracy Deonn Phone 5 9 8 7 6 4 5 2 9 8
X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN P 0 6 2 0 0 2 1 8

Tax Preparation Firm

Firm Name Knights of the Round Table Firm's FEIN 1 2 1 1 1 1 1 1 1
Mailing Address 1 Order Way
City Scion State N C ZIP 2 7 5 1 4

Pass-Through Entity Tax Authorized Representative: Required if making a PTET Election (See instructions)

Name Selwyn Kane Title Kingsmage Telephone Number 9 4 8 6 2 5 7 1 3 8
Email A t r h u r s m e r l i n @ t h e o r d e r . c o m



24TT0201



2024 Montana Form PTE – Flow-Through Payments Schedule

2024v1
5/2024

Name **Test Partnership 1 LLC**

FEIN **2 0 1 1 1 1 1 1 1**

Part I. Montana Schedules K-1 received by the pass-through entity reporting mineral royalty withholding, pass-through withholding, and/or pass-through entity tax. Attach a statement with the same information if the PTE received more than four Montana Schedules K-1 reporting mineral royalty withholding, pass-through withholding, and/or pass-through entity tax.

		A	B	C
Entity Name	FEIN	Mineral Royalty Withholding Received	Pass-Through Withholding Received	Pass-Through Entity Tax Received
1 FT LLC	1 0 0 0 0 0 0 0 0	00	00	15000 00
2		00	00	00
3		00	00	00
4		00	00	00
	5 Totals	00	00	15000 00

Part II. Flow-through payment allocations (See instructions)

Schedules K-1 subject to:

		A	B		C
		Pass-Through Entity Tax	Composite Tax		Other
1 Sum of profit and loss percentage of all MT Schedules K-1 subject to applicable Column(s) A, B, and C	1	%	37.0000 %		63.0000 %
2 Multiply total in Part I, Column A by percentage on line 1 for each Column	2	00	00		00
3 Mineral royalty withholding passed to owners	3				00
4 Enter Column A, line 2 and Column B, line 2. Subtract Column C, line 3 from Column C, line 2.					
Balance of mineral royalty withholding the PTE can claim as a credit.	4	00	00		00
5 Multiply total in Part I, Column B by percentage on line 1 for each Column	5	00	00		00
6 Pass-through withholding passed to owners	6				00
7 Enter Column A, line 5 and Column B, line 5. Subtract Column C, line 6 from Column C, line 5.					
Balance of pass-through withholding the PTE can claim as a credit.	7	00	00		00
8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C	8	00			
9 If Column A, line 1 is 0%, multiply the total in Part I, Column C by Columns B and C, line 1	9		5550 00		9450 00
10 Total pass-through entity tax passed to owners	10				00
11 Enter Column B, line 9. Subtract Column C, line 10 from line 9.					
Credit balance for PTE not electing to pay PTET.	11		5550 00		00
12 Add lines 4, 7, 8, and 11 in each Column.					
Total payments the PTE can claim as a credit.	12	00	5550 00		00



24TT0301



2024 Montana Form PTE Schedule I – Apportionment Factor for Multistate Pass-Through Entities

2024v1
5/2024

Name **Test Partnership 1 LLC**

FEIN 2 0 1 1 1 1 1 1 1

Enter amounts in Columns A and B. Enter percentages in Column C.

		A Everywhere	B Montana	C Factor	
1 Property Factor: Use average value for real and tangible personal property					
1a Land	1a	00		00	
1b Buildings	1b	00		00	
1c Machinery	1c	00		00	
1d Equipment	1d	00		00	
1e Furniture and fixtures	1e	00		00	
1f Leases and leased property	1f	00		00	
1g Inventories	1g	00		00	
1h Depletable assets	1h	00		00	
1i Supplies and other	1i	00		00	
1j Multiply amount of rents by 8 and enter result	1j	00		00	
1k Total Property Value. add lines 1a through 1j	1k	00		00	
Divide the total in Column B by the total in Column A. Multiply the result by 100.		This is your property factor.		1	%
2 Payroll Factor:					
2a Compensation of officers	2a	00		00	
2b Salaries and wages	2b	00		00	
Payroll included in:					
2c Costs of goods sold	2c	00		00	
2d Other expenses and deductions	2d	00		00	
2e Total Property Value. Add lines 2a through 2d.	2e	00		00	
Divide the total in Column B by the total in Column A. Multiply the result by 100.		This is your payroll factor.		2	%
3 Gross Receipts Factor:					
3a Gross Receipts, less returns and allowances	3a	00			
3b Receipts delivered or shipped to Montana purchasers:					
(1) Shipped from outside Montana	3b(1)			00	
(2) Shipped from within Montana	3b(2)			00	
3c Receipts shipped from Montana to:					
(1) United States government	3c(1)			00	
(2) Purchasers in a state where the taxpayer is not taxable	3c(2)			00	
3d Receipts other than receipts of tangible personal property (e.g., service income)	3d			00	
3e Net gains reported on federal Schedule D and Form 4797	3e	00		00	
3f Other gross receipts (rents, royalties, interest, etc.)	3f	00		00	
3g Total Receipts Value. Add lines 3a through 3f.	3g	00		00	
Divide the total in Column B by the total in Column A. Multiply the result by 100.		This is your receipts factor.		3	%
4 Enter the amount reported on line 3				4	%
5 Add the percentages from lines 1, 2, 3, and 4 in Column C.		This is the sum of your factors.		5	%
6 Divide the total percentage from line 5, Column C, 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 Column A (See instructions).					
		This is your apportionment factor.		6	100.0000 %



24TT0401



2024 Montana Form PTE Schedule II – Montana Pass-Through Entity Tax Credits

2024v1
5/2024

Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1 1

Use the corresponding credit code in the instructions to report the credit you are claiming in Column A. If you were provided an authorization number to claim the credit, enter that number in Column B. Report the total amount of credit in Column C. Use Montana Schedule K-1 to notify each owner of their share of the credit. Attach a copy of the credit's form to your return (if applicable). See instructions for more information.

A	B	C
Credit Code	Credit Authorization Number	Amount of Credit
1		00
2		00
3		00
4		00
5		00



24TT0501



2024 Montana Form PTE Schedule IV – Montana Composite Income Tax Schedule

2024v1
5/2024

Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1 1 1

Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants 9

Part II. Adjusted Federal Income

1	Federal income from all sources from page 1, line 14	1	150216540 00
2	Total guaranteed payments for services from page 1, line 4a	2	00
3	Total Everywhere Additions from Montana Adjustments Worksheet, Column E, line 1	3	375000 00
4	Total Everywhere Subtractions from Montana Adjustments Worksheet, Column E, line 2	4	425000 00
5	Add lines 1 and 3, then subtract lines 2 and 4.		
	Adjusted federal income	5	150166540 00

Part III. Composite Tax Ratio

1	Total Montana source income from page 1, line 20	1	150166540 00
2	Multiply Part II, line 2 by the apportionment factor from Schedule I, line 6	2	00
3	Subtract line 2 from line 1. Adjusted Montana source income	3	150166540 00
4	Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).		
	Composite tax ratio	4	1.000000

Part IV. Composite Tax

Enter the required information and amounts for each eligible participants in Columns A-H.

	A Name	B Social Security Number or Federal Employer Identification Number	C Total Distributive Share from Owner's Schedule K-1, Column A, Part IV, Line 14	D (Partnerships only) Guaranteed Payments for Services from Owner's Schedule K-1, Column A, Part IV, Line 4a	E Standard Deduction (\$14,600)	F Subtract Columns D and E from Column C Montana Taxable Income	G Tax from Tax Table (See instructions)	H Multiply Column G by composite tax ratio from Part III, Line 4 Montana Composite Income Tax	
1	Owner One	1 0 0 0 0 0 0 1	7508327	0 00	14600	7493727 00	441884 00	441884 00	
2	Owner Four	1 0 0 0 0 0 0 4	6006662	0 00	14600	5992062 00	353286 00	353286 00	
3	Owner Seven	1 0 0 0 0 0 0 7	4505996	0 00	14600	4490396 00	264687 00	264687 00	
4	Owner Ten	1 0 0 0 0 0 0 10	7508327	0 00	14600	7493727 00	441884 00	441884 00	
5	Owner Twelve	1 0 0 0 0 0 0 12	3003331	0 00	14600	2988731 00	176089 00	176089 00	
6	Owner Fifteen	1 0 0 0 0 0 0 15	6006662	0 00	14600	5992062 00	353286 00	353286 00	
7	Owner Eightteen	1 0 0 0 0 0 0 18	9009992	0 00	14600	8995392 00	530482 00	530482 00	
8	Owner Twenty	1 0 0 0 0 0 0 20	6006662	0 00	14600	5992062 00	353286 00	353286 00	
9	Owner Twenty-Two	1 0 0 0 0 0 0 22	6006662	0 00	14600	5992062 00	353286 00	353286 00	
10				00		00	00	00	
	11	If there are more than 10 composite tax participants, attach a statement with the same information and report the total composite tax from those statements here.						11	0 00
	12	Add Column H, lines 1 through 11. This is your total composite tax liability. Transfer the amounts from Column H to each owner's Schedule K-1, Part V, line 2						12	32681 70 00



24TT0601



2024 Montana Form PTE Schedule VI – Reporting of Special Transactions

2024v1 5/2024

Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1 1 1

Complete Schedule VI only if your PTE filed any of the federal income tax forms described below. Mark the appropriate box indicating which form(s) you filed with the Internal Revenue Service (IRS) for this tax year. If you mark one or more of these forms, you must include a complete copy of your federal tax return.

- 1 The entity filed federal Form 8918 – Material Advisor Disclosure Statement with the IRS
2 The entity filed federal Form 8824 – Like-Kind Exchanges with the IRS. NOTE: Mark the box if your like-kind exchange includes Montana property.
3 The entity filed federal Form 8865 – Return of U.S. Persons with Respect to Certain Foreign Partnerships with the IRS
4 The entity filed federal Form 8886 – Reportable Transaction Disclosure Statement with the IRS
5 For S corporations only: The S corporation filed federal Form 8023 – Elections Under Section 338 for Corporations Making Qualified Stock Purchases with the IRS

Complete this section if the PTE is a partnership.

- 6 The partnership filed one or more of the following forms in 2024 Provide a copy of each form with your tax return.
- Federal Form 8985, Pass-Through Statement - Transmittal/Partnership Adjustment Tracking Report
- Federal Form 8986, Partner's Share of Adjustment(s) to Partnership-Related Items(s)
- Federal Form 8082, Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)
7 The partnership had Montana source income and paid an imputed underpayment. If applicable, provide a copy of your federal audit adjustment report. (See instructions)
8 Previously unreported Montana source income from Federal Form 8082 (See instructions) 8 00

Complete this section if you made a disbursement to a related party.

- 9 The entity made payments during this tax year to one or more related parties (excluding salary compensation) that exceeded \$100,000 per recipient. If you marked this box, please provide the name and federal employer identification number of each related party below and the amount that you paid to each related party:

Table with 3 columns: A Name, B FEIN, C Amount of Payment. Multiple rows with 00 in the amount column.



24TT0701



2024 Montana Form PTE – Montana Source Income Schedule

2024v1
5/2024

Name Test Partnership 1 LLC

		A	B	C	D	E
		Montana Source Income from Montana Schedules K-1	Montana Source Income from Schedules DE	Montana Source Income from Nonapportionable Income	Montana Source Income from PTE's Apportionable Activities	Total of Columns A through D
	Sum of Montana source income					
	per item of income (loss) and deduction.					
1	Ordinary business income (loss)	222222 00	00	00	149777778 00	150000000 00
2	Net rental real estate income (loss)	00	00	00	00	00
3	Other net rental income (loss)	00	00	00	00	00
4a	Guaranteed payments: services	00	00	00	00	00
4b	Guaranteed payments: capital	00	00	00	155540 00	155540 00
5	Interest income	00	00	00	35000 00	35000 00
6	Ordinary dividends	00	00	00	50000 00	50000 00
7	Royalties	00	00	00	00	00
8	Net short-term capital gain (loss)	00	00	00	00	00
9	Net long-term capital gain (loss)	00	00	00	00	00
10	Net §1231 gain (loss)	00	00	00	00	00
11	Other income (loss).	00	00	00	16500 00	16500 00
12	§179 expense deduction apportionable and/or allocable to Montana	00	00	00	00	00
13	Other expense deductions apportionable and/or allocable to Montana	00	00	00	40500 00	40500 00
14	Total Montana Source Income	222222 00	00	00	149994318 00	150216540 00



24TT1101



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 K-1

Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner One FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 1
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type I Resident X Nonresident

Special Allocations (See instructions) Profit and loss percentage 5.0000 %
The owner is included in a PTET election Capital/Ownership 5.0000 %
Resident owner PTET election (See instructions)
X The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (1, 18750.00) and Subtractions (2, 21250.00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (1, 7500000.00), Net rental real estate income (2, 00), and Total distributive share (14, 7508327.00).

Part V. Supplemental Information

Table with 3 columns: Description, A Everywhere, B Montana. Rows include PTET paid on behalf of owner (1, 00), Montana composite income tax paid on behalf of owner (2, 441884.00), and Montana mineral royalty tax withheld (4, 00).

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows 1 and 2.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows 1, 2, 3, 4.



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Two FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 2
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN
or SSN

Owner Type I Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %
The owner is included in a PTET election Capital/Ownership 3.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	11250 00	11250 00
2 Subtractions	2	12750 00	12750 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	4500000 00	4500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	4666 00	4666 00
5 Interest income	5	1050 00	1050 00
6 Ordinary dividends	6	1500 00	1500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	495 00	495 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1215 00	1215 00
14 Total distributive share (See instructions)	14	4504996 00	4504996 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	00
2 Montana composite income tax paid on behalf of owner	2	00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	265345 00
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 withheld on your behalf.	3c	265345 00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	11250 00	2 Code 2 A A	11250 00	3 Code 1 S L	12750 00
4 Code 2 S L	12750 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Three FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 3
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN
or SSN

Owner Type I Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %
The owner is included in a PTET election Capital/Ownership 3.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	11250 00	11250 00
2 Subtractions	2	12750 00	12750 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	4500000 00	4500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	4666 00	4666 00
5 Interest income	5	1050 00	1050 00
6 Ordinary dividends	6	1500 00	1500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	495 00	495 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1215 00	1215 00
14 Total distributive share (See instructions)	14	4504996 00	4504996 00

Part V. Supplemental Information

The owner filed Form PT-AGR Year 2 0 1 9 The owner is a Domestic 2nd tier 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 instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	11250 00	2 Code 2 A A	11250 00	3 Code 1 S L	12750 00
4 Code 2 S L	12750 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Four FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 4
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN
or SSN

Owner Type E Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 4 . 0 0 0 0 %

The owner is included in a PTET election Capital/Ownership 4 . 0 0 0 0 %

Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)

	A	B
	Everywhere	Montana
1 Additions	1 15000 00	15000 00
2 Subtractions	2 17000 00	17000 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	6000000 00	6000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	6222 00	6222 00
5 Interest income	5	1400 00	1400 00
6 Ordinary dividends	6	2000 00	2000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	660 00	660 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1620 00	1620 00
14 Total distributive share (See instructions)	14	6006662 00	6006662 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	00
2 Montana composite income tax paid on behalf of owner	2	353286 00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	15000 00	2 Code 2 A A	15000 00	3 Code 1 S L	17000 00
4 Code 2 S 1	17000 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Five FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 5
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN
or SSN

Owner Type E Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 4.0000 %
The owner is included in a PTET election Capital/Ownership 4.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	15000 00	15000 00
2 Subtractions	2	17000 00	17000 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	6000000 00	6000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	6222 00	6222 00
5 Interest income	5	1400 00	1400 00
6 Ordinary dividends	6	2000 00	2000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	660 00	660 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1620 00	1620 00
14 Total distributive share (See instructions)	14	6006662 00	6006662 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		00
2 Montana composite income tax paid on behalf of owner	2		00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a		353793 00
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 withheld on your behalf.	3c		353793 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	Amount of Credit
1		00
2		00

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

1 Code 1 A A	15000 00	2 Code 2 A A	15000 00	3 Code 1 S L	17000 00
4 Code 2 S L	17000 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Six FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 6
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN
or SSN

Owner Type E Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %
The owner is included in a PTET election Capital/Ownership 3.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
	Everywhere	Montana	Montana
1 Additions	1	11250 00	11250 00
2 Subtractions	2	12750 00	12750 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	4500000 00	4500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	4666 00	4666 00
5 Interest income	5	1050 00	1050 00
6 Ordinary dividends	6	1500 00	1500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	495 00	495 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1215 00	1215 00
14 Total distributive share (See instructions)	14	4504996 00	4504996 00

Part V. Supplemental Information

The owner filed Form PT-AGR Year 2 0 2 2 The owner is a Domestic 2nd tier 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 instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	11250 00	2 Code 2 A A	11250 00	3 Code 1 S L	12750 00
4 Code 2 S L	12750 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Seven FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 7
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN
or SSN

Owner Type T Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %
The owner is included in a PTET election Capital/Ownership 3.0000 %
Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	11250 00	11250 00
2 Subtractions	2	12750 00	12750 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	4500000 00	4500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	4666 00	4666 00
5 Interest income	5	1050 00	1050 00
6 Ordinary dividends	6	1500 00	1500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	495 00	495 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1215 00	1215 00
14 Total distributive share (See instructions)	14	4504996 00	4504996 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	00
2 Montana composite income tax paid on behalf of owner	2	264687 00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	11250 00	2 Code 2 A A	11250 00	3 Code 1 S L	12750 00
4 Code 2 S L	12750 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Eight FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 8
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN
or SSN

Owner Type T Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 5.0000 %
The owner is included in a PTET election Capital/Ownership 5.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)

	A Everywhere	B Montana
1 Additions	18750 00	18750 00
2 Subtractions	21250 00	21250 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	7500000 00	7500000 00
2 Net rental real estate income (loss)	00	00
3 Other net rental income (loss)	00	00
4a Guaranteed payments: services	00	00
4b Guaranteed payments: capital	7777 00	7777 00
5 Interest income	1750 00	1750 00
6 Ordinary dividends	2500 00	2500 00
7 Royalties	00	00
8 Net short-term capital gain (loss)	00	00
9 Net long-term capital gain (loss)	00	00
10 Net section 1231 gain (loss)	00	00
11 Other income (loss) (include detailed statement)	825 00	825 00
12 Section 179 expense deduction	00	00
13 Other expense deductions	2025 00	2025 00
14 Total distributive share (See instructions)	7508327 00	7508327 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	00
2 Montana composite income tax paid on behalf of owner	2	00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	442241 00
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 withheld on your behalf.	3c	442241 00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	18750 00	2 Code 2 A A	18750 00	3 Code 1 S L	21250 00
4 Code 2 S L	21250 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helana State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Nine FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 0 9
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN
or SSN

Owner Type T Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 3.0000 %
The owner is included in a PTET election Capital/Ownership 3.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	11250 00	11250 00
2 Subtractions	2	12750 00	12750 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	4500000 00	4500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	4666 00	4666 00
5 Interest income	5	1050 00	1050 00
6 Ordinary dividends	6	1500 00	1500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	495 00	495 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1215 00	1215 00
14 Total distributive share (See instructions)	14	4504996 00	4504996 00

Part V. Supplemental Information

The owner filed Form PT-AGR Year 2 0 2 0 The owner is a Domestic 2nd tier 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 instructions)	3a	00
3b Montana income tax withheld by a lower tier pass-through entity	3b	00
3c Addlines 3a and 3b. This is your total Montana income tax withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	11250 00	2 Code 2 A A	11250 00	3 Code 1 S L	12750 00
4 Code 2 S L	12750 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Ten FEIN 1 0 0 0 0 0 0 1 0
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 5.0000 %
The owner is included in a PTET election Capital/Ownership 5.0000 %
Resident owner PTET election (See instructions)
 The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	18750 00	18750 00
2 Subtractions	2	21250 00	21250 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	7500000 00	7500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	7777 00	7777 00
5 Interest income	5	1750 00	1750 00
6 Ordinary dividends	6	2500 00	2500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	825 00	825 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	2025 00	2025 00
14 Total distributive share (See instructions)	14	7508327 00	7508327 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	00
2 Montana composite income tax paid on behalf of owner	2	441884 00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	18750 00	2 Code 2 A A	18750 00	3 Code 1 S L	21250 00
4 Code 2 S 1	21250 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Eleven FEIN 1 0 0 0 0 0 0 1 1
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type C Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 3.0000 %
The owner is included in a PTET election Capital/Ownership 3.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	11250 00	11250 00
2 Subtractions	2	12750 00	12750 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	4500000 00	4500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	4666 00	4666 00
5 Interest income	5	1050 00	1050 00
6 Ordinary dividends	6	1500 00	1500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	495 00	495 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1215 00	1215 00
14 Total distributive share (See instructions)	14	4504996 00	4504990 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	00
2 Montana composite income tax paid on behalf of owner	2	00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	265795 00
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 withheld on your behalf.	3c	265795 00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	11250 00	2 Code 2 A A	11250 00	3 Code 1 S L	12750 00
4 Code 2 S L	12750 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Twelve FEIN 1 0 0 0 0 0 0 1 2
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 2.0000 %
The owner is included in a PTET election Capital/Ownership 2.0000 %
Resident owner PTET election (See instructions)
 The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
	Everywhere		Montana
1 Additions	1	7500 00	7500 00
2 Subtractions	2	8500 00	8500 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	3000000 00	3000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	3111 00	3111 00
5 Interest income	5	700 00	700 00
6 Ordinary dividends	6	1000 00	1000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	330 00	330 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	810 00	810 00
14 Total distributive share (See instructions)	14	3003331 00	3003331 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	00
2 Montana composite income tax paid on behalf of owner	2	176089 00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	7500 00	2 Code 2 A A	7500 00	3 Code 1 S L	8500 00
4 Code 2 S L	8500 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 01012024 and ending 12312024

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

Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 201111111
Mailing Address 1793 Legendborn Way
City Helena State MT ZIP Code 59602

Part II. Owner Information

Name Owner Thirteen FEIN 100000013
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State PA ZIP Code 15237 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 6.0000%
The owner is included in a PTET election Capital/Ownership 6.0000%
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (22500.00) and Subtractions (25500.00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (9000000.00), Net rental real estate income (00), Interest income (2100.00), etc.

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 00
2 Montana composite income tax paid on behalf of owner 2 00
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 531590.00
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 withheld on your behalf. 3c 531590.00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows 1 and 2.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows 1 and 2.



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Fourteen FEIN 1 0 0 0 0 0 0 1 4
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 3.0000 %
The owner is included in a PTET election Capital/Ownership 3.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
	Everywhere		Montana
1 Additions	1	11250 00	11250 00
2 Subtractions	2	12750 00	12750 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	4500000 00	4500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	4666 00	4666 00
5 Interest income	5	1050 00	1050 00
6 Ordinary dividends	6	1500 00	1500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	495 00	495 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1215 00	1215 00
14 Total distributive share (See instructions)	14	4504996 00	4504996 00

Part V. Supplemental Information

The owner filed Form PT-AGR Year 2 0 1 9 The owner is a Domestic 2nd tier 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 instructions) 3a 00
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 withheld on your behalf. 3c 00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	11250 00	2 Code 2 A A	11250 00	3 Code 1 S L	12750 00
4 Code 2 S L	12750 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Fifteen FEIN 1 0 0 0 0 0 0 1 5
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type T E Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 4.0000 %
The owner is included in a PTET election Capital/Ownership 4.0000 %
 Resident owner PTET election (See instructions)
 The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	15000 00	15000 00
2 Subtractions	2	17000 00	17000 00

Part IV. Distributive Share of Montana Source Income (Loss)			
1 Ordinary business income (loss)	1	6000000 00	6000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	6222 00	6222 00
5 Interest income	5	1400 00	1400 00
6 Ordinary dividends	6	2000 00	2000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	660 00	660 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1620 00	1620 00
14 Total distributive share (See instructions)	14	6006662 00	6006662 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	00
2 Montana composite income tax paid on behalf of owner	2	353286 00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	15000 00	2 Code 2 A A	15000 00	3 Code 1 S L	17000 00
4 Code 2 S L	17000 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Sixteen FEIN 1 0 0 0 0 0 0 1 6
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type T E Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 4.0000 %
The owner is included in a PTET election Capital/Ownership 4.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	15000 00	15000 00
2 Subtractions	2	17000 00	17000 00

Part IV. Distributive Share of Montana Source Income (Loss)			
1 Ordinary business income (loss)	1	6000000 00	6000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	6222 00	6222 00
5 Interest income	5	1400 00	1400 00
6 Ordinary dividends	6	2000 00	2000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	660 00	660 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1620 00	1620 00
14 Total distributive share (See instructions)	14	6006662 00	6006662 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	00
2 Montana composite income tax paid on behalf of owner	2	00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	354393 00
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 withheld on your behalf.	3c	354393 00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	15000 00	2 Code 2 A A	15000 00	3 Code 1 S L	17000 00
4 Code 2 S L	17000 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 201111111
Mailing Address 1793 Legendborn Way
City Helena State MT ZIP Code 59602

Part II. Owner Information

Name Owner Seventeen FEIN 100000017
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State PA ZIP Code 15237 Beneficial Owner FEIN or SSN

Owner Type T E Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 3.0000 %
The owner is included in a PTET election Capital/Ownership 3.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
	Everywhere		Montana
1 Additions	1	11250 00	11250 00
2 Subtractions	2	12750 00	12750 00

Part IV. Distributive Share of Montana Source Income (Loss)			
1 Ordinary business income (loss)	1	4500000 00	4500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	4666 00	4666 00
5 Interest income	5	1050 00	1050 00
6 Ordinary dividends	6	1500 00	1500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	495 00	495 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1215 00	1215 00
14 Total distributive share (See instructions)	14	4504996 00	4504996 00

Part V. Supplemental Information

The owner filed Form PT-AGR Year 2021 The owner is a Domestic 2nd tier 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 instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	11250 00	2 Code 2 A A	11250 00	3 Code 1 S L	12750 00
4 Code 2 S L	12750 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Eightteen FEIN 1 0 0 0 0 0 0 1 8
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type P Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 6.0000 %
The owner is included in a PTET election Capital/Ownership 6.0000 %
Resident owner PTET election (See instructions)
 The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	22500 00	22500 00
2 Subtractions	2	25500 00	25500 00

Part IV. Distributive Share of Montana Source Income (Loss)			
1 Ordinary business income (loss)	1	9000000 00	9000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	9332 00	9332 00
5 Interest income	5	2100 00	2100 00
6 Ordinary dividends	6	3000 00	3000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	990 00	990 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	2430 00	2430 00
14 Total distributive share (See instructions)	14	9009992 00	9009992 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	00
2 Montana composite income tax paid on behalf of owner	2	530482 00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	22500 00	2 Code 2 A A	22500 00	3 Code 1 S L	25500 00
4 Code 2 S L	25500 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 01012024 and ending 12312024

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

Part I. Pass-through Entity Information

Name Test Partnership 1 LLC FEIN 201111111
Mailing Address 1793 Legendborn Way
City Helena State MT ZIP Code 59602

Part II. Owner Information

Name Owner Nineteen FEIN 100000019
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State PA ZIP Code 15237 Beneficial Owner FEIN or SSN

Owner Type P Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 2.0000 %
The owner is included in a PTET election Capital/Ownership 2.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (7500.00) and Subtractions (8500.00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (3000000.00), Interest income (700.00), and Total distributive share (3003331.00).

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 00
2 Montana composite income tax paid on behalf of owner 2 00
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 176897 00
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 withheld on your behalf. 3c 176897 00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows 1 and 2.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows 1 and 4.



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Twenty FEIN 1 0 0 0 0 0 0 2 0
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type P T P Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 4.0000 %
The owner is included in a PTET election Capital/Ownership 4.0000 %
Resident owner PTET election (See instructions)
 The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
	Everywhere		Montana
1 Additions	1	15000 00	15000 00
2 Subtractions	2	17000 00	17000 00

Part IV. Distributive Share of Montana Source Income (Loss)			
1 Ordinary business income (loss)	1	6000000 00	6000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss) -	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	6222 00	6222 00
5 Interest income	5	1400 00	1400 00
6 Ordinary dividends	6	2000 00	2000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	660 00	660 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1620 00	1620 00
14 Total distributive share (See instructions)	14	6006662 00	6006662 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	00
2 Montana composite income tax paid on behalf of owner	2	353286 00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	15000 00	2 Code 2 A A	15000 00	3 Code 1 S L	17000 00
4 Code 2 S L	17000 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Twenty-One FEIN 1 0 0 0 0 0 0 2 1
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type P T P Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 4.0000 %
The owner is included in a PTET election Capital/Ownership 4.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B	
		Everywhere		Montana
1 Additions	1	15000 00		15000 00
2 Subtractions	2	17000 00		17000 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	6000000 00	6000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	6222 00	6222 00
5 Interest income	5	1400 00	1400 00
6 Ordinary dividends	6	2000 00	2000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	660 00	660 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1620 00	1620 00
14 Total distributive share (See instructions)	14	6006662 00	6006662 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 [REDACTED] 00
2 Montana composite income tax paid on behalf of owner 2 00
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00
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 withheld on your behalf. 3c 00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	15000 00	2 Code 2 A A	15000 00	3 Code 1 S L	17000 00
4 Code 2 S L	17000 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 201111111
Mailing Address 1793 Legendborn Way
City Helena State MT ZIP Code 59602

Part II. Owner Information

Name Owner Twenty-Two FEIN 100000022
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State PA ZIP Code 15237 Beneficial Owner FEIN or SSN

Owner Type S Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 4.0000 %
The owner is included in a PTET election Capital/Ownership 4.0000 %
Resident owner PTET election (See instructions)
[X] The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)

Table with 3 columns: Description, A Everywhere, B Montana. Rows: 1 Additions 15000.00, 2 Subtractions 17000.00

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows: 1 Ordinary business income (loss) 6000000.00, 2 Net rental real estate income (loss) 00, 3 Other net rental income (loss) 00, 4a Guaranteed payments: services 00, 4b Guaranteed payments: capital 6222.00, 5 Interest income 1400.00, 6 Ordinary dividends 2000.00, 7 Royalties 00, 8 Net short-term capital gain (loss) 00, 9 Net long-term capital gain (loss) 00, 10 Net section 1231 gain (loss) 00, 11 Other income (loss) (include detailed statement) 660.00, 12 Section 179 expense deduction 00, 13 Other expense deductions 1620.00, 14 Total distributive share (See instructions) 6006662.00

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 00
2 Montana composite income tax paid on behalf of owner 2 353286 00
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00
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 withheld on your behalf. 3c 00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows: 1, 2

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows: 1 Code 1 A A 15000 00 2 Code 2 A A 15000 00 3 Code 1 S L 17000 00, 4 Code 2 S L 17000 00 5 Code 00 6 Code 00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Twenty-Three FEIN 1 0 0 0 0 0 2 3
Mailing Address 2 Lancelot Lane or SSN
City Pendragon State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN

Owner Type S Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 4.0000 %
The owner is included in a PTET election Capital/Ownership 4.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
	Everywhere	Montana	Montana
1 Additions	1	15000 00	15000 00
2 Subtractions	2	17000 00	17000 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	6000000 00	6000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	6222 00	6222 00
5 Interest income	5	1400 00	1400 00
6 Ordinary dividends	6	2000 00	2000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	660 00	660 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	1620 00	1620 00
14 Total distributive share (See instructions)	14	6006662 00	6006662 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 00
2 Montana composite income tax paid on behalf of owner 2 00
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 353793 00
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 withheld on your behalf. 3c 353793 00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	15000 00	2 Code 2 A A	15000 00	3 Code 1 S L	17000 00
4 Code 2 S L	17000 00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Twenty-Four FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 2 4
City Helena State M T ZIP Code 5 9 6 0 2 Beneficial Owner FEIN
or SSN

Owner Type I Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 1.0000 %
The owner is included in a PTET election Capital/Ownership 1.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)

	A Everywhere	B Montana
1 Additions	1 3750 00	3750 00
2 Subtractions	2 4250 00	4250 00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1 1500000 00	1500000 00
2 Net rental real estate income (loss)	2 00	00
3 Other net rental income (loss)	3 00	00
4a Guaranteed payments: services	4a 00	00
4b Guaranteed payments: capital	4b 1555 00	1555 00
5 Interest income	5 350 00	350 00
6 Ordinary dividends	6 500 00	500 00
7 Royalties	7 00	00
8 Net short-term capital gain (loss)	8 00	00
9 Net long-term capital gain (loss)	9 00	00
10 Net section 1231 gain (loss)	10 00	00
11 Other income (loss) (include detailed statement)	11 165 00	165 00
12 Section 179 expense deduction	12 00	00
13 Other expense deductions	13 405 00	405 00
14 Total distributive share (See instructions)	14 1501665 00	1501665 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	00
2 Montana composite income tax paid on behalf of owner	2	00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A 3750 00	2 Code 1 S L 4250 00	3 Code 00
4 Code 00	5 Code 00	6 Code 00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Twenty-Five FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 0 2 5
City Helena State M T ZIP Code 5 9 6 0 2 Beneficial Owner FEIN
or SSN

Owner Type I Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 7.0000 %
The owner is included in a PTET election Capital/Ownership 7.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)

	A Everywhere	B Montana
1 Additions	1 26250 00	26250 00
2 Subtractions	2 29750 00	29750 00

Part IV. Distributive Share of Montana Source Income (Loss)

	A Everywhere	B Montana
1 Ordinary business income (loss)	1 10500000 00	10500000 00
2 Net rental real estate income (loss)	2 00	00
3 Other net rental income (loss)	3 00	00
4a Guaranteed payments: services	4a 00	00
4b Guaranteed payments: capital	4b 10888 00	10888 00
5 Interest income	5 2450 00	2450 00
6 Ordinary dividends	6 3500 00	3500 00
7 Royalties	7 00	00
8 Net short-term capital gain (loss)	8 00	00
9 Net long-term capital gain (loss)	9 00	00
10 Net section 1231 gain (loss)	10 00	00
11 Other income (loss) (include detailed statement)	11 1155 00	1155 00
12 Section 179 expense deduction	12 00	00
13 Other expense deductions	13 2835 00	2835 00
14 Total distributive share (See instructions)	14 10511658 00	10511658 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 00
2 Montana composite income tax paid on behalf of owner 2 00
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00
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 withheld on your behalf. 3c 00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	26250 00	2 Code 1 S L	29750 00	3 Code	00
4 Code	00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1 1
Mailing Address 1793 Legendborn Way
City Helena State M T ZIP Code 5 9 6 0 2

Part II. Owner Information

Name Owner Twenty-Six FEIN
Mailing Address 2 Lancelot Lane or SSN 1 0 0 0 0 0 2 6
City Helena State M T ZIP Code 5 9 6 0 2 Beneficial Owner FEIN
or SSN

Owner Type I Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 5.0000 %
The owner is included in a PTET election Capital/Ownership 5.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)

	A Everywhere	B Montana
1 Additions	1 18750 00	18750 00
2 Subtractions	2 21250 00	21250 00

Part IV. Distributive Share of Montana Source Income (Loss)

	A Everywhere	B Montana
1 Ordinary business income (loss)	1 7500000 00	7500000 00
2 Net rental real estate income (loss)	2 00	00
3 Other net rental income (loss)	3 00	00
4a Guaranteed payments: services	4a 00	00
4b Guaranteed payments: capital	4b 7777 00	7777 00
5 Interest income	5 1750 00	1750 00
6 Ordinary dividends	6 2500 00	2500 00
7 Royalties	7 00	00
8 Net short-term capital gain (loss)	8 00	00
9 Net long-term capital gain (loss)	9 00	00
10 Net section 1231 gain (loss)	10 00	00
11 Other income (loss) (include detailed statement)	11 825 00	825 00
12 Section 179 expense deduction	12 00	00
13 Other expense deductions	13 2025 00	2025 00
14 Total distributive share (See instructions)	14 7508327 00	7508327 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	00
2 Montana composite income tax paid on behalf of owner	2	00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A 18750 00	2 Code 1 S L 21250 00	3 Code 00
4 Code 00	5 Code 00	6 Code 00



24TT1201



2024 Interest on Underpayment of Estimated Tax for Composite Tax and Pass-Through Entity Tax

Form EST-PTI
V1 8/2024

[15-30-2512.MCA](#)

Pass-Through Entity Name

Test Partnership 1 LLC

FEIN

2 0 1 1 1 1 1 1 1

Part I. Required Pass-Through Entity Tax and/or Composite Tax Annual Payment

1	2024 pass-through entity tax and/or composite tax liability from Form PTE, lines 25 and 28.	1	3268170
2	Multiply line 1 by 90% (0.90)	2	2941353
3a	2024 total flow-through payments applied to pass-through entity tax and/or composite tax liability from Form PTE, lines 26 and 29	3a	5550
3b	Overpayment from 2023 Form PTE, line 46, applied to pass-through entity tax and/or composite tax	3b	
3	Add lines 3a and 3b.	3	5550
4	Subtract line 3 from line 1. If the result is less than \$500, stop here. You do not owe interest on your underpayment of estimated taxes.	4	3262620
5	2023 pass-through entity tax and/or composite tax liability from Form PTE, lines 25 and 28	5	3855150
6	Enter the lesser of line 2 or line 5. This is your required annual payment.	6	2941353

Part II. Underpayment of Estimated Tax – Short Method

You can use this method if you did not make estimated tax payments or you made four equal estimated tax payments by the required due dates.

1	Estimated tax payments made for tax year 2024 for pass-through entity tax and/or composite tax	1	
2	Add line 1 and Part I, line 3	2	5550
3	Subtract line 2 from Part I, line 6. If the result is zero or less, stop here; you do not owe interest on the underpayment of your estimated taxes. This is your total underpayment for 2024.	3	2935803
4	Multiply line 3 by 0.046685	4	137058
5	If the amount on line 3 was paid on or after March 17, 2025, enter zero. If the amount on line 3 was paid before March 17, 2025, multiply the number of days the amount was paid before March 17, 2025, by line 3. Then, multiply the result by 0.000219.	5	
6	Subtract line 5 from line 4. Enter here and on Form PTE, line 31. This is your interest on the underpayment of estimated taxes.	6	137058

Part III. Regular Method

Use this method if you made payments of unequal amounts. The due dates shown are for calendar year taxpayers. Adjust these dates accordingly for fiscal year filers.

	A 4/15/2024	B 6/17/2024	C 9/16/2024	D 1/15/2025	
<i>Complete lines 1 through 4 in each column before going to line 5.</i>					
1 Divide Part I, line 6, by four and enter the result in each column. If using the annualized method, enter Part IV, line 22.	1	735388	735388	735388	735388
2 Divide Part I, line 3a, by four and enter the result in each column	2	1388	1388	1388	1388
3 Subtract line 2 from line 1	3	733951	733951	733951	733951
4 Amount of estimated tax paid by the date in each column. Include the amount from Part I, line 3b in Column A.	4	0	0	0	0
<i>Complete lines 5 through 11 of one column before going to the next column.</i>					
5 Overpayment from the previous period, if any, from line 11 of the previous column	5		0	0	0
6 Add lines 4 and 5. This is your estimated payment for the period.	6	0	0	0	0
7 Add lines 9 and 10 from the previous column. This is your total underpayment to date.	7		733951	1467902	2201852
8 Subtract line 7 from line 6. If zero or less enter 0.	8	0	0	0	0
9 If the amount on line 8 is zero, subtract line 6 from line 7. Otherwise, enter 0. This is the underpayment from the previous period.	9		733951	1467902	2201852
10 If line 8 is equal to or less than line 3, subtract line 8 from line 3. If line 8 is greater than line 3, go to line 11. This is the current period underpayment.	10	733951	733951	733951	733951
11 If line 3 is less than line 8, subtract line 3 from line 8. Then go to line 5 in the next column. This is the overpayment for period.	11	0	0	0	0
<i>Complete lines 12 through 14 of the columns where there is an amount on line 10.</i>					
12 Date(s) you paid the amount on line 10 or March 17, 2025, whichever is earlier (See instructions)	12	03/17/2025	03/17/2025	03/17/2025	03/17/2025
13 Number of days from the installment due date to the date shown on line 12 (See instructions)	13	336	273	182	61
14 Multiply line 10 by line 13. Then, multiply the result by 0.000219	14	54007	43881	29254	9805
15 Add the amounts on line 14 in each column. Enter here and on Form PTE, line 31. This is your interest on underpayment of estimated taxes.	15				136946

Apportionable Income Worksheet

This Worksheet must be filed with the return. Use this worksheet to segregate the PTE's income per income type for lines 16b, 16c, and 16d, and determine the PTE's income that is apportioned to Montana (Column G) before adjustments. The PTE must include the amounts from Column G on the Montana Source Income Schedule, Column D.

	A Federal Schedule K	B (line 16b) Federal Schs K-1	C (line 16c) DERs	D (line 16d) Nonapportionable income	E Apportionable Income (A - B - C - D)	F Apportionment factor from Sch I, Line 5	G Income apportioned to MT (E x F)
1 Ordinary business income (loss)	\$ 150,000,000	\$ 222,222			\$ 149,777,778	100.0000%	\$ 149,777,778
2 Net rental real estate income (loss)	\$ -				\$ -	100.0000%	\$ -
3 Other net rental income (loss)	\$ -				\$ -	100.0000%	\$ -
4a Guaranteed Payments - Services	\$ -				\$ -	100.0000%	\$ -
4b Guaranteed Payments - Capital	\$ 155,540				\$ 155,540	100.0000%	\$ 155,540
5 Interest income	\$ 35,000				\$ 35,000	100.0000%	\$ 35,000
6 Ordinary dividends	\$ 50,000				\$ 50,000	100.0000%	\$ 50,000
7 Royalties	\$ -				\$ -	100.0000%	\$ -
8 Net short-term capital gain (loss)	\$ -				\$ -	100.0000%	\$ -
9 Net long-term capital gain (loss)	\$ -				\$ -	100.0000%	\$ -
10 Net §1231 gain (loss)	\$ -				\$ -	100.0000%	\$ -
11 Other income (loss)	\$ 16,500				\$ 16,500	100.0000%	\$ 16,500
12 §179 expense deduction apportionable and/or allocable to MT	\$ -				\$ -	100.0000%	\$ -
13 Other expense deductions apportionable and/or allocable to MT	\$ 40,500				\$ 40,500	100.0000%	\$ 40,500
14 Total	\$ 150,216,540	\$ 222,222	\$ -	\$ -	\$ 149,994,318	100.0000%	\$ 149,994,318

Case 2: Form PTE (Partnership)

Test Partnership 2 is operating in multiple states, including Montana. The company is filing a timely refund return on extension. The company is making both a Pass-through Entity Tax (PTET) Election and a Resident Pass-through Entity Tax (Resident PTET) Election. Pay special attention to resident owners on the Montana Schedules K-1 in relation to the Resident PTET election.

The company has one \$5,000 Tentative payment. The company is also receiving Mineral Royalty Withholding credit of \$3,000, Pass-through Withholding credit of \$11,000 and a Pass-through Entity Tax credit of \$20,000. (A mistake¹⁰⁵⁰ was made and associated income from the credits was not included within the case. Assume the credits do not have associated income) This return will ultimately be in a refund position.

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

Forms/Information Provided by DOR:

- Schedule K Information

Forms Required to be Provided by Vendors:

Montana:

- Apportionable Income Worksheet
- Form PTE
- Flow-through Payment Schedule
- Schedule I
- Schedule II
- Schedule IV
- Schedule VI
- Schedule VII
- Schedule DE
- Montana Adjustments Worksheet
- Schedule MTSI
- Montana Schedules K-1

Federal:

- Form 1065
- Schedule K

Required Attachments:

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

Taxpayer Information: Test Partnership 2 LLC
763 Lambda Ave, APT H3
Lykos, MS 72016

FEIN:	20-2222222	Date Formed:	01/28/2014
State Formed in:	Mississippi	Federal Business Code/NAICS:	541715
MT Secretary of State ID:	M3824120	Date registered in MT:	7/15/2014
Schedules DE Included:	1	Schedules K-1 Received:	3

Owners: 5 total owners consisting of 1 Resident Owners, 2 Nonresident Owners, and 2 Other Types of Owners of various types. All Forms and attachments are required to be included in the PDF submission.



2024 Montana Pass-Through Entity Tax Return

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

Partnership

S corporation

Form PTE

2024v1

5/2024

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

Mark all that apply:

Name	Test Partnership 2 LLC	FEIN	2 0 2 2 2 2 2 2 2
Initial return		Federal Business Code/NAICS	5 4 1 7 1 5
Final return	Mailing Address	MT Secretary of State ID #	M 3 8 2 4 1 2 0
Amended return	736 Lambda Ave APT H3	Date of Registration in Montana	0 7 1 5 2 0 1 4
<input checked="" type="checkbox"/> Refund return	City	State	ZIP Code + 4
	PTP	Lykos	M S 7 2 0 1 6
<input checked="" type="checkbox"/> PTET			
<input checked="" type="checkbox"/> Resident PTET	Enter Number of:	Schedules K-1 Included	5
		Resident Owners	1
		Nonresident Owners	2
		Other Types of Owners	2
		Schedules DE Included	1
		Schedules K-1 Received	

Owners' Distributive Share of Income Items (federal Schedule K)

1	Ordinary business income (loss)		1	400000	00
2	Net rental real estate income (loss) (include federal Form 8825)		2		00
	3a Other gross rental income (loss)	3a	00		
	3b Expenses from other rental activities (include detailed statement)	3b	00		
3	Subtract line 3b from line 3a.	This is your other net rental income or loss.	3		00
	4a Guaranteed payments: Services	4a	5750	00	
	4b Guaranteed payments: Capital	4b	4100	00	
4	Add lines 4a and 4b	This is your total guaranteed payments.	4	9850	00
5	Interest income		5	185000	00
6	Ordinary dividends		6	15000	00
7	Royalties		7		00
8	Net short-term capital gain (loss) (include federal Schedule D)		8		00
9	Net long-term capital gain (loss) (include federal Schedule D)		9		00
10	Net section 1231 gain (loss) (include federal Form 4797)		10		00
11	Other income (loss) (include detailed statement)		11		00
12	Add lines 1 through 11 and enter result.	This is your total federal income or loss.	12	609850	00

Owners' Distributive Share of Deduction Items - Montana Source Income (include federal Schedule K)

13a	Section 179 deduction (include federal Form 4562)	13a	00		
13b	Contributions	13b	00		
13c	Investment interest expense	13c	00		
13d	Section 59(e)(2) expenditures (include detailed statement)	13d	00		
13e	Other deductions (include detailed statement)	13e	115000	00	
13	Add lines 13a through 13e and enter result.	This is your total federal deductions.	13	115000	00
14	Subtract line 13 from line 12.	This is your federal income from all sources.	14	494850	00
15	Montana additions to the PTE's apportionable activities		15	15299	00
	16a Montana subtractions from the PTE's apportionable activities	16a	00		
	16b Total everywhere income (loss) from federal Schedules K-1	16b	00		
	16c Total everywhere income (loss) from disregarded entities	16c	3450	00	
	16d Other nonapportionable income (loss) from the PTE's own activities	16d	5750	00	
16	Add lines 16a through 16d.	This is your deductions including nonapportionable income.	16	9200	00
17	Add lines 14 and 15, then subtract line 16.		17	500949	00
18	Mark the box that describes your business activity or enter your apportionment factor.				
	100% Montana activity	0% Montana activity	35 . 0000	% Apportionment factor x line 17	18
19a	Total Montana source income received from pass-through entities (Montana source income from MT Schedules K-1 issued to this entity)	19a	00		
19b	Total Montana source income from Schedules VII	19b	1627	00	
19c	Nonapportionable income allocated to Montana. (See instructions)	19c	5750	00	
19	Add lines 19a through 19c.	This is the total nonapportionable income (loss) sourced to Montana.	19	7377	00
20	Add lines 18 and 19; enter result.	This is your total Montana source income.	20	182709	00



24TT0101

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

Prepayments

Table with 3 columns: Line number, Description, Amount. Includes rows for 2024 payments, 2023 overpayment, and Total prepayments.

Pass-through Entity Tax, Composite Tax, and Pass-Through Withholding

Table with 3 columns: Line number, Description, Amount. Includes rows for Total taxable income, Total pass-through entity tax, Composite tax, and Total PTE taxes.

Amended Return

Table with 3 columns: Line number, Description, Amount. Includes rows for previously issued refunds and payments made with original return.

Penalty and Interest

Table with 3 columns: Line number, Description, Amount. Includes rows for Late payment penalty, Interest, and Total tax, penalties, and interest.

Amount Owed or Refund

Table with 3 columns: Line number, Description, Amount. Includes rows for amount owed, overpayment, and refund.

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

Table with 3 columns: Line number, Description, and checkboxes for Checking and Savings.

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.

Officer

Signature x, Printed Name Darrow Au Andromedus, Date Signed 0 8 1 9 2 0 2 4, Phone 5 9 7 6 3 4 2 1 9 3

Tax Preparer

Signature, Print Name Pierce Brown, Date Signed 0 8 1 9 2 0 2 4, Phone 4 5 8 9 6 1 7 3 2 3, PTIN P 1 3 2 4 5 1 0 8

Tax Preparation Firm

Firm Name Red Rising, Firm's FEIN, Mailing Address 1 0 Reaper Street, City Lykos, State M S ZIP 7 2 0 1 6

Pass-Through Entity Tax Authorized Representative: Required if making a PTET Election (See instructions)

Name Sevro Au Barca, Title Gold, Telephone Number 5 9 8 2 6 4 7 3 1 9, Email S o n o f A r e s @ H o w l e r s . c o m



24TT0201



2024 Montana Form PTE – Flow-Through Payments Schedule

2024v1
5/2024

Name **Test Partnership 2 LLC**

FEIN **2 0 2 2 2 2 2 2**

Part I. Montana Schedules K-1 received by the pass-through entity reporting mineral royalty withholding, pass-through withholding, and/or pass-through entity tax. Attach a statement with the same information if the PTE received more than four Montana Schedules K-1 reporting mineral royalty withholding, pass-through withholding, and/or pass-through entity tax.

Entity Name	FEIN	A Mineral Royalty Withholding Received	B Pass-Through Withholding Received	C Pass-Through Entity Tax Received
1 MRW LLC	1 0 0 0 0 0 0 0 1	3000 00	00	00
2 PTW LLC	1 0 0 0 0 0 0 0 2	00	11000 00	00
3 PTET LLC	1 0 0 0 0 0 0 0 3	00	00	20000 00
4		00	00	00
5 Totals		3000 00	11000 00	20000 00

Part II. Flow-through payment allocations (See instructions)

Schedules K-1 subject to:

		A Pass-Through Entity Tax	B Composite Tax	C Other
1 Sum of profit and loss percentage of all MT Schedules K-1 subject to applicable Column(s) A, B, and C	1	92.5000 %	7.5000 %	0.0000 %
2 Multiply total in Part I, Column A by percentage on line 1 for each Column	2	2775 00	225 00	00
3 Mineral royalty withholding passed to owners	3			00
4 Enter Column A, line 2 and Column B, line 2. Subtract Column C, line 3 from Column C, line 2.				
Balance of mineral royalty withholding the PTE can claim as a credit.	4	2775 00	225 00	00
5 Multiply total in Part I, Column B by percentage on line 1 for each Column	5	10175 00	825 00	00
6 Pass-through withholding passed to owners	6			00
7 Enter Column A, line 5 and Column B, line 5. Subtract Column C, line 6 from Column C, line 5.				
Balance of pass-through withholding the PTE can claim as a credit.	7	10175 00	825 00	00
8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C	8	20000 00		
9 If Column A, line 1 is 0%, multiply the total in Part I, Column C by Columns B and C, line 1	9		00	00
10 Total pass-through entity tax passed to owners	10			00
11 Enter Column B, line 9. Subtract Column C, line 10 from line 9.				
Credit balance for PTE not electing to pay PTET.	11		00	00
12 Add lines 4, 7, 8, and 11 in each Column.				
Total payments the PTE can claim as a credit.	12	32950 00	1050 00	00



24TT0301



2024 Montana Form PTE Schedule I – Apportionment Factor for Multistate Pass-Through Entities

2024v1
5/2024

Name **Test Partnership 2 LLC**

FEIN 2 0 2 2 2 2 2 2 2

Enter amounts in Columns A and B. Enter percentages in Column C.

		A		B	C
		Everywhere		Montana	Factor
1 Property Factor: Use average value for real and tangible personal property					
1a Land	1a	100000 00		25000 00	
1b Buildings	1b	50000 00		25000 00	
1c Machinery	1c	30000 00		10000 00	
1d Equipment	1d	55000 00		15000 00	
1e Furniture and fixtures	1e	00		00	
1f Leases and leased property	1f	15000 00		00	
1g Inventories	1g	00		00	
1h Depletable assets	1h	00		00	
1i Supplies and other	1i	00		00	
1j Multiply amount of rents by 8 and enter result	1j	00		00	
1k Total Property Value. add lines 1a through 1j	1k	250000 00		75000 00	
Divide the total in Column B by the total in Column A. Multiply the result by 100.				This is your property factor.	1 30.0000 %
2 Payroll Factor:					
2a Compensation of officers	2a	100000 00		50000 00	
2b Salaries and wages	2b	25000 00		25000 00	
Payroll included in:					
2c Costs of goods sold	2c	00		00	
2d Other expenses and deductions	2d	00		00	
2e Total Property Value. Add lines 2a through 2d.	2e	125000 00		75000 00	
Divide the total in Column B by the total in Column A. Multiply the result by 100.				This is your payroll factor.	2 60.0000 %
3 Gross Receipts Factor:					
3a Gross Receipts, less returns and allowances	3a	500000 00			
3b Receipts delivered or shipped to Montana purchasers:					
(1) Shipped from outside Montana	3b(1)			100000 00	
(2) Shipped from within Montana	3b(2)			25000 00	
3c Receipts shipped from Montana to:					
(1) United States government	3c(1)			00	
(2) Purchasers in a state where the taxpayer is not taxable	3c(2)			00	
3d Receipts other than receipts of tangible personal property (e.g., service income)	3d			00	
3e Net gains reported on federal Schedule D and Form 4797	3e	00		00	
3f Other gross receipts (rents, royalties, interest, etc.)	3f	100000 00		25000 00	
3g Total Receipts Value. Add lines 3a through 3f.	3g	600000 00		150000 00	
Divide the total in Column B by the total in Column A. Multiply the result by 100.				This is your receipts factor.	3 25.0000 %
4 Enter the amount reported on line 3				4 25.0000 %	
5 Add the percentages from lines 1, 2, 3, and 4 in Column C.				This is the sum of your factors.	5 140.0000 %
6 Divide the total percentage from line 5, Column C, 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 Column A (See instructions).					
				This is your apportionment factor.	6 35.0000 %



24TT0401



2024 Montana Form PTE Schedule II – Montana Pass-Through Entity Tax Credits

2024v1
5/2024

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

Use the corresponding credit code in the instructions to report the credit you are claiming in Column A. If you were provided an authorization number to claim the credit, enter that number in Column B. Report the total amount of credit in Column C. Use Montana Schedule K-1 to notify each owner of their share of the credit. Attach a copy of the credit's form to your return (if applicable). See instructions for more information.

A	B	C
Credit Code	Credit Authorization Number	Amount of Credit
1		00
2		00
3		00
4		00
5		00



24TT0501



2024 Montana Form PTE Schedule IV – Montana Composite Income Tax Schedule

2024v1
5/2024

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants 1

Part II. Adjusted Federal Income

1	Federal income from all sources from page 1, line 14	1	494850 00
2	Total guaranteed payments for services from page 1, line 4a	2	5750 00
3	Total Everywhere Additions from Montana Adjustments Worksheet, Column E, line 1	3	15299 00
4	Total Everywhere Subtractions from Montana Adjustments Worksheet, Column E, line 2	4	00
5	Add lines 1 and 3, then subtract lines 2 and 4.		
	Adjusted federal income	5	504399 00

Part III. Composite Tax Ratio

1	Total Montana source income from page 1, line 20	1	182709 00
2	Multiply Part II, line 2 by the apportionment factor from Schedule I, line 6	2	5750 00
3	Subtract line 2 from line 1. Adjusted Montana source income	3	176959 00
4	Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).		
	Composite tax ratio	4	0.350832

Part IV. Composite Tax

Enter the required information and amounts for each eligible participants in Columns A-H.

A	B	C	D	E	F	G	H	
Name	Social Security Number or Federal Employer Identification Number	Total Distributive Share from Owner's Schedule K-1, Column A, Part IV, Line 14	(Partnerships only) Guaranteed Payments for Services from Owner's Schedule K-1, Column A, Part IV, Line 4a	Standard Deduction (\$14,600)	Subtract Columns D and E from Column C Montana Taxable Income	Tax from Tax Table (See instructions)	Multiply Column G by composite tax ratio from Part III, Line 4 Montana Composite Income Tax	
1 Owner Five	2 0 0 0 0 0 0 5	38261	431 00	14600	23230 00	1125 00	00	
2			00		00	00	00	
3			00		00	00	00	
4			00		00	00	00	
5			00		00	00	00	
6			00		00	00	00	
7			00		00	00	00	
8			00		00	00	00	
9			00		00	00	00	
10			00		00	00	00	
11	If there are more than 10 composite tax participants, attach a statement with the same information and report the total composite tax from those statements here.						11	00
12	Add Column H, lines 1 through 11. This is your total composite tax liability. Transfer the amounts from Column H to each owner's Schedule K-1, Part V, line 2						12	00



24TT0601



2024 Montana Form PTE Schedule VI – Reporting of Special Transactions

2024v1 5/2024

Name Test Partnership 2 LLC

FEIN 202222222

Complete Schedule VI only if your PTE filed any of the federal income tax forms described below. Mark the appropriate box indicating which form(s) you filed with the Internal Revenue Service (IRS) for this tax year. If you mark one or more of these forms, you must include a complete copy of your federal tax return.

- 1 The entity filed federal Form 8918 – Material Advisor Disclosure Statement with the IRS
2 The entity filed federal Form 8824 – Like-Kind Exchanges with the IRS. NOTE: Mark the box if your like-kind exchange includes Montana property.
3 The entity filed federal Form 8865 – Return of U.S. Persons with Respect to Certain Foreign Partnerships with the IRS
4 The entity filed federal Form 8886 – Reportable Transaction Disclosure Statement with the IRS
5 For S corporations only: The S corporation filed federal Form 8023 – Elections Under Section 338 for Corporations Making Qualified Stock Purchases with the IRS

Complete this section if the PTE is a partnership.

- 6 The partnership filed one or more of the following forms in 2024 Provide a copy of each form with your tax return.
7 The partnership had Montana source income and paid an imputed underpayment. If applicable, provide a copy of your federal audit adjustment report. (See instructions)
8 Previously unreported Montana source income from Federal Form 8082 (See instructions) 8 00

Complete this section if you made a disbursement to a related party.

- 9 The entity made payments during this tax year to one or more related parties (excluding salary compensation) that exceeded \$100,000 per recipient. If you marked this box, please provide the name and federal employer identification number of each related party below and the amount that you paid to each related party:

Table with 3 columns: A Name, B FEIN, C Amount of Payment. Contains 10 rows of data, all with 00 in the Amount of Payment column.



24TT0701



2024 Montana Form PTE Schedule VII – List of Disregarded Entities

2024v1
5/2024

Name Test Partnership 2 LLC

	A Name	B FEIN	C Montana SOS Registration Number	D LLC	E Q Sub	F If Q Sub, Enter Election Date	G DE has Multistate Activities	H DE is a Segment of the PTE	I Montana Source Income from DE's Own Activities
1	Test DE 1	9 8 7 6 5 4 3 2 1	D 6 5 4 3 2 1	X			X		1627 00
2	Test DE 2	1 9 2 8 3 7 6 4 5	C 1 6 2 5 3 4					X	00
3									00
4									00
5									00
6									00
7									00
8									00
9									00
10									00
11									00
12									00
13									00
14									00
15 Total									1627 00



24TT0801



2024 Montana Form PTE Schedule DE – Disregarded Entity Montana Source Income

2024v1
5/2024

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

File this schedule for all disregarded entities that must report Montana source income.

Do not file this schedule for disregarded entities that only receive flow-through income or are considered segments. (See instructions.)

Complete the Everywhere Column first. If the income reported on line 17 includes apportionable income, then mark the box and calculate the apportionment factor.

Use the apportionment factor to calculate your Montana source income. If line 17 includes nonapportionable income, report it on the applicable line in the Montana Column.

Disregarded Entity Name Test DE 1

Disregarded Entity FEIN 9 8 7 6 5 4 3 2 1

Business Income and Deductions

		A Everywhere	B Montana
1a Gross income	1a	12500 00	
1b Returns and allowances	1b	450 00	
1c Balance. Subtract line 1b from line 1a.	1c	12050 00	
1d Cost of goods sold (provide statement)	1d	6000 00	
1e Gross profit. Subtract line 1d from line 1c.	1e	6050 00	
1f Other income including gains (provide statement)	1f	300 00	
1g Add lines 1e and 1f. This is your total income.	1g	6350 00	
1h Wages	1h	1300 00	
1i Rent	1i	1100 00	
1j Other deductions (provide statement)	1j	500 00	
1k Add lines 1h through 1j. This is your total deductions.	1k	2900 00	
1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	3450 00	1627 00

Other Income

2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4 Guaranteed payments (partnerships only)	4	00	00
5 Interest income	5	00	00
6 Ordinary dividends	6	00	00
7 Royalties	7	00	00
8 Net short-term capital gain (loss) (include federal Schedule D)	8	00	00
9 Net long-term capital gain (loss) (include federal Schedule D)	9	00	00
10 Net section 1231 gain (loss) (include federal Form 4797)	10	00	00
11 Other income (loss) (include detailed statement)	11	00	00
12 Section 179 deduction (include federal Form 4562)	12	00	00
13 Other deductions (include detailed statement)	13	00	00
14 Add lines 1 through 11, then subtract lines 12 and 13	14	3450 00	1627 00
15 Montana additions to income	15	00	00
16 Montana subtractions from income	16	00	00
17 Add lines 14 and 15, then subtract line 16. <input checked="" type="checkbox"/> Mark this box if some income is apportionable.	17	3450 00	1627 00

Apportionment Factor

1a Everywhere property	1a	2742 00	
1b Montana property	1b		1114 00
1 Divide line 1b by line 1a. This is your Property factor.	1		40.6273 %
2a Everywhere payroll	2a	6713 00	
2b Montana payroll	2b		1700 00
2 Divide line 2b by line 2a. This is your Payroll factor.	2		25.3240 %
3a Everywhere receipts	3a	8536 00	
3b Montana receipts	3b		5234 00
3 Divide line 3b by line 3a. This is your Receipts factor.	3		61.3168 %
4 Enter the amount reported on line 3	4		61.3168 %
5 Add the percentages from lines 1, 2, 3, and 4. This is the sum of your factors.	5		188.5849 %
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		47.1462 %



24TT0901



2024 Montana Form PTE – Montana Adjustments Worksheet

2024v1
5/2024

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2 2

Montana Adjustments to Everywhere Income

1	Montana Additions to Everywhere Income	Code	A PTE's Apportionable Activities	B Nonapportionable Income	C From MT Schedules K-1, Part 3, Column A	D From Schedules DE, Column A, Lines 15 and 16	E Total Everywhere Adjustments
	Dividends	A A	15299 00	00	00	00	15299 00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
2	Montana Subtractions from Everywhere Income	Total	15299 00	00	00	00	15299 00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
		Total	00	00	00	00	00

Adjustments to Montana Source Income

3	Montana Source Additions	Code	A PTE's Apportionable Activities	B Nonapportionable Income	C From MT Schedules K-1, Part 3, Column B	D From Schedules DE, Column B, Lines 15 and 16	E Total Montana Source Income Adjustments
	Dividends	A A	5355 00	00	00	00	5355 00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
4	Montana Source Subtractions	Total	5355 00	00	00	00	5355 00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
		Total	00	00	00	00	00



24TT1001



2024 Montana Form PTE – Montana Source Income Schedule

2024v1
5/2024

Name Test Partnership 2 LLC

		A	B	C	D	E
		Montana Source Income from Montana Schedules K-1	Montana Source Income from Schedules DE	Montana Source Income from Nonapportionable Income	Montana Source Income from PTE's Apportionable Activities	Total of Columns A through D
Sum of Montana source income per item of income (loss) and deduction.						
1	Ordinary business income (loss)	00	1627 00	00	138793 00	140420 00
2	Net rental real estate income (loss)	00	00	00	00	00
3	Other net rental income (loss)	00	00	00	00	00
4a	Guaranteed payments: services	00	00	5750 00	00	5750 00
4b	Guaranteed payments: capital	00	00	00	1435 00	1435 00
5	Interest income	00	00	00	64750 00	64750 00
6	Ordinary dividends	00	00	00	5250 00	5250 00
7	Royalties	00	00	00	00	00
8	Net short-term capital gain (loss)	00	00	00	00	00
9	Net long-term capital gain (loss)	00	00	00	00	00
10	Net §1231 gain (loss)	00	00	00	00	00
11	Other income (loss).	00	00	00	00	00
12	§179 expense deduction apportionable and/or allocable to Montana	00	00	00	00	00
13	Other expense deductions apportionable and/or allocable to Montana	00	00	00	40250 00	40250 00
14	Total Montana Source Income	00	1627 00	5750 00	169978 00	177355 00



24TT1101



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 01012024 and ending 12312024

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

Part I. Pass-through Entity Information

Name Test Partnership 2 LLC FEIN 202222222
Mailing Address 736 Lambda Ave APT H3
City Lykos State MS ZIP Code 72016

Part II. Owner Information

Name Owner One FEIN
Mailing Address 755 Bellona Blvd. or SSN 200000001
City Olympia State WA ZIP Code 98501 Beneficial Owner FEIN or SSN

Owner Type I Resident X Nonresident

Special Allocations (See instructions)

Profit and loss percentage 30.0000 %

X The owner is included in a PTET election

Capital/Ownership 30.0000 %

Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (1, 4590.00, 1606.00) and Subtractions (2, 0.00, 0.00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (1, 120000.00, 42126.00), Net rental real estate income (2, 0.00, 0.00), and Total distributive share (14, 153045.00, 54813.00).

Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

Table with 3 columns: Description, A Everywhere, B Montana. Rows include PTET paid on behalf of owner (1, 3234.00), Montana composite income tax paid on behalf of owner (2, 0.00), and Montana income tax withheld on behalf of owner (3a, 0.00).

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows include Code 1 (1, 0.00) and Code 2 (2, 0.00).

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

Table with 3 columns: Code, Amount, Code, Amount, Code, Amount. Rows include Code 1 (1, 4590.00), Code 2 (2, 1606.00), Code 3 (3, 0.00), Code 4 (4, 0.00), Code 5 (5, 0.00), Code 6 (6, 0.00).



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 2 LLC FEIN 2 0 2 2 2 2 2 2 2
Mailing Address 736 Lambda Ave APT H3
City Lykos State M S ZIP Code 7 2 0 1 6

Part II. Owner Information

Name Owner Two FEIN
Mailing Address 755 Bellona Blvd. or SSN 2 0 0 0 0 0 0 0 2
City Helena State M T ZIP Code 5 9 6 0 2 Beneficial Owner FEIN
or SSN

Owner Type I Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 30.0000 %
 The owner is included in a PTET election Capital/Ownership 30.0000 %
 Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	4590 00	1606 00
2 Subtractions	2	00	00

Part IV. Distributive Share of Montana Source Income (Loss)			
1 Ordinary business income (loss)	1	120000 00	42126 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	1725 00	1725 00
4b Guaranteed payments: capital	4b	1230 00	431 00
5 Interest income	5	55500 00	19425 00
6 Ordinary dividends	6	4500 00	1575 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	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	34500 00	12075 00
14 Total distributive share (See instructions)	14	153045 00	54813 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	9030 00
2 Montana composite income tax paid on behalf of owner	2	00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A	4590 00	2 Code 2 A A	1606 00	3 Code	00
4 Code	00	5 Code	00	6 Code	00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 2 LLC FEIN 2 0 2 2 2 2 2 2 2
Mailing Address 736 Lambda Ave APT H3
City Lykos State M S ZIP Code 7 2 0 1 6

Part II. Owner Information

Name Owner Three FEIN
Mailing Address 755 Bellona Blvd. or SSN 2 0 0 0 0 0 0 0 3
City Olympia State W A ZIP Code 9 8 5 0 1 Beneficial Owner FEIN
or SSN

Owner Type I Resident Nonresident

Special Allocations (See instructions)

Profit and loss percentage 17.5000 %

The owner is included in a PTET election

Capital/Ownership 17.5000 %

Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)

	A Everywhere	B Montana
1 Additions	1 2677 00	937 00
2 Subtractions	2 00	00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1 70000 00	24573 00
2 Net rental real estate income (loss)	2 00	00
3 Other net rental income (loss)	3 00	00
4a Guaranteed payments: services	4a 1006 00	1006 00
4b Guaranteed payments: capital	4b 718 00	251 00
5 Interest income	5 32375 00	11331 00
6 Ordinary dividends	6 2625 00	919 00
7 Royalties	7 00	00
8 Net short-term capital gain (loss)	8 00	00
9 Net long-term capital gain (loss)	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 20125 00	7044 00
14 Total distributive share (See instructions)	14 89276 00	31973 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 1886 00
2 Montana composite income tax paid on behalf of owner	2 00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a 00
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 withheld on your behalf.	3c 00
4 Montana mineral royalty tax withheld	4 00
5 Other information. List type and amount	5 00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A 2677 00	2 Code 2 A A 937 00	3 Code 00
4 Code 00	5 Code 00	6 Code 00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test Partnership 2 LLC FEIN 2 0 2 2 2 2 2 2
Mailing Address 736 Lambda Ave APT H3
City Lykos State M S ZIP Code 7 2 0 1 6

Part II. Owner Information

Name Owner Four FEIN 2 0 0 0 0 0 0 4
Mailing Address 755 Bellona Blvd. or SSN
City Olympia State W A ZIP Code 9 8 5 0 1 Beneficial Owner FEIN or SSN

Owner Type P Resident Nonresident

Special Allocations (See instructions)

Profit and loss percentage 15.0000 %

The owner is included in a PTET election

Capital/Ownership 15.0000 %

Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B
		Everywhere	Montana
1 Additions	1	2295 00	803 00
2 Subtractions	2	00	00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	60000 00	21063 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	863 00	1294 00
4b Guaranteed payments: capital	4b	615 00	215 00
5 Interest income	5	27750 00	9713 00
6 Ordinary dividends	6	2250 00	788 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	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	17250 00	6038 00
14 Total distributive share (See instructions)	14	7652 300	27838 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	1642 00
2 Montana composite income tax paid on behalf of owner	2	00
3a Montana income tax withheld on behalf of owner. (See instructions)	3a	00
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 withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code 1 A A 2295 00	2 Code 2 A A 803 00	3 Code 00
4 Code 00	5 Code 00	6 Code 00



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

2024v1 5/2024

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

For the calendar year 2024, or tax year beginning 01012024 and ending 12312024

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

Part I. Pass-through Entity Information

Name Test Partnership 2 LLC FEIN 202222222
Mailing Address 736 Lambda Ave APT H3
City Lykos State MS ZIP Code 72016

Part II. Owner Information

Name Owner Five FEIN 200000005
Mailing Address 755 Bellona Blvd. or SSN
City Olympia State WA ZIP Code 98501 Beneficial Owner FEIN or SSN

Owner Type F Resident Nonresident
Special Allocations (See instructions) Profit and loss percentage 7.5000 %
The owner is included in a PTET election Capital/Ownership 7.5000 %
Resident owner PTET election (See instructions)
X The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions (1147.00) and Subtractions (00).

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income (3000.00), Net rental real estate income (00), Interest income (1387.50), and Total distributive share (3826.10).

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 00
2 Montana composite income tax paid on behalf of owner 2 00
3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00
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 withheld on your behalf. 3c 00
4 Montana mineral royalty tax withheld 4 00
5 Other information. List type and amount 5 00

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows 1 and 2.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows 1 and 4.



24TT1201

Apportionable Income Worksheet

This Worksheet must be filed with the return. Use this worksheet to segregate the PTE's income per income type for lines 16b, 16c, and 16d, and determine the PTE's income that is apportioned to Montana (Column G) before adjustments. The PTE must include the amounts from Column G on the Montana Source Income Schedule, Column D.

	A Federal Schedule K	B (line 16b) Federal Schs K-1	C (line 16c) DREs	D (line 16d) Nonappor tionable income	E Apportionable Income (A - B - C - D)	F Apportionment factor from Sch I, Line 5	G Income apportioned to MT (E x F)
1 Ordinary business income (loss)	\$ 400,000		\$ 3,450		\$ 396,550	35.0000%	\$ 138,793
2 Net rental real estate income (loss)	\$ -				\$ -	35.0000%	\$ -
3 Other net rental income (loss)	\$ -				\$ -	35.0000%	\$ -
4a Guaranteed Payments - Services	\$ 5,750			\$ 5,750	\$ -	35.0000%	\$ -
4b Guaranteed Payments - Capital	\$ 4,100				\$ 4,100	35.0000%	\$ 1,435
5 Interest income	\$ 185,000				\$ 185,000	35.0000%	\$ 64,750
6 Ordinary dividends	\$ 15,000				\$ 15,000	35.0000%	\$ 5,250
7 Royalties	\$ -				\$ -	35.0000%	\$ -
8 Net short-term capital gain (loss)	\$ -				\$ -	35.0000%	\$ -
9 Net long-term capital gain (loss)	\$ -				\$ -	35.0000%	\$ -
10 Net §1231 gain (loss)	\$ -				\$ -	35.0000%	\$ -
11 Other income (loss)	\$ -				\$ -	35.0000%	\$ -
12 §179 expense deduction apportionable and/or allocable to MT	\$ -				\$ -	35.0000%	\$ -
13 Other expense deductions apportionable and/or allocable to MT	\$ 115,000				\$ 115,000	35.0000%	\$ 40,250
14 Total	\$ 494,850	\$ -	\$ 3,450	\$ 5,750	\$ 485,650	35.0000%	\$ 169,978

Case 3: Form PTE (S-Corp)

Test S-Corp 1 Inc is a company that has minimal operations and is filing a timely final return. The company operates only in Montana with 100% of its property, payroll, and gross receipts within Montana. The company's total Montana source income is \$1,984.

The company is also receiving Mineral Royalty Withholding credit of \$117 and is distributing all of the credit to its shareholders.

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

Forms/Information Provided by DOR:

- Schedule K Information

Forms Required to be Provided by Vendors:

Montana:

- Apportionable Income Worksheet
- Form PTE
- Flow-through Payment Schedule
- Schedule I
- Schedule II
- Montana Adjustments Worksheet
- Schedule MTSI
- Montana Schedules K-1

Federal:

- Form 1065
- Schedule K

Required Attachments:

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

Taxpayer Information: Test S-Corp 1 LLC
246 Nipcopper Close
Tortall, NY 10611

FEIN:	20-3333333	Date Formed:	10/01/2006
State Formed in:	New York	Federal Business Code/NAICS:	333320
MT Secretary of State ID:	T0401246	Date registered in MT:	9/04/2020
Schedules DE Included:	0	Schedule K-1 Received:	0

Owners: 2 total owners consisting of 2 Nonresident Owners. All Forms and attachments are required to be included in the PDF submission.



2024 Montana Pass-Through Entity Tax Return

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

Partnership S corporation

Form PTE

2024v1

5/2024

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

Mark all that apply: Name FEIN 2 0 3 3 3 3 3 3 3

Initial return Test S-corp 1 Inc Federal Business Code/NAICS 3 3 3 3 2 0

Final return Mailing Address MT Secretary of State ID# T 0 4 0 1 2 4 6

Amended return 246 Nipcopper Close Date of Registration in Montana 0 9 0 4 2 0 2 0

Refund return City State ZIP Code +4 State formed in N Y on 1 0 0 1 2 0 0 6

PTP Tortall N Y 1 0 6 1 1 2 0 0 9

PTET

Resident PTET **Enter Number of:** Schedules K-1 Included 2 Nonresident Owners 2 Schedules DE Included

Resident Owners Other Types of Owners Schedules K-1 Received

Owners' Distributive Share of Income Items (federal Schedule K)

1	Ordinary business income (loss)	1		5000 00
2	Net rental real estate income (loss) (include federal Form 8825)	2		-5000 00
	3a Other gross rental income (loss)	3a	-3000 00	
	3b Expenses from other rental activities (include detailed statement)	3b	00	
3	Subtract line 3b from line 3a.	3	This is your other net rental income or loss.	-3000 00
	4a Guaranteed payments: Services	4a	00	
	4b Guaranteed payments: Capital	4b	00	
4	Add lines 4a and 4b	4	This is your total guaranteed payments.	00
5	Interest income	5		00
6	Ordinary dividends	6		250 00
7	Royalties	7		4984 00
8	Net short-term capital gain (loss) (include federal Schedule D)	8		00
9	Net long-term capital gain (loss) (include federal Schedule D)	9		00
10	Net section 1231 gain (loss) (include federal Form 4797)	10		00
11	Other income (loss) (include detailed statement)	11		00
12	Add lines 1 through 11 and enter result.	12	This is your total federal income or loss.	2234 00

Owners' Distributive Share of Deduction Items – Montana Source Income (include federal Schedule K)

13a	Section 179 deduction (include federal Form 4562)	13a		150 00
13b	Contributions	13b		00
13c	Investment interest expense	13c		00
13d	Section 59(e)(2) expenditures (include detailed statement)	13d		00
13e	Other deductions (include detailed statement)	13e	100 00	
13	Add lines 13a through 13e and enter result.	13	This is your total federal deductions.	250 00
14	Subtract line 13 from line 12.	14	This is your federal income from all sources.	1984 00
15	Montana additions to the PTE's apportionable activities	15		00
	16a Montana subtractions from the PTE's apportionable activities	16a	00	
	16b Total everywhere income (loss) from federal Schedules K-1	16b	00	
	16c Total everywhere income (loss) from disregarded entities	16c	00	
	16d Other nonapportionable income (loss) from the PTE's own activities	16d	00	
16	Add lines 16a through 16d.	16	This is your deductions including nonapportionable income.	00
17	Add lines 14 and 15, then subtract line 16.	17		1984 00
18	Mark the box that describes your business activity or enter your apportionment factor.			
	<input checked="" type="checkbox"/> 100% Montana activity <input type="checkbox"/> 0% Montana activity 1.00 . 0000 % Apportionment factor x line 17	18		1984 00
19a	Total Montana source income received from pass-through entities (Montana source income from MT Schedules K-1 issued to this entity)	19a	00	
19b	Total Montana source income from Schedules VII	19b	00	
19c	Nonapportionable income allocated to Montana. (See instructions)	19c	00	
19	Add lines 19a through 19c.	19	This is the total nonapportionable income (loss) sourced to Montana.	00
20	Add lines 18 and 19; enter result.	20	This is your total Montana source income.	1984 00



24TT0101

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

Prepayments

21 2024 payments Mark this box if you made estimated payments using the annualization method (See instructions) 21 00
22 2023 overpayment applied to 2024 22 00
23 Add lines 21 and 22. Total prepayments 23 00

Pass-through Entity Tax, Composite Tax, and Pass-Through Withholding

24 Total taxable income subject to pass-through entity tax from all owners' MT Schedules K-1, Part IV, line 14 (see instructions) 24 00
25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1 25 00
26 Flow-Through Payments Schedule, Column A, line 12 26 00
27 Subtract lines 23 and 26 from line 25. Pass-through entity tax due or (overpayment). 27 00
28 Total composite tax from Schedule IV, Column H 28 00
29 Flow-Through Payments Schedule, Column B, line 12 29 00
30 Add lines 27 and 28, then subtract line 29. Composite tax and pass-through entity tax due or (overpayment). 30 00
31 Interest on underpayment of estimated tax (see instructions) 31 00
32 Total pass-through withholding from all owners' MT Schedules K-1, Part V, line 3a 32 00
33 PTE's tax liability resulting from an adjustment to partnership income (see instructions) 33 00
34 Flow-Through Payments Schedule, Column C, line 12 34 00
35 Add lines 32 and 33, then subtract line 34. Pass-through withholding and other partnership liability due or (overpayment). 35 00
36 PTE information return late filing penalty 36 00
37 Add lines 30, 31, 35, and 36. Total PTE taxes with interest and/or penalty. 37 00

Amended Return

38 For amended returns only - previously issued refunds 38 00
39 For amended returns only - payments made with original return 39 00
40 Add lines 37 and 38, then subtract line 39. 40 00

Penalty and Interest

41 Late payment penalty 41 00
42 Interest 42 00
43 Add lines 40 through 42. Total tax, penalties, and interest. 43 00

Amount Owed or Refund

44 If line 43 is more than zero, enter the amount here. This is the amount you owe. 44 00
45 If line 43 is less than zero, enter the amount here. This is your overpayment. 45 00
46 Enter the amount from line 45 that you want applied to your 2025 tax 46 00
47 Subtract line 46 from line 45. This is your refund. 47 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.

Officer

Signature x Date Signed 0 8 1 9 2 0 2 4
Printed Name Rebakah Cooper Phone 4 0 6 2 3 0 2 0 1 1

Tax Preparer

Signature Date Signed 0 8 1 9 2 0 2 4
Print Name Tamora Pierce Phone 6 3 9 8 5 1 6 7 3 9
X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN P 8 4 2 3 5 9 7 5

Tax Preparation Firm

Firm Name Provost Guard Firm's FEIN 1 2 7 2 4 3 2 4 9
Mailing Address 2 Jane Street
City Corus State N Y ZIP 1 0 6 1 1 2 0 0 9

Pass-Through Entity Tax Authorized Representative: Required if making a PTET Election (See instructions)

Name Title Telephone Number
Pounce Hestaka Manager 5 9 4 7 8 2 3 6 1 8
Email W a n d e r e r @ c o n s t e l l a t i o n . c o m



24TT0201



2024 Montana Form PTE – Flow-Through Payments Schedule

2024v1
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

Part I. Montana Schedules K-1 received by the pass-through entity reporting mineral royalty withholding, pass-through withholding, and/or pass-through entity tax. Attach a statement with the same information if the PTE received more than four Montana Schedules K-1 reporting mineral royalty withholding, pass-through withholding, and/or pass-through entity tax.

Entity Name	FEIN	A Mineral Royalty Withholding Received	B Pass-Through Withholding Received	C Pass-Through Entity Tax Received
1 Royalty PTR	1 2 0 0 0 0 0 0 1	117 00	00	00
2		00	00	00
3		00	00	00
4		00	00	00
5 Totals		117 00	00	00

Part II. Flow-through payment allocations (See instructions)

Schedules K-1 subject to:

		A Pass-Through Entity Tax	B Composite Tax	C Other
1 Sum of profit and loss percentage of all MT Schedules K-1 subject to applicable Column(s) A, B, and C	1	%	%	100.0000 %
2 Multiply total in Part I, Column A by percentage on line 1 for each Column	2	00	00	117 00
3 Mineral royalty withholding passed to owners	3			00
4 Enter Column A, line 2 and Column B, line 2. Subtract Column C, line 3 from Column C, line 2. Balance of mineral royalty withholding the PTE can claim as a credit.	4	00	00	00
5 Multiply total in Part I, Column B by percentage on line 1 for each Column	5	00	00	00
6 Pass-through withholding passed to owners	6			00
7 Enter Column A, line 5 and Column B, line 5. Subtract Column C, line 6 from Column C, line 5. Balance of pass-through withholding the PTE can claim as a credit.	7	00	00	00
8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C	8	00		
9 If Column A, line 1 is 0%, multiply the total in Part I, Column C by Columns B and C, line 1	9		00	00
10 Total pass-through entity tax passed to owners	10			00
11 Enter Column B, line 9. Subtract Column C, line 10 from line 9. Credit balance for PTE not electing to pay PTET.	11		00	00
12 Add lines 4, 7, 8, and 11 in each Column. Total payments the PTE can claim as a credit.	12	00	00	00



24TT0301



2024 Montana Form PTE Schedule I – Apportionment Factor for Multistate Pass-Through Entities

2024v1
5/2024

Name **Test S-corp 1 Inc**

FEIN 2 0 3 3 3 3 3 3 3

Enter amounts in Columns A and B. Enter percentages in Column C.

1 Property Factor: Use average value for real and tangible personal property

	A		B		C
	Everywhere		Montana		Factor
1a Land	1a	00			00
1b Buildings	1b	00			00
1c Machinery	1c	00			00
1d Equipment	1d	00			00
1e Furniture and fixtures	1e	00			00
1f Leases and leased property	1f	00			00
1g Inventories	1g	00			00
1h Depletable assets	1h	00			00
1i Supplies and other	1i	00			00
1j Multiply amount of rents by 8 and enter result	1j	00			00
1k Total Property Value. add lines 1a through 1j	1k	00			00
			This is your property factor.	1	%

Divide the total in Column B by the total in Column A. Multiply the result by 100.

2 Payroll Factor:

2a Compensation of officers	2a	00			00
2b Salaries and wages	2b	00			00
Payroll included in:					
2c Costs of goods sold	2c	00			00
2d Other expenses and deductions	2d	00			00
2e Total Property Value. Add lines 2a through 2d.	2e	00			00

Divide the total in Column B by the total in Column A. Multiply the result by 100.

This is your payroll factor. 2 %

3 Gross Receipts Factor:

3a Gross Receipts, less returns and allowances	3a	00			
3b Receipts delivered or shipped to Montana purchasers:					
(1) Shipped from outside Montana		3b(1)			00
(2) Shipped from within Montana		3b(2)			00
3c Receipts shipped from Montana to:					
(1) United States government		3c(1)			00
(2) Purchasers in a state where the taxpayer is not taxable		3c(2)			00
3d Receipts other than receipts of tangible personal property (e.g., service income)		3d			00
3e Net gains reported on federal Schedule D and Form 4797	3e	00			00
3f Other gross receipts (rents, royalties, interest, etc.)	3f	00			00
3g Total Receipts Value. Add lines 3a through 3f.	3g	00			00

Divide the total in Column B by the total in Column A. Multiply the result by 100.

This is your receipts factor. 3 %

4 Enter the amount reported on line 3

4 %

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

This is the sum of your factors. 5 %

6 Divide the total percentage from line 5, Column C, 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 Column A (See instructions).

This is your apportionment factor. 6 100.0000 %



24TT0401



2024 Montana Form PTE Schedule II – Montana Pass-Through Entity Tax Credits

2024v1
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

Use the corresponding credit code in the instructions to report the credit you are claiming in Column A. If you were provided an authorization number to claim the credit, enter that number in Column B. Report the total amount of credit in Column C. Use Montana Schedule K-1 to notify each owner of their share of the credit. Attach a copy of the credit's form to your return (if applicable). See instructions for more information.

A	B	C
Credit Code	Credit Authorization Number	Amount of Credit
1		00
2		00
3		00
4		00
5		00



24TT0501



2024 Montana Form PTE Schedule IV – Montana Composite Income Tax Schedule

2024v1
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants

Part II. Adjusted Federal Income

1 Federal income from all sources from page 1, line 14	1	00
2 Total guaranteed payments for services from page 1, line 4a	2	00
3 Total Everywhere Additions from Montana Adjustments Worksheet, Column E, line 1	3	00
4 Total Everywhere Subtractions from Montana Adjustments Worksheet, Column E, line 2	4	00
5 Add lines 1 and 3, then subtract lines 2 and 4.		
Adjusted federal income	5	00

Part III. Composite Tax Ratio

1 Total Montana source income from page 1, line 20	1	00
2 Multiply Part II, line 2 by the apportionment factor from Schedule I, line 6	2	00
3 Subtract line 2 from line 1. Adjusted Montana source income	3	00
4 Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).		
Composite tax ratio	4	

Part IV. Composite Tax

Enter the required information and amounts for each eligible participants in Columns A-H.

	A Name	B Social Security Number or Federal Employer Identification Number	C Total Distributive Share from Owner's Schedule K-1, Column A, Part IV, Line 14	D (Partnerships only) Guaranteed Payments for Services from Owner's Schedule K-1, Column A, Part IV, Line 4a	E Standard Deduction (\$14,600)	F Subtract Columns D and E from Column C Montana Taxable Income	G Tax from Tax Table (See instructions)	H Multiply Column G by composite tax ratio from Part III, Line 4 Montana Composite Income Tax	
1				00		00	00	00	
2				00		00	00	00	
3				00		00	00	00	
4				00		00	00	00	
5				00		00	00	00	
6				00		00	00	00	
7				00		00	00	00	
8				00		00	00	00	
9				00		00	00	00	
10				00		00	00	00	
	11 If there are more than 10 composite tax participants, attach a statement with the same information and report the total composite tax from those statements here.							11	00
	12 Add Column H, lines 1 through 11. This is your total composite tax liability. Transfer the amounts from Column H to each owner's Schedule K-1, Part V, line 2							12	00



24TT0601



2024 Montana Form PTE – Montana Adjustments Worksheet

2024v1
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

Montana Adjustments to Everywhere Income

			A PTE's Apportionable Activities	B Nonapportionable Income	C From MT Schedules K-1, Part 3, Column A	D From Schedules DE, Column A, Lines 15 and 16	E Total Everywhere Adjustments
1	Montana Additions to Everywhere Income	Code	00	00	00	00	00
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
2	Montana Subtractions from Everywhere Income	Total	00	00	00	00	00
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
Total			00	00	00	00	00

Adjustments to Montana Source Income

			A PTE's Apportionable Activities	B Nonapportionable Income	C From MT Schedules K-1, Part 3, Column B	D From Schedules DE, Column B, Lines 15 and 16	E Total Montana Source Income Adjustments
3	Montana Source Additions	Code	00	00	00	00	00
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
4	Montana Source Subtractions	Total	00	00	00	00	00
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
		00	00	00	00	00	
Total			00	00	00	00	00



24TT1001



2024 Montana Form PTE – Montana Source Income Schedule

2024v1
5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

		A Montana Source Income from Montana Schedules K-1	B Montana Source Income from Schedules DE	C Montana Source Income from Nonapportionable Income	D Montana Source Income from PTE's Apportionable Activities	E Total of Columns A through D
Sum of Montana source income per item of income (loss) and deduction.						
1 Ordinary business income (loss)	1	00	00	00	5000 00	5000 00
2 Net rental real estate income (loss)	2	00	00	00	-5000 00	-5000 00
3 Other net rental income (loss)	3	00	00	00	-3000 00	-3000 00
4a Guaranteed payments: services	4a	00	00	00	00	00
4b Guaranteed payments: capital	4b	00	00	00	00	00
5 Interest income	5	00	00	00	00	00
6 Ordinary dividends	6	00	00	00	250 00	250 00
7 Royalties	7	00	00	00	4984 00	4984 00
8 Net short-term capital gain (loss)	8	00	00	00	00	00
9 Net long-term capital gain (loss)	9	00	00	00	00	00
10 Net §1231 gain (loss)	10	00	00	00	00	00
11 Other income (loss).	11	00	00	00	00	00
12 §179 expense deduction apportionable and/or allocable to Montana	12	00	00	00	150 00	150 00
13 Other expense deductions apportionable and/or allocable to Montana	13	00	00	00	100 00	100 00
14 Total Montana Source Income	14	00	00	00	1984 00	1984 00



24TT1101



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 01012024 and ending 12312024

Mark applicable boxes: Amended Schedule K-1 [] Final Schedule K-1 [X]

Part I. Pass-through Entity Information

Name Test S-corp 1 Inc FEIN 203333333
Mailing Address 246 Nipcooper Close
City Corus State NY ZIP Code 106112009

Part II. Owner Information

Name Owner One FEIN
Mailing Address 1 Court Street or SSN 300000001
City Dancing Dove State NY ZIP Code 900211601 Beneficial Owner FEIN or SSN

Owner Type I Resident [] Nonresident [X]

Special Allocations (See instructions) Profit and loss percentage 50.0000 %
The owner is included in a PTET election Capital/Ownership 50.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Additions and Subtractions.

Part IV. Distributive Share of Montana Source Income (Loss)

Table with 3 columns: Description, A Everywhere, B Montana. Rows include Ordinary business income, Net rental real estate income, etc.

Part V. Supplemental Information

The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE

Table with 3 columns: Description, A Everywhere, B Montana. Rows include PTET paid on behalf of owner, Montana composite income tax paid, etc.

Part VI. Tax Credits

Table with 3 columns: Code, Credit Authorization Number, Amount of Credit. Rows 1 and 2.

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

Table with 6 columns: Code, Amount, Code, Amount, Code, Amount. Rows 1 and 4.



24TT1201



Montana Schedule K-1 (PTE)

Clear Form

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 Test S-corp 1 Inc FEIN 2 0 3 3 3 3 3 3 3
Mailing Address 24 6 Nipcopper Close
City Corus State N Y ZIP Code 1 0 6 1 1 2 0 0 9

Part II. Owner Information

Name Owner Two FEIN
Mailing Address 1 Court Street or SSN 3 0 0 0 0 0 0 0 2
City Dancing Dove State N Y ZIP Code 9 0 0 2 1 1 6 0 1 Beneficial Owner FEIN
or SSN

Owner Type I Resident Nonresident

Special Allocations (See instructions) Profit and loss percentage 50.0000 %
The owner is included in a PTET election Capital/Ownership 50.0000 %
Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

Part III. Montana Adjustments (See worksheet on page 9)	A		B	
	Everywhere		Montana	
1 Additions	1	00	00	00
2 Subtractions	2	00	00	00

Part IV. Distributive Share of Montana Source Income (Loss)

1 Ordinary business income (loss)	1	2500 00	2500 00
2 Net rental real estate income (loss)	2	-2500 00	-2500 00
3 Other net rental income (loss)	3	-1500 00	-1500 00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	00	00
5 Interest income	5	00	00
6 Ordinary dividends	6	125 00	125 00
7 Royalties	7	24 9200	2492 00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	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	75 00	75 00
13 Other expense deductions	13	50 00	50 00
14 Total distributive share (See instructions)	14	992 00	992 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	00
2 Montana composite income tax paid on behalf of owner			2	00
3a Montana income tax withheld on behalf of owner. (See instructions)			3a	00
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 withheld 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	Amount of Credit
1		00
2		00

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

1 Code	00	2 Code	00	3 Code	00
4 Code	00	5 Code	00	6 Code	00



24TT1201

Apportionable Income Worksheet

This Worksheet must be filed with the return. Use this worksheet to segregate the PTE's income per income type for lines 16b, 16c, and 16d, and determine the PTE's income that is apportioned to Montana (Column G) before adjustments. The PTE must include the amounts from Column G on the Montana Source Income Schedule, Column D.

	A Federal Schedule K	B (line 16b) Federal Schs K-1	C (line 16c) DREs	D (line 16d) Nonapportionabl e income	E Apportionable Income (A - B - C - D)	F Apportionment factor from Sch I, Line 5	G Income apportioned to MT (E x F)
1 Ordinary buiness income (loss)	\$ 5,000		\$ -	\$ -	\$ 5,000	100.0000%	\$ 5,000
2 Net rental real estate income (loss)	\$ (5,000)		\$ -		\$ (5,000)	100.0000%	\$ (5,000)
3 Other net rental income (loss)	\$ (3,000)		\$ -		\$ (3,000)	100.0000%	\$ (3,000)
4a Guaranteed Payments - Services	\$ -					100.0000%	\$ -
4b Guaranteed Payments - Capital	\$ -		\$ -		\$ -	100.0000%	\$ -
5 Interest income	\$ -		\$ -		\$ -	100.0000%	\$ -
6 Ordinary dividends	\$ 250		\$ -		\$ 250	100.0000%	\$ 250
7 Royalties	\$ 4,984		\$ -		\$ 4,984	100.0000%	\$ 4,984
8 Net short-term capital gain (loss)	\$ -		\$ -		\$ -	100.0000%	\$ -
9 Net long-term capital gain (loss)	\$ -		\$ -		\$ -	100.0000%	\$ -
10 Net §1231 gain (loss)	\$ -		\$ -		\$ -	100.0000%	\$ -
11 Other income (loss)	\$ -		\$ -		\$ -	100.0000%	\$ -
12 §179 expense deduction apportionable and/or allocable to MT	\$ 150		\$ -		\$ 150	100.0000%	\$ 150
13 Other expense deductions apportionable and/or allocable to MT	\$ 100		\$ -		\$ 100	100.0000%	\$ 100
14 Total	\$ 1,984	\$ -	\$ -	\$ -	\$ 1,984	100.0000%	\$ 1,984