

MeF ATS Testing Instructions and Scenario Criteria

Montana Pass-Through Entity Tax 2024

October 1, 2024

v1.0



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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.

<u>Test cases</u>

- 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
-		Subtract line 15 Hommine 12	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	
1	Line 15		Verify that this figure transferred correctly
		apportionable activities	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	Verify that this figure transferred correctly
		apportionable activities	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
1	Line 20	Add lines 18 and 19, enter result	a sum line of 18 and 19.
2	Line 21	2024 Payments	This is a sum line of estimated and tentative
2	Line 21	2024 Payments	
2	1: 22	2022	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-	Sum line for all owners' MT Schedules K-1,
		through Entity Dax (PTET) from all owners'	Part 4, Line 14. (See instructions)
		MT Schedules K-1, Part 4, Line 14	
2	Line 25	Total Pass-through Entity Tax (PTET) from	Sum line for Pass-through Entity Tax (PTET)
		all owners' MT Schedules K-1, Part 5, Line	from all owners' MT Schedule K-1, Part 5, Line
		1	1. (See instructions)
2	Line 26	Flow-through Payments Schedule, Column	This line is from Column A, line 12 of the
		A, Line 12	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-	Subtract line 23 and 26 from line 25. This
-	2	through Entity Tax due or (overpayment)	equals your Pass-through Entity Tax due or
		anough entity fax ade of (overpayment)	overpaid.
2	Line 28	Total composite tax from Schedule IV,	Total line of all Owners MT Schedules K-1 Part
۷	Lille 20		
		Column H	5, Line 2. (See instructions)

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

Federal:

Form 1065

Schedule K

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

Required Attachments:

Example PDF attachment (PDF stating "Attachment Example")

Test Partnership 1 LLC **Taxpayer Information:**

> 1793 Legendborn Way Helena, MT 59602

FEIN: 20-1111111

Date Formed:

09/15/2020

State Formed in: MT Secretary of State ID: L5446082

Montana

Federal Business Code/NAICS: Date registered in MT:

813410 09/15/2020

Schedules DE Included:

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 X S corporation

Form PTE 2024v1

5/2024

Mark all hat apolly. Mare			For calendar	year 2024 or tax year beg	inning 0 1 0 1 2 0 2 4	and ending	123120	0 2 4
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Memoda delum	X	Initial return	Test Partne	ership 1 LLC		Federal Business	Code/NAICS	8 1 3 4 1 0
Refail return City		Final return	Mailing Address			MT Secretary	of State ID#	L5446082
PPTP He en a M T 5 9 6 0 2		Amended return	1793 Legend	lborn Way		Date of Registration	on in Montana	09152020
PTET Resident PTET Enter Number of Schedules K-1 Included 26 Normesident Owners 3 Schedules DE Induded 26 Normesident Owners 3 Schedules K-1 Received 1		Refund return	City	State	ZIP Code + 4	State formed in	N C on	09152020
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(Montana source income from MT Schedules K-1 issued to this entity) 19a 222222 00 19b Total Montana source income from Schedules VII 19b 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 22222 00			•	, =-	1.b			
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19c Nonapportionable income allocated to Montana. (See instructions) 19c 0 0 19 Add lines 19a through 19c. This is the total nonapportionable income (loss) sourced to Montana. 19 222222 0 0				**	*			
19 Add lines 19a through 19c. This is the total nonapportionable income (loss) sourced to Montana. 19 222222 00								
								222222 00
			-					150166540 00



Name Test Partnership 1 LLC	FEIN 2 0 1 1 1 1 1 1	1
Prepayments	TEN 2 1 2 2 2 2 2	
21 2024 payments Mark this box if you made estimated payments usi	ng the annualization method (See instructions) 21	0
22 2023 overpayment applied to 2024	22	0
23 Add lines 21 and 22.	Total prepayments 23	0
Pass-through Entity Tax, Composite Tax, and Pass-Through V		
24 Total taxable income subject to pass-through entity tax from all owners' MT Schedu	les K-1, Part IV, line 14 (see instructions) 24	0
25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1	25	0
26 Flow-Through Payments Schedule, Column A, line 12	26	0
27 Subtract lines 23 and 26 from line 25.	Pass-through entity tax due or (overpayment). 27	0
28 Total composite tax from Schedule IV, Column H	28 3268	170 00
29 Flow-Through Payments Schedule, Column B, line 12	29 5	5500
30 Add lines 27 and 28, then subtract line 29. Composite tax and	d pass-through entity tax due or (overpayment). 30 32626	320 00
31 Interest on underpayment of estimated tax (see instructions)	31 136	946 00
32 Total pass-through withholding from all owners' MT Schedules K-1, Part V, line 3a	32 2743	847 0
33 PTEs tax liability resulting from an adjustment to partnership income (see instruction	ns) 33	0
34 Flow-Through Payments Schedule, Column C, line 12	34	0
35 Add lines 32 and 33, then subtract line 34. Pass-through withholding and	other partnership liability due or (overpayment). 35 2740	9970
36 PTE information return late filing penalty	36	0
37 Add lines 30, 31, 35, and 36.	Total PTE taxes with interest and/or penalty. 37 61409	563 00
Amended Return		
38 For amended returns only - previously issued refunds	38	0
39 For amended returns only - payments made with original return	39	0
40 Add lines 37 and 38, then subtract line 39.	40 6140	563 00
Penalty and Interest		
41 Late payment penalty	41	0
42 Interest	42	01
43 Add lines 40 through 42.	Total tax, penalties, and interest. 43 61405	563 00
Amount Owed or Refund		
44 If line 43 is more than zero, enter the amount here.	•	563 00
45 If line 43 is less than zero, enter the amount here.	This is your overpayment. 45	01
46 Enter the amount from line 45 that you want applied to your 2025 tax	46	01
47 Subtract line 46 from line 45.	This is your refund. 47	01
Direct Deposit Your Refund Complete 1, 2, and 3. (See in:	structions)	
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 th	e 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 a	companying schedules and statements, and to the best of my knowledge and be	lief, 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
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	5 2 9
Mark this box if you allow the DOR to discuss this tax return with your tax prepare	r. PTIN P 0 6 2 0 0 2	2 1 8
Tax Preparation Firm		
Firm Name Knights of the Round Table	Firm's FEIN 121111	. 1 1
Mailing Address 1 Order Way		
, 55-511	ZIP 2 7 5 1 4	
Pass-Through Entity Tax Authorized Representative: Re		
Name	Title Telephone Number	
Selwyn Kane	Kingsmage 9486257	7 1 3
Email Atrhursmerlin@theor	der.com	





2024 Montana Form PTE – Flow-Through Payments Schedule



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.

			Α	В	С
	Entity Name	FEIN	Mineral Royalty	Pass-Through	Pass-Through Entity
			Withholding Received	Withholding Received	Tax Received
1 FT LLC		100000000	00	00	15000 00
2			00	00	00
3			00	00	00
4			00	00	00
		5 Totals	00	0.0	15000 00

Part II. Flow-through payment allocations (See instructions)			Schedules K-1 subject to:				
	Α	В		С			
	Pass-Through Entity Tax	Composite Tax		Other			
1	%	37.0000	%	63.0000 %			
2	00		00	00			
3				00			
4	00		00	00			
5	00		00	00			
6				00			
7	00		00	00			
8	00						
9		5550	00	9450 00			
10				00			
11		5550	00	0.0			
12	00	5550	0.0	00			
	1 2 3 4 5 6 7 8 9 10 11	A Pass-Through Entity Tax 1	A B Composite Tax 1 % 37.0000 2 00 3 4 00 5 00 6 7 00 8 00 9 5550 10	A B Composite Tax 1 % 37.0000 % 2 00 00 3 4 00 00 5 00 00 6 7 00 00 8 00 9 5550 00 10 11 5550 00			





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



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 B	C	
1 Property Factor: Use average value for real and tangible personal	property Eve	erywhere Montan	a 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	
Divide the total in Column B by the total in Column A. Multiply the result b	y 100.	This is your property fa	ictor. 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 b	by 100.	This is your payroll fa	ictor. 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., servi	ce 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	y 100.	This is your receipts fa		%
4 Enter the amount reported on line 3				%
5 Add the percentages from lines 1, 2, 3. and 4 in Column C.		This is the sum of your fac	tors. 5	%
6 Divide the total percentage from line 5, Column C, by the number of factor				
If a property, payroll, or receipts factor is 0%, it is included in the calculation	on for line 6 if there is a value	in Column A (See instructions).		

This is your apportionment factor. 6 100.0000 %





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



Name	Test	Partnership	1	LLC
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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.

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



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



Name Test Partnership 1 LLC

FEIN 2 0 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			Part III. Composite Tax Ratio		
1 Federal income from all sources from page 1, line 14	1	150216540 00	1 Total Montana source income from page 1, line 20	1	150166540 00
2 Total guaranteed payments for services from page 1, line 4a	2	00	Multiply Part II, line 2 by the apportionment factor from		
3 Total Everywhere Additions from Montana Adjustments Worksheet,			Schedule I, line 6	2	00
Column E, line 1	3	375000 00	3 Subtract line 2 from line 1. Adjusted Montana source income	3	150166540 00
4 Total Everywhere Subtractions from Montana Adjustments			4 Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).		
Worksheet, Column E, line 2	4	425000 00	Composite tax ratio	4	1.00000
5 Add lines 1 and 3, then subtract lines 2 and 4.					
Adjusted federal income	5	150166540 00			

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		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 0	mer One	100000001	7508327	0 00	14600	7493727 00	441884 00	441884 00
2 0	mer Four	100000004	6006662	0 00	14600	5992062 00	353286 00	353286 00
3 0	mer Seven	100000007	4505996	0 00	14600	4490396 00	264687 00	264687 00
4 Or	mer Ten	100000010	7508327	0 00	14600	7493727 00	441884 00	441884 00
5 Ot	mer Twelve	100000012	3003331	0 00	14600	2988731 00	176089 00	176089 00
6 07	ner Fifteen	100000015	6006662	0 00	14600	5992062 00	353286 00	353286 00
7 0	mer Eightteen	100000018	9009992	0 00	14600	8995392 00	530482 00	530482 00
8 Ot	ner Twenty	100000020	6006662	0 00	14600	5992062 00	353286 00	353286 00
9 Or	ner Twenty-Two	100000022	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.								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



2024 Montana Form PTE Schedule VI – Reporting of Special Transactions



Name Test Partnership 1 LLC

FEIN 2 0 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.

- The entity filed federal Form 8918 Material Advisor Disclosure Statement with the IRS
- 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
- 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)

R

00

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

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:

A	В	С
Name	FEIN	Amount of Payment
		00
		00
		00
		00
.2		00
		00
		00
		00
		00
		00
		00
		00





2024 Montana Form PTE – Montana Adjustments Worksheet

2024v1 5/2024

Name Test Partnership 1	LLC				FEIN	2 0 1 1 1 1 1 1 1
Montana Adjustments to Everyw	here Inco	me A	В	С	D	E
1 Montana Additions to Everywhere Income	Code	PTE's Apportionable Activities	Nonapportionable Income	From MT Schedules K-1, Part 3, Column A	From Schedules DE, Column A, Lines 15 and 16	Total Everywhere Adjustments
Dividends	A A	375000 00	00	00		375000 00
Dividends	AA	00 000	00	00	00	373000 00
		00	00	00	00	00
		00	00	00		00
		00	00	00		00
		00	00	00		00
2 Montana Subtractions	Total	375000 00	00	00	00	375000 00
	iotai	373000 00	00	00		37300000
from Everywhere Income	SL	425000 00	00	00	00	425000 00
Energy Conservation	ъп	423000 00		00		423000 00
		00	00	00		00
		00		00		00
		00		00		00
		00		00		00
	Total	425000 00	00	00		425000 00
Adjustments to Montana Source		A	В	C	D	E
Adjustinents to Montana Source	licome	PTE's Apportionable	Nonapportionable Income	From MT Schedules K-1,	From Schedules DE,	Total Montana Source
3 Montana Source Additions	Code	Activities	Nonapportonable income	Part 3, Column B	Column B, Lines 15 and 16	Income Adjustments
Dividends	A A	375000 00	00	00		375000 00
Dividends		00		00		00
		00		00		00
		00		00		00
		00		00		00
		00		00		0.0
	Total	375000 00		00		375000 00
4 Montana Source Subtractions						
Energy Conservation	SL	425000 00	00	00	00	425000 00
31		00		0.0	00	00
		00	00	00	00	00
		00		00		00
		00		00		00
		00		00	00	00
	Total	425000 00		00	00	425000 00



24TT1001



10 Net §1231 gain (loss)

11 Other income (loss).

12 §179 expense deduction apportionable and/or allocable to Montana

13 Other expense deductions apportionable and/or allocable to Montana

14 Total Montana Source Income

10

11

12

13

14

2024 Montana Form PTE -Montana Source Income Schedule

2024v1 5/2024

00

00

16500 00

40500 00

150216540 00

201111111 Name Test Partnership 1 LLC В C D E Montana Source Income Montana Source Income Montana Source Income Montana Source Income Total of from from from from PTE's Columns A through D Sum of Montana source income Montana Schedules K-1 Schedules DE Nonapportionable Income Apportionable Activities per item of income (loss) and deduction. 00 1 Ordinary business income (loss) 222222 00 00 149777778 00 150000000 00 2 Net rental real estate income (loss) 2 00 00 00 00 00 3 00 00 00 00 3 Other net rental income (loss) 00 00 00 00 00 4a Guaranteed payments: services 4a 00 4b 00 0.0 0.0 155540 00 155540 00 4b Guaranteed payments: capital 0.0 0.0 00 5 Interest income 5 35000 00 35000 00 00 00 00 6 Ordinary dividends 6 50000 00 50000 00 7 00 00 7 Royalties 00 00 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

00

0.0

00

00

0.0

00

0.0

0.0

00

00

00

0.0

0.0

00

222222 00

00

00

16500 00

40500 00



4 Code 2SL

21250 00

5 Code

Montana Schedule K-1



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 Sc	chedule K-1	Final Schedule K-1			
Part I. Pass-through Entity Info	rmation				
Name Test Partnership	1 LLC			FEIN	201111111
Mailing Address 1793 Legendbo	orn Way				
City Helena		State M T ZIP Co	ode 5 9 6 0 2		
Part II. Owner Information					
Name Owner One				FEIN	
Mailing Address 2 Lancelot La	ane			or SSN	100000001
City Pendragon		State P A ZIP Co	ode 15237	Beneficial Owner FEIN	
				or SSN	
Owner Type I	Resident	X Nonresident			
Special Allocations (See instructions))			Profit and loss percentag	je 5.0000 %
The owner is included in a PTET elec	ction			Capital/Ownershi	ip 5.0000 %
Resident owner PTET election (See	instructions)				
X The owner is included in a composite	e income tax return	ı			

Resident owner PTET	election (See instructions)					
X The owner is included in	in a composite income tax re	eturn				
				Α		В
Part III. Montana Adjus	stments (See worksh	neet on page 9)		Everywhere		Montana
1 Additions			1	18750	00	18750 00
2 Subtractions			2	21250	00	21250 00
Part IV. Distributive SI	hare of Montana So	urce Income (Loss)				
 Ordinary business income 	e (loss)		1	7500000	00	7500000 00
Net rental real estate incor	me (loss)		2		00	0.0
3 Other net rental income (kg)	oss)		3	*	00	0.0
4a Guaranteed payments: se	ervices		4a		00	0.0
4b Guaranteed payments: ca	apital		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	0.0
8 Net short-term capital gair	ı (loss)		8		00	0.0
9 Net long-term capital gain	(loss)		9		00	0.0
10 Net section 1231 gain (los	is)		10		00	0.0
11 Other income (loss) (include	de detailed statement)		11	825	00	825 00
12 Section 179 expense ded	uction		12		00	0.0
13 Other expense deductions	S		13	2025	00	2025 00
14 Total distributive share (Se	e instructions)		14	7508327	00	7508327 00
Part V. Supplemental I	Information					
The owner filed Form	PT-AGR Year	The	owner is a Domestic	2nd tier PTE		
1 PTET paid on behalf of ow	vner. (See instructions)				1	0.0
Montana composite incom	ne tax paid on behalf of own	er			2	44188400
3a Montana income tax withh	eld on behalf of owner. (See	e instructions)			3a	0.0
3b Montana income tax withh	ield by a lower tier pass-thro	ough entity			3b	0.0
3c Add lines 3a and 3b.		This is your tota	Montana income t	ax withheld on your beha	olf. 3c	0.0
4 Montana mineral royalty ta	ax withheld				4	00
5 Other information. List type	е	and an	nount 5		00	00
Part VI. Tax Credits						
Code		Credit Authorization	n Number			Amount of Credit
1						0.0
2						00
Part VII. Montana Adju	stments Detail: Ente	r the amount and code of	each adjustment e	ntered on Part 3. (See ins	structions)	
1 Code 1AA	18750 00	2 Code 2AA			de 1SL	21250 00



6 Code



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3.0000 %

3.0000 %

(P1)

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 M T ZIP Code 59602 City Helena Part II. Owner Information Name Owner Two **FEIN** Mailing Address 2 Lancelot Lane or SSN 100000002 City Pendragon State P A ZIP Code 15237 Beneficial Owner FEIN or SSN Owner Type Resident X Nonresident

Special Allocations (See instructions)

The owner is included in a PTET election

Capital/Ownership

Resident owner PTET election (See instructions)
The owner is included in a composite income tax return

		A	D
Part III. Montana Adjustments (See worksheet on page 9)		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 own	er 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 instruction	ons)			3a	265345 00
3b Montana income tax withheld by a lower tier pass-through entity	y			3b	00
3c Add lines 3a and 3b.	This is your total Montan	a incon	ne 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)	00

Part VI. Tax Credits

Code Credit Authorization Number

Code		Credit Authorization Num	ber		Amount of Credit
1					00
2					00
Part VII. Montana Adju	ustments Detail: Enter	the amount and code of each a	djustment entered on Part 3. (See instructions)	
1 Code 1AA	11250 00	2 Code 2AA	11250 00	3 Code 1 S L	12750 00

4 Code 2 S L 12750 00 5 Code 00 6 Code 00





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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

Amended Schedule K-1 Final Schedule K-1 Mark applicable boxes: Part I. Pass-through Entity Information Name Test Partnership 1 LLC **FEIN** 201111111 Mailing Address 1793 Legendborn Way 59602 City Helena M T ZIP Code Part II. Owner Information Name Owner Three **FEIN** Mailing Address 2 Lancelot Lane or SSN 100000003 City Pendragon State P A ZIP Code 15237 Beneficial Owner FEIN or SSN Owner Type Resident X 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

		Α	В
Part III. Montana Adjustments (See worksheet on page 9)		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	450000000
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	0.0
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			
X 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
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 Montar	a income t	ax 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** 00 1 00 2 Part VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions) 1 Code 1AA 11250 00 2 Code 2AA 11250 00 3 Code 1SL 12750 00 4 Code 2SL 5 Code 00 6 Code 12750 00 00





4 Code 2 S 1

17000 00

5 Code

Montana Schedule K-1

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

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

Mark applicable boxes:	Amended Schedule K-1	Final	Schedule	e K-1				
Part I. Pass-throug	h Entity Information							
Name Test Par	tnership 1 LLC					FEIN	2011111	1 1
Mailing Address 1793	B Legendborn Way							
City Helena		State	МT	ZIP Code	5 9 6 0 2			
Part II. Owner Info	mation							
Name Owner Fo	ur					FEIN		
Mailing Address 2 La	ancelot Lane					or SSN	10000000	0 4
City Pendragon		State	PA	ZIP Code	15237	Beneficial Owner FEIN		
						or SSN		
Owner Type E	Resident	\times	Nonreside	ent				
Special Allocations	(See instructions)					Profit and loss percentag	e 4.000	0 %
The owner is include	ded in a PTET election					Capital/Ownershi	p 4.000	0 %
Resident owner PT	ET election (See instructions)							
X The owner is included	ded in a composite income tax return							

	election (See instructions)					
X The owner is included i	in a composite income tax re	eturn				
				Α		В
Part III. Montana Adjus	stments (See works)	neet on page 9)		Everywhere		Montana
1 Additions			1	15000	00	15000 00
2 Subtractions			2	170000	00	17000 00
Part IV. Distributive SI	hare of Montana So	urce Income (Loss)				
1 Ordinary business income	e (loss)		1	6000000	0.0	6000000 00
2 Net rental real estate inco	me (loss)		2	(00	0.0
3 Other net rental income (k	oss)		3	(00	0.0
4a Guaranteed payments: se	ervices		4a	(0.0	0.0
4b Guaranteed payments: ca	apital		4b	62220	0.0	6222 00
5 Interest income			5	1400 0	0	1400 00
6 Ordinary dividends			6	2000 0	0	2000 00
7 Royalties			7	(0.0	0.0
8 Net short-term capital gain	n (loss)		8	C	0.0	00
9 Net long-term capital gain	(loss)		9	C	0	0.0
10 Net section 1231 gain (los	s)		10	C	0.0	00
11 Other income (loss) (included)	de detailed statement)		11	660 0	0	660 00
12 Section 179 expense dedu	uction		12	C	0.0	00
13 Other expense deductions	S		13	16200	0	1620 00
14 Total distributive share (Se	e instructions)		14	60066620	0.0	6006662 00
Part V. Supplemental I						
The owner filed Form	PT-AGR Year	The owner is	s a Domestic 2	nd tier PTE		
1 PTET paid on behalf of ow	vner. (See instructions)				1	00
2 Montana composite incom		er			2	353286 00
3a Montana income tax withh					3a	00
3b Montana income tax withh	•				3b	00
3c Add lines 3a and 3b.	,	•	ana income ta	x withheld on your behalf	. 3c	00
4 Montana mineral royalty ta	ax withheld				4	00
5 Other information. List type		and amount	5	C	0	00
Part VI. Tax Credits	Service Marchine					OTTOGRAPHICA OF
Code		Credit Authorization Num	ber			Amount of Credit
1						00
2						00
_	stments Detail: Ente	r the amount and code of each a	diustment en	tered on Part 3. (See inst	ructions)	
1 Code 1 A A	15000 00	2 Code 2 A A	•		1 S L	17000 00
1 0000 21111	15000 30	2 0000 =		2 2 2 3 0000	100	1,000 00



6 Code

00



1 Code 1AA

4 Code 2 S L

Montana Schedule K-1

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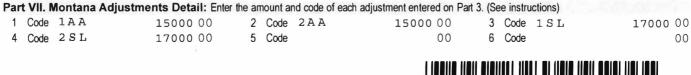
2024v1 5/2024

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 Part I. Pass-through Entity Information	Final Schedule K-1	
Name Test Partnership 1 LLC		FEIN 20111111
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 10000005
City Pendragon	State P A ZiPCode 15237	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 retu	m	

Resident owner PTET election (See instructions)				
The owner is included in a composite income tax return	l .			
			Α	В
Part III. Montana Adjustments (See workshee	t on page 9)		Everywhere	Montana
1 Additions		1	15000 00	15000 00
2 Subtractions		2	17000 00	17000 00
Part IV. Distributive Share of Montana Source	e Income (Loss)			
1 Ordinary business income (loss)		1	6000000 00	6000000
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	0.0
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	0(
2 Montana composite income tax paid on behalf of owner			2	0(
3a Montana income tax withheld on behalf of owner. (See inst	tructions)		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 Montar	na income t	ax 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 Num	ber		Amount of Credit
1				00
2				00





2 Code 2AA

5 Code

15000 00



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_	Amended Schedule K-1 In Entity Information tnership 1 LLC	Final Sche	edule K-1		FEIN	201111111
	3 Legendborn Way				I LIIV	201111111
City Helena	z zegenazezn waj	State M	T ZIP Cod	e 59602		
Part II. Owner Info	rmation					
Name Owner Si	x				FEIN	
Mailing Address 2 L	ancelot Lane				or SSN	100000006
City Pendragon		State P	A ZIP Cod	e 15237	Beneficial Owner FEIN	
					or SSN	
Owner Type E	Resident	X Nonre	esident			
Special Allocations	(See instructions)				Profit and loss percentag	e 3.0000 %
The owner is inclu	ded in a PTET election				Capital/Ownershi	p 3.0000 %
Resident owner P	FET election (See instructions)					
The owner is inclu-	ded in a composite income tax return					

		A	ь
Part III. Montana Adjustments (See worksheet on page 9)		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	450000000	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	4 a	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	49500	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			
X The owner filed Form PT-AGR Year 2 0 2 2 The	e owner is a Domestic 2n	d 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)		3 a	00
3b Montana income tax withheld by a lower tier pass-through entity		3b	00
3c Add lines 3a and 3b. This is your tot	al Montana income tax	withheld on your behalf. 3c	00
4 Montana mineral royalty tax withheld		- 4	00
5 Other information. List type and a	amount 5	00	00

Par	t VI. T	ax Credi	ts									
	Cod	de		Cre	dit Aut	horizatio	on Number				Amount of Credit	
1												00
2												00
Par	t VII. N	Montana	Adjustments Detail: Enter the	e an	nount ar	nd code c	f each adjustment entered on Part 3	. (Se	e instru	ctions)		
1	Code	1AA	11250 00	2	Code	2 A A	11250 00	3	Code	1 S L	12750	00
4	Code	2SL	12750 00	5	Code		00	6	Code			00





4 Code 2SL

12750 00

5 Code

Montana Schedule K-1

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 Part I. Pass-through Entity Information	Final Schedule K-1		
Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way		FEIN 2011111	11
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 1000000	0 7
City Pendragon	State P A ZIP Code 1 5 2 3 7 Beneficial Or	mer FEIN	
		or SSN	
Owner Type T Resident	X Nonresident		
Special Allocations (See instructions)	Profit and loss	percentage 3.000	0 %
The owner is included in a PTET election	Capita	al/Ownership 3.000	0 %
Resident owner PTET election (See instructions)			
X The owner is included in a composite income tax return			

2 Subtractions	Resident owner PTET	election (See instructions)					
1 Additions	X The owner is included it	in a composite income tax return					
1 Additions					Α		В
2 Subtractions	Part III. Montana Adju	stments (See worksheet	on page 9)		Everywhere		Montana
1 Ordinary business income (loss)	1 Additions			1	11250	00	11250 00
1 Ordinary business income (loss)	2 Subtractions			2	12750	00	12750 00
Net rental real estate income (loss)	Part IV. Distributive S	hare of Montana Source	Income (Loss)				
3 Other net rental income (loss) 4a Guaranteed payments: services 4a 0 00 5 Interest income 5 Interest income 6 Ordinary dividends 7 Royalties 7 0 00 8 Net short-term capital gain (loss) 8 Net short-term capital gain (loss) 9 0 00 10 Net seed ton 1231 gain (loss) 10 Other income (loss) (include detailed statement) 11 Other income (loss) (include detailed statement) 12 Section 179 expense deduction 13 0 Other expense deduction 14 Total distributive share (See instructions) 15 The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE 1 PTET paid on behalf of owner. (See instructions) 2 Montana income tax withheld on behalf of owner 30 Montana income tax withheld on behalf of owner (See instructions) 30 Montana income tax withheld by a lower tier pass-through entity 30 Other information. List type 31 Amount of Credit A Montana mineral royalty tax withheld 5 Other information. List type 32 and Administration Number Code Credit Authorization Number 1 Amount of Credit 1 Other information. List type 3 Amount of Credit 1 Other information. List type 3 Amount of Credit 1 Other information List type 3 Amount of Credit 1 Other information List type 3 Amount of Credit 1 Other information List type 3 Amount of Credit 4 Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	 Ordinary business income 	e (loss)		1	4500000	00	4500000 00
4a Guaranteed payments: services 4a 00 00 4666 60	2 Net rental real estate inco	me (loss)		2		00	00
th Guaranteed payments: capital 4b 4666 00 4666 00 5 Interest income 5 1050 00 1050 00 5 Interest income 5 1050 00 1050 00 5 Interest income 5 1050 00 1050 00 1500 00 5 Ordinary dividends 6 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00 1500 00	3 Other net rental income (le	oss)		3	(00	00
5 Interest income 5 1050 00 1050 00 1050 00 1050 00 1050 00 1050 00 1050 00 0	4a Guaranteed payments: se	ervices		4a	(00	00
6 Ordinary dividends 6 Ordinary dividends 7 Royalties 8 Royalties 7 Royalt 7 Royalties 7 Royalties 7 Royalties 7 Royalties 7 Royalties 7 R	4b Guaranteed payments: ca	apital		4b	4666	0.0	4666 00
7 Royallies 7 00 06 06 06 06 06 06	5 Interest income			5	1050	00	1050 00
Net short-term capital gain (loss)	6 Ordinary dividends			6	1500	00	1500 00
9 Net long-term capital gain (loss) 9 00 00 00 00 00 00 00 00 00 00 00 00 0	7 Royalties			7	(0.0	00
10 Net section 1231 gain (loss) 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 Net short-term capital gair	n (loss)		8	(0.0	00
11 Other income (loss) (include detailed statement) 12 00 00 13 Other expense deduction 13 1215 00 1215 00 14 Total distributive share (See instructions) 14 Total distributive share (See instructions) 15 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 Montana composite income tax paid on behalf of owner 2 Montana income tax withheld on behalf of owner. (See instructions) 3a Montana income tax withheld by a lower tier pass-through entity 3b Montana income tax withheld by a lower tier pass-through entity 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c 4 Montana mineral royalty tax withheld 5 Other information. List type and amount 5 00 3art VI. Tax Credits Code Credit Authorization Number Amount of Credit 1 Other information income tax and anount and code of each adjustment entered on Part 3. (See instructions)	9 Net long-term capital gain	(loss)		9	(0.0	00
2 Section 179 expense deduction 12 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00	10 Net section 1231 gain (los	is)		10	(0.0	00
13 Other expense deductions 13 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00 1215 00	11 Other income (loss) (inclu	de detailed statement)		11	495	0.0	49500
14 Total distributive share (See instructions) 14 4504996 00 Tart 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) 1 000 2 Montana composite income tax paid on behalf of owner 2 264687 000 3 Montana income tax withheld on behalf of owner. (See instructions) 3 Montana income tax withheld by a lower tier pass-through entity 3 Co. Add lines 3a and 3b. 4 Montana mineral royalty tax withheld 4 000 4 Total distributive share (See instructions) The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE 1 PTET paid on behalf of owner. (See instructions) 1 000 2 264687 000 3 Montana income tax withheld on behalf of owner. (See instructions) 3 Montana income tax withheld on your behalf. 3 Co. Add lines 3a and 3b. 4 Montana mineral royalty tax withheld 4 000 5 Other information. List type and amount 5 00 6 Credit Authorization Number Amount of Credit 1 000 2 Credit Authorization Number Amount of Credit 1 000 2 Credit Authorization Number Amount of Credit 2 000 2 Credit Authorization Number Amount of Credit 2 000 2 Credit VI. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	12 Section 179 expense ded	uction		12	(00	00
The owner filed Form PT-AGR Year The owner is a Domestic 2nd tier PTE 1 PTET paid on behalf of owner. (See instructions) 2 Montana composite income tax paid on behalf of owner. (See instructions) 3a Montana income tax withheld on behalf of owner. (See instructions) 3b Montana income tax withheld by a lower tier pass-through entity 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c Montana mineral royalty tax withheld 4 Montana mineral royalty tax withheld 5 Other information. List type and amount 5 00 00 art VI. Tax Credits Code Credit Authorization Number Amount of Credit 1 2 arart VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	13 Other expense deductions	S		13	1215	00	1215 00
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 OC 2 Montana composite income tax paid on behalf of owner 3 Montana income tax withheld on behalf of owner. (See instructions) 3 Montana income tax withheld on behalf of owner. (See instructions) 3 Montana income tax withheld by a lower tier pass-through entity 3 Montana income tax withheld on your behalf. 3 C Add lines 3a and 3b. 4 Montana mineral royalty tax withheld 5 Other information. List type 5 Other information. List type 5 Other information. List type 6 Add amount 7 OC 7 OTHER THE OWNER IN T	14 Total distributive share (Se	e instructions)		14	4504996	0.0	4504996 00
1 PTET paid on behalf of owner. (See instructions) 2 Montana composite income tax paid on behalf of owner 3 Montana income tax withheld on behalf of owner. (See instructions) 3 Montana income tax withheld by a lower tier pass-through entity 3 Montana income tax withheld by a lower tier pass-through entity 3 Montana income tax withheld on your behalf. 3c 4 Montana mineral royalty tax withheld 4 OCC 5 Other information. List type and amount 5 OCC 6 Credit Authorization Number 6 Amount of Credit 7 Amount of Credit 7 Credit Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	Part V. Supplemental I	Information					
2 Montana composite income tax paid on behalf of owner (See instructions) 3a Montana income tax withheld on behalf of owner. (See instructions) 3b Montana income tax withheld by a lower tier pass-through entity 3c Add lines 3a and 3b. 4 Montana mineral royalty tax withheld 5 Other information. List type 3d Add amount 5 Other information. List type 3d Amount of Credit 4 Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	The owner filed Form	PT-AGR Year	The owner is	s a Domestic 2nd	d tier PTE		
3a Montana income tax withheld on behalf of owner. (See instructions) 3b Montana income tax withheld by a lower tier pass-through entity 3c Add lines 3a and 3b. 4 Montana mineral royalty tax withheld 4 OC Add lines 3a and 3b. 5 Other information. List type 5 Other information. List type 5 and amount 5 OC Amount of Credit 6 Credit Authorization Number 6 Amount of Credit 7 OC Amount of Credit 7 OC Amount of Credit 8 OC Amount of Credit 9 OC Amount of Credit	1 PTET paid on behalf of ov	wner. (See instructions)				1	0.0
3b Montana income tax withheld by a lower tier pass-through entity 3c Add lines 3a and 3b. 4 Montana mineral royalty tax withheld 5 Other information. List type and amount 5 Other information. List type and amount 5 Other information. List type Amount of Credit 1 2 art VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	2 Montana composite incom	ne tax paid on behalf of owner				2	264687 00
3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3a Montana income tax withh	neld on behalf of owner, (See instr	ructions)			3a	0.0
Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3c Montana mineral royalty tax withheld Montana mineral royalty tax withheld Other information. List type and amount Other information. List type and amount Code Credit Authorization Number Amount of Credit art VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	3b Montana income tax withh	neld by a lower tier pass-through e	entity			3 b	00
4 Montana mineral royalty tax withheld 5 Other information. List type and amount 5 Other information. List type art VI. Tax Credits Code Credit Authorization Number Amount of Credit 1 2 art VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	3c Add lines 3a and 3b.	, ,	•	ana income tax	withheld on your behalf	f. 3c	00
5 Other information. List type and amount 5 00 00 art VI. Tax Credits Code Credit Authorization Number Amount of Credit 1 00 2 art VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	4 Montana mineral royalty ta	ax withheld					0.0
Code Credit Authorization Number Amount of Credit Code Credit Authorization Number Amount of Credit Code Credit Authorization Number Of Credit Mount of Credit Code Credit Authorization Number Of C			and amount	5	(00	00
1 00 2 2 art VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	Part VI. Tax Credits						
2 art VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	Code	C	redit Authorization Nun	nber			Amount of Credit
2 art VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)	1						0.0
art VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)							0.0
		ustments Detail: Enter the	amount and code of each a	adjustment ente	ered on Part 3. (See inst	tructions)	
							12750 00



6 Code



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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

	able boxes: Amended	Schedule K-1	Fina	l Schedule	e K-1			
	est Partnership						FEIN	201111111
Mailing Ad	ldress 1793 Legend	born Way						
City He	lena		State	M T	ZIP Code	59602		
Part II. O	wner Information							
Name C	Owner Eight						FEIN	
Mailing Ad	dress 2 Lancelot	Lane					or SSN	100000008
City Pe	ndragon		State	PA	ZIP Code	15237	Beneficial Owner FEIN	
							or SSN	
Owner Type	е Т	Resident	X	Nonreside	ent			
Spe	cial Allocations (See instruction	ns)					Profit and loss percentage	ge 5.0000 %
The	owner is included in a PTET of	election					Capital/Ownersh	ip 5.0000 %
Resi	ident owner PTET election (Se	e instructions)						
The	owner is included in a compos	site income tax return						

		_	
Part III. Montana Adjustments (See worksheet on page 9)		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	750832700	7508327 00
Part V. Supplemental Information			
The owner filed Form PT-AGR Year The own	ner is a Domestic 2	nd tier PTE	
1 PTET paid on behalf of owner. (See instructions)		1	0.0
O Mantana agamanita incomo tay maid an habalf of ayana			0.0

Part V. Supplemental Information					
The owner filed Form PT-AGR Year	The owner is	a Domestic 2nd tier F	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 instruct	tions)			3a	442241 00
3b Montana income tax withheld by a lower tier pass-through enti	ity			3b	00
3c Add lines 3a and 3b.	This is your total Monta	na income tax withh	eld on your behalf.	3c	442241 00
4 Montana mineral royalty tax withheld				4	00
5 Other information. List type	and amount	5	0.0)	00
Part VI. Tax Credits					

	Cod	le				Cre	dit Aut	horization	Number				Amount of Credit	
1														00
2														00
Par	t VII. N	lontana A	djustme	nts Det	ail: En	iter the ar	nount ar	nd code of	each adjustment entered on Part 3). (Se	e instru	ictions)		
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





2

1 Code 1AA

4 Code 2SL

Montana Schedule K-1

Clear Form

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(PTE

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

Amended Schedule K-1 Mark applicable boxes: Final Schedule K-1 Part I. Pass-through Entity Information **FEIN** 201111111 Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way City Helana ZIP Code 59602 Part II. Owner Information Name Owner Nine **FEIN** Mailing Address 2 Lancelot Lane or SSN 100000009 City Pendragon State P A ZIP Code 15237 Beneficial Owner FEIN or SSN Resident X Nonresident Owner Type 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

The owner is included in a composite income tax return		A	В
Part III. Montana Adjustments (See worksheet on page 9)		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	450000000	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			
X The owner filed Form PT-AGR Year 2 0 2 0 The	owner is a Domestic 2	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
	al Montana income ta	ax withheld on your behalf. 3c	00
4 Montana mineral royalty tax withheld		4	00
	amount 5	00	00
Part VI. Tax Credits			
Code Credit Authorization	on Number		Amount of Credit
1			00



3 Code 1SL

6 Code

11250 00

00

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

5 Code

11250 00

12750 00

2 Code 2AA

12750 00

00



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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 Part I. Pass-through Entity Information	Final Schedule K-1	
Name Test Partnership 1 LLC		FEIN 20111111
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 10000010
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)	Ē	
X The owner is included in a composite income tax return		

I he owner is included in a composite income tax	creturn		
		A	В
Part III. Montana Adjustments (See work	sheet on page 9)	Everywhere	Montana
1 Additions	1	18750 00	18750 00
2 Subtractions	2	21250 00	21250 00
Part IV. Distributive Share of Montana S	ource Income (Loss)		
 Ordinary business income (loss) 	1	7500000 00	7500000 00
Net rental real estate income (loss)	2	2 00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	45	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)	g	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	9 00	00
13 Other expense deductions	13	2025 00	2025 00
14 Total distributive share (See instructions)	14	750832700	7508327 00
Part V. Supplemental Information			
The owner filed Form PT-AGR Year	The owner is a Dor	mestic 2nd tier PTE	
1 PTET paid on behalf of owner. (See instructions)		1	00
2 Montana composite income tax paid on behalf of or	wner	2	44188400
3a Montana income tax withheld on behalf of owner. (\$		3a	00
3b Montana income tax withheld by a lower tier pass-tl	nrough entity	3b	00
3c Add lines 3a and 3b.	-	come 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	- A STATE SHAPE SHAPE	AND THE PERSON NAMED IN	CONTRACTOR OF THE PARTY OF THE
Code	Credit Authorization Number		Amount of Credit

5	Other information. List type			and amoun	t 5		00		00
Par	t VI. Tax Credits								
	Code		Credit Aut	horization Nu	ımber			Amount of Credit	
1									00
2									00
Par	t VII. Montana Adjus	stments Detail: Enter th	ne amount ar	nd code of each	adjustment entered	on Part 3. (Se	ee instruction	s)	
1	Code 1AA	18750 00	2 Code	2 A A	18750 (00 3	Code 1 S	L 21250	0 0 0
4	Code 2 S 1	21250 00	5 Code		(00 6	Code		00





4 Code 2SL

12750 00

5 Code

Montana Schedule K-1

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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	Fina	l Schedu	ıle K-1				
Part I. Pass-through	Entity Information							
Name Test Part Mailing Address 1793	nership 1 LLC Legendborn Way					FEIN	201111111	
City Helena		State	M T	ZIP Code	5 9 6 0 2			
Part II. Owner Inform	nation							
Name Owner Ele	even					FEIN	100000011	
Mailing Address 2 La	ncelot Lane					or SSN		
City Pendragon		State	PΑ	ZIP Code	15237	Beneficial Owner FEIN		
						or SSN		
Owner Type C	Resident		Nonresi	dent				
Special Allocations (See instructions)					Profit and loss percentage	e 3.0000 S	%
The owner is include	ed in a PTET election					Capital/Ownership	g 3.0000 S	%
Resident owner PTE	T election (See instructions)							
The owner is include	ed in a composite income tax return							

THE OWNER IS INCIDIOED II	Tat ILI election				Capital/Ownership	3.0000
Resident owner PTET e	election (See instructions)					
The owner is included in	n a composite income tax re	eturn				
				Α		В
Part III. Montana Adjus	stments (See works	heet on page	9)	Everywhere		Montana
1 Additions			1	11250	00	11250 00
2 Subtractions			2	12750	00	12750 00
Part IV. Distributive Sh	are of Montana So	urce Income	e (Loss)			
1 Ordinary business income	(loss)		1	4500000	00	4500000 00
Net rental real estate incon	ne (loss)		2		00	00
3 Other net rental income (lo	iss)		3		00	00
4a Guaranteed payments: ser	rvices		4a		00	00
4b Guaranteed payments: cap	pital		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	s)		10		00	00
11 Other income (loss) (includ	de detailed statement)		11	495	00	495 00
12 Section 179 expense dedu	uction		12		00	00
13 Other expense deductions	j		13	1215	00	1215 00
14 Total distributive share (Sec	e instructions)		14	4504996	00	4504990 00
Part V. Supplemental I						
The owner filed Form F			The owner is a Domesti	ic 2nd tier PTE		
1 PTET paid on behalf of ow	ner. (See instructions)				1	00
2 Montana composite incom		er			2	00
3a Montana income tax withhe					3a	265795 00
3b Montana income tax withhe					3b	00
3c Add lines 3a and 3b.			s your total Montana income	tax withheld on your beha	alf. 3c	265795 00
4 Montana mineral royalty ta:	x withheld		•	•	4	00
5 Other information. List type			and amount 5		00	00
Part VI. Tax Credits						
Code		Credit Aut	thorization Number		Ar	nount of Credit
1						00
2						00
Part VII. Montana Adjus	stments Detail: Ente	er the amount a	nd code of each adjustment	entered on Part 3. (See in	structions)	Markey Co.
1 Code 1AA	11250 00	2 Code			de 1SL	12750 00



6 Code



Clear Form

2024v1 5/2024

(PTE)

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 M T ZIP Code 59602 Part II. Owner Information Name Owner Twelve 100000012 Mailing Address 2 Lancelot Lane or SSN 15237 City Pendragon PA ZIP Code Beneficial Owner FEIN State or SSN Owner Type 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) X The owner is included in a composite income tax return

		Α	В
Part III. Montana Adjustments (See workship	eet on page 9)	Everywhere	Montana
1 Additions	1	7500 00	7500 00
2 Subtractions	2	8500 00	8500 00
Part IV. Distributive Share of Montana Sou	rce Income (Loss)		
1 Ordinary business income (loss)	1	300000000	3000000000
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	33000	33000
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	810 00	810 00
14 Total distributive share (See instructions)	14	300333100	3003331 00
Part V. Supplemental Information			
The owner filed Form PT-AGR Year	The owner is a Dome	estic 2nd tier PTE	á
1 PTET paid on behalf of owner. (See instructions)		1	00
2 Montana composite income tax paid on behalf of owner	r	2	17608 9 00
3a Montana income tax withheld on behalf of owner. (See	instructions)	3a	00
3b Montana income tax withheld by a lower tier pass-throu	igh entity	3b	00
3c Add lines 3a and 3b.	This is your total Montana inco	me 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

Part	VI. T	ax Credi	ts									
	Cod	de		Cre	edit Aut	horizatio	n Number				Amount of Credit	
1												00
2												00
Part	VII.	Montana	Adjustments Detail	Enter the a	mount a	nd code of	each adjustment entered on Part 3.	(Se	e instru	ictions)		
1	Code	1 A A	7500 0	0 2	Code	2 A A	7500 00	3	Code	1 S L	8500	00
4	Code	2 S L	8500 0	0 5	Code		00	6	Code			00





1 2

1 Code 1AA

4 Code 2SL

Montana Schedule K-1

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 **FEIN** Name Test Partnership 1 LLC 201111111 Mailing Address 1793 Legendborn Way City Helena M T ZIP Code 59602 State Part II. Owner Information Name Owner Thirteen 100000013 Mailing Address 2 Lancelot Lane or SSN 15237 City Pendragon ZIP Code Beneficial Owner FEIN or SSN Resident Owner Type 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

The owner is included in a composite income tax	return		В
Part III. Montana Adjustments (See works	shoot on page (1)	A Everywhere	Montana
1 Additions	sheet on page 9)	22500 00	22500 00
2 Subtractions	2		25500 00
Part IV. Distributive Share of Montana Sc		25500 00	25500 00
Ordinary business income (loss)	dice income (Loss)	900000000	9000000 00
Net rental real estate income (loss)	2		0.000000
3 Other net rental income (loss)	3		0.0
4a Guaranteed payments: services			0.0
4b Guaranteed payments: capital	4a 4b		9332 00
5 Interest income	5	3332	2100 00
6 Ordinary dividends	6		3000 00
7 Royalties	7	00	0.00
8 Net short-term capital gain (loss)	. 8		00
9 Net long-term capital gain (loss)	9		00
10 Net section 1231 gain (loss)	10		00
11 Other income (loss) (include detailed statement)	11	990 00	990 00
12 Section 179 expense deduction	12		00
13 Other expense deductions	13		2430 00
14 Total distributive share (See instructions)	14		9009992 00
Part V. Supplemental Information			
The owner filed Form PT-AGR Year	The owner is a Don	nestic 2nd tier PTE	
1 PTET paid on behalf of owner. (See instructions)		1	00
2 Montana composite income tax paid on behalf of own	ner	2	00
3a Montana income tax withheld on behalf of owner. (Se		3a	531590 00
3b Montana income tax withheld by a lower tier pass-thr		3b	00
3c Add lines 3a and 3b.	This is your total Montana inc	ome tax withheld on your behalf. 3c	531590 00
4 Montana mineral royalty tax withheld	•	4	0.0
5 Other information. List type	and amount 5	00	00
Part VI. Tax Credits			
Code	Credit Authorization Number		Amount of Credit



3 Code 1SL

6 Code

22500 00

0.0

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

5 Code

2 Code 2AA

22500 00

25500 00

00

00

00



1 Code 1AA

4 Code 2SL

Montana Schedule K-1

Clear Form

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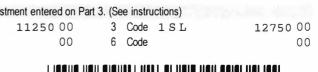
(P

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	Fina	Scheduk	K-1					
Part I. Pass-throug	h Entity Information								
Name Test Par	tnership 1 LLC					FEIN	20111	111	1
Mailing Address 1793	B Legendborn Way								
City Helena		State	M T	ZIP Code	5 9 6 0 2				
Part II. Owner Infor	mation								
Name Owner Fo	urteen					FEIN	100000	0 0 1 4	1
Mailing Address 2 La	ancelot Lane					or SSN			
City Pendragon		State	PA	ZIP Code	15237	Beneficial Owner FEIN			
						or SSN			
Owner Type F	Resident		Nonreside	ent					
Special Allocations	(See instructions)					Profit and loss percentag	е 3.0	0000	%
The owner is include	ded in a PTET election					Capital/Ownershi	р 3.0	0000	%
Resident owner PT	ET election (See instructions)								
The owner is include	led in a composite income tax return								

The owner is included in a composite income tax return		Α	В
Part III. Montana Adjustments (See worksheet on page 9)	Everywhere	Montana
1 Additions	1	11250 00	11250 0
2 Subtractions	2	12750 00	12750 0
Part IV. Distributive Share of Montana Source Income (I	Loss)		
1 Ordinary business income (loss)	1	450000000	4500000 0
2 Net rental real estate income (loss)	2	00	0
3 Other net rental income (loss)	3	00	0
4a Guaranteed payments: services	4a	00	0
4b Guaranteed payments: capital	4b	4666 00	46660
5 Interest income	5	1050 00	1050 0
6 Ordinary dividends	6	1500 00	1500 0
7 Royalties	7	00	0
8 Net short-term capital gain (loss)	8	00	0
9 Net long-term capital gain (loss)	9	00	0
10 Net section 1231 gain (loss)	10	00	0
11 Other income (loss) (include detailed statement)	11	495 00	495 0
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 ownerfiled Form PT-AGR Year 2 0 1 9	The owner is a Domest	ic 2nd tier PTE	
1 PTET paid on behalf of owner. (See instructions)		1	0.0
2 Montana composite income tax paid on behalf of owner		2	0.0
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 yo	our total Montana income	e tax withheld on your behalf. 3c	0.0
4 Montana mineral royalty tax withheld		4	0.0
5 Other information. List type	and amount 5	00	00
Part VI. Tax Credits			
Code Credit Autho	rization Number		Amount of Credit
1			00
2			00





2 Code 2AA

5 Code

11250 00



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	Fina	Sche	dule	K-1									
Part I. Pass-through	Entity Information													
	nership 1 LLC Legendborn Way							FEIN	2 0	1 1	11	1 1	1 1	1
City Helena		State	M	Т	ZIP Code	5 9 6	5 0 2							
Part II. Owner Inform	nation													
Name Owner Fif	teen							FEIN	1 0	0 0	0 (0 0	1	5
Mailing Address 2 La	ncelot Lane							or SSN						
City Pendragon		State	P	Α	ZIP Code	152	2 3 7	Beneficial Owner FEIN						
								or SSN						
Owner Type T E	Resident		Nonre	eside	ent									
Special Allocations (See instructions)							Profit and loss percentag	je		4	.00	00	%
The owner is include	ed in a PTET election							Capital/Ownershi	ip		4 .	.00	00	%
Resident owner PTE	ET election (See instructions)													
X The owner is include	ed in a composite income tax return													

		A	В
Part III. Montana Adjustments (See worksheet on page	9)	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
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	622200	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	162000
14 Total distributive share (See instructions)	14	600666200	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
	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 Auth	norization Number		Amount of Credit

Part VI. Tax Credits		1							
Code		Credit Aut	horization	Number				Amount of Credit	
1									00
2									00
Part VII. Montana Adju	stments Detail: Enter t	he amount ar	nd code of e	ach adjustment entered on Part 3	3. (Se	e instru	ictions)		
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





2

1 Code 1AA

4 Code 2 S L

The owner is included in a composite income tax return

Montana Schedule K-1

Clear Form

2024v1 5/2024

(P)

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 Part I. Pass-through Entity Information	Final Schedule K-1	
Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way		FEIN 201111111
City Helena	State M T ZIP Code 5 9 6 0 2	
Part II. Owner Information		
Name Owner Sixteen		FEIN 10000016
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 . 0 0 0 0 %
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 meeting tax retain		A	В
Part III. Montana Adjustments (See workshe	et on page 9)	Everywhere	Montana
1 Additions	1	15000 00	15000 00
2 Subtractions	2	17000 00	17000 00
Part IV. Distributive Share of Montana Source	ce Income (Loss)		
1 Ordinary business income (loss)	1	6000000000	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	600666200
Part V. Supplemental Information			
The owner filed Form PT-AGR Year	The owner is a Domest	tic 2nd tier PTE	- 6
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 in	structions)	3a	354393 00
3b Montana income tax withheld by a lower tier pass-through	h entity	3b	00
3c Add lines 3a and 3b.	This is your total Montana income	etax withheld on your behalf. 3c	354393 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



3 Code 1 S L

6 Code

15000 00

00

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

5 Code

2 Code 2AA

15000 00

17000 00

00

00

00



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 M T ZIP Code 5 9 6 0 2	
Part II. Owner Information		
Name Owner Seventeen		FEIN 10000017
Mailing Address 2 Lancelot Lane		or SSN
City Pendragon	State P A 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		

			Α	В
Part III. Montana Adjustments (See wo	rksheet on page 9)		Everywhere	Montana
1 Additions	, ,	1	11250 00	11250 0
2 Subtractions		2	12750 00	12750 0
Part IV. Distributive Share of Montana	Source Income (Loss)			
1 Ordinary business income (loss)		1	450000000	4500000 0
2 Net rental real estate income (loss)		2	00	0
3 Other net rental income (loss)		3	00	0
4a Guaranteed payments: services		4a	00	0
4b Guaranteed payments: capital		4b	4666 00	4666 0
5 Interest income		5	1050 00	1050 0
6 Ordinary dividends		6	1500 00	15000
7 Royalties		7	00	0
8 Net short-term capital gain (loss)		8	00	0
9 Net long-term capital gain (loss)		9	00	0
10 Net section 1231 gain (loss)		10	00	0
11 Other income (loss) (include detailed statement)		11	495 00	495 0
12 Section 179 expense deduction		12	00	0
13 Other expense deductions		13	1215 00	1215 0
14 Total distributive share (See instructions)		14	450499600	4504996 0
art V. Supplemental Information				
★ The owner filed Form PT-AGR Year	2 0 2 1 The owner is a	Domestic	2nd tier PTE	
1 PTET paid on behalf of owner. (See instructions)			Ť	0
2 Montana composite income tax paid on behalf of	owner		2	0
3a Montana income tax withheld on behalf of owner	(See instructions)		3a	0
3b Montana income tax withheld by a lower tier pass	s-through entity		3b	0
3c Add lines 3a and 3b.	This is your total Montana	income	tax withheld on your behalf. 3c	0
4 Montana mineral royalty tax withheld			4	0
5 Other information. List type	and amount	5	00	0
Part VI. Tax Credits				
Code	Credit Authorization Number	er		Amount of Credit
1				0
2				0

rait vi. i	ax Credits										
Co	de		Cre	dit Autl	norizati	on Number				Amount of Credit	
1											00
2											00
Part VII.	Montana Adju	istments Detail: Enter th	e an	nount an	d code o	of each adjustment entered on I	Part 3. (Se	ee instru	ctions)		
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





Clear Form

2024v1 5/2024

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

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 M T ZIP Code 59602 Part II. Owner Information Name Owner Eightteen 100000018 Mailing Address 2 Lancelot Lane or SSN City Pendragon 15237 ZIP Code Beneficial Owner FEIN or SSN Owner Type 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) X The owner is included in a composite income tax return

		Α	В
Part III. Montana Adjustments (See worksheet	t on page 9)	Everywhere	Montana
1 Additions	1	22500 00	22500 00
2 Subtractions	2	25500 00	25500 00
Part IV. Distributive Share of Montana Source	e Income (Loss)		
1 Ordinary business income (loss)	1	900000000	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 Guaranteedpayments: capital	4b	9332 00	933200
5 Interest income	5	2100 00	2100 00
6 Ordinary dividends	6	300000	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 insti	tructions)	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

	VII. IUA	Ji Cai to										
	Code			Cre	dit Aut	norizatio	on Number				Amount of Credit	
1												00
2												00
Part	VII. Mon	tana Adjust	ments Detail: Enter	the an	nount an	d code of	f each adjustment entered on Part	3. (Se	e instru	ctions)		
1	Code 1 A	A A	22500 00	2	Code	2 A A	22500 00	3	Code	1 S L	25500	00
4	Code 2.5	S L	25500 00	5	Code		00	6	Code			00





5 Other information. List type

Montana Schedule K-1

Clear Form

(PTE)

2024v1 5/2024

Mark applicable	ooxes: Amen	ded Schedule K-1	Final	Schedule	K-1					
Part I. Pass-	through Entity	Information								
Name Test	Partnersh	ip 1 LLC					FEIN	2011	1111	1
Mailing Addres	s 1793 Lege:	ndborn Way							1	
City Heler	ıa		State	M T	ZIP Code	5 9 6 0 2				
Part II. Own	er Information									
Name Own	er Nineteen	1					FEIN	10000	0001	9
Mailing Addres	s 2 Lancelo	t Lane					or SSN			
City Pendr	agon		State	PA	ZIP Code	15237	Beneficial Owner FEIN			
							or SSN			
Owner Type	P	Resident		Nonreside	ent					
Special A	llocations (See instru	ctions)					Profit and loss percentag	e 2	2.0000	%
The owner	er is included in a PTE	ET election					Capital/Ownershi	p 2	0000.5	%
Resident	owner PTET election	(See instructions)								
The owner	er is included in a con	nposite income tax return								

		_	
Part III. Montana Adjustments (See worksheet on pa	ige 9)	Everywhere	Montana
1 Additions	1	7500 00	7500 00
2 Subtractions	2	8500 00	8500 00
Part IV. Distributive Share of Montana Source Incom	me (Loss)		
1 Ordinary business income (loss)	1	300000000	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 2r	nd 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.	is is your total Montana income tax	withheld on your behalf. 3c	176897 00
4 Montana mineral royalty tax withheld		4	00

	Credit Auth	norization Number			Amount of Credit
					00
					00
tments Detail: Enter the	he amount and	d code of each adjustment entered or	Part 3. (Se	ee instructions)
7500 00	2 Code	2 A A 7500 00	3	Code 1 S	L 8500 00
8500 00	5 Code	00	6	Code	00
	7500 00	tments Detail: Enter the amount an	7500 00 2 Code 2 A A 7500 00	tments Detail: Enter the amount and code of each adjustment entered on Part 3. (So 7500 00 2 Code 2 A A 7500 00 3	tments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions 7500 00 2 Code 2 A A 7500 00 3 Code 1 S

and amount



00



4 Code 2SL

17000 00

5 Code

Montana Schedule K-1

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	Fina	Schedule	e K-1			
Part I. Pass-through	Entity Information						
Name Test Part Mailing Address 1793	nership 1 LLC Legendborn Way					FEIN	201111111
City Helena		State	M T	ZIP Code	5 9 6 0 2		
Part II. Owner Inform	nation						
Name Owner Twe	enty					FEIN	100000020
Mailing Address 2 La	ncelot Lane					or SSN	
City Pendragon		State	PA	ZIP Code	15237	Beneficial Owner FEIN	
-						or SSN	
Owner Type P T P	Resident		Nonreside	ent			
Special Allocations (See instructions)					Profit and loss percentag	e 4.0000 %
	ed in a PTET election ET election (See instructions)					Capital/Ownershi	p 4.0000 %
V The august is include	d in a composite income tay setum						

X The owner is included i	in a composite income tax re	eturn			
D 4111 BB 4 A 11	4 40			Α.	B
Part III. Montana Adju	stments (See worksr	leet on page 9)		Everywhere	Montana
1 Additions			. 1	15000 00	15000 0
2 Subtractions			2	17000 00	17000 0
Part IV. Distributive S		irce Income (Loss)			
 Ordinary business income 			1	600000000	6000000
Net rental real estate incor			2	0 0	0
3 Other net rental income (le	oss) -		3	00	0
4a Guaranteed payments: se	ervices		4a	00	0
4b Guaranteed payments: ca	apital		4b	6222 00	6222 0
5 Interest income			5	1400 00	14000
6 Ordinary dividends			6	2000 00	20000
7 Royalties			7	00	0
8 Net short-term capital gair	n (loss)		8	00	0
9 Net long-term capital gain			9	00	0
10 Net section 1231 gain (los			10	00	0
11 Other income (loss) (include			-11	66000	660 0
12 Section 179 expense ded	•		12	00	0
13 Other expense deductions			13	1620 00	16200
14 Total distributive share (Se			14	6006662 00	6006662 0
Part V. Supplemental I				0000002 00	3000002
The owner filed Form		The owner is	a Domestic 2n	d tier PTF	
1 PTET paid on behalf of ov		THO OWNER TO	a pornociio ziri	1	0.0
Montana composite incom		or.		2	353286 00
3a Montana income tax withh				3a	00
3b Montana income tax withh	•	,		3b	0(
3c Add lines 3a and 3b.	icid by a lower lier pass-lillor	-	na incomo tav	withheld on your behalf. 3c	0(
	av withhold	i ilis is your total monta	illa illicollie tax	4	0(
4 Montana mineral royalty to		and amount		00	0(
5 Other information. List type Part VI. Tax Credits		and amount	5	00	
		Cuadit Authorization Num	hau		Amount of Credit
Code		Credit Authorization Num	IDEL		Amount of Credit
1					00
2				D 10 10 1 1 1 2 2 3	00
				ered on Part 3. (See instructions)	NAT 12 11 2 1-500
1 Code 1AA	15000 00	2 Code 2 A A	1500	0 00 3 Code 1 S I	17000 00



6 Code



Clear Form

(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 20111111
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 100000021
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 pa	ge 9)	Everywhere	Montana
1 Additions	1	15000 00	15000 00
2 Subtractions	2	17000 00	17000 00
Part IV. Distributive Share of Montana Source Incom	me (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	600666200	6006662 00
Part V. Supplemental Information			
The owner filed Form PT-AGR Year	The owner is a Domestic 2	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
	is is your total Montana income ta	ax withheld on your behalf. 3c	00
4. Montono minoral royalty tay withhold	•	4	0.0

4 Montana mineral royalty tax withheld				4		00
5 Other information. List type	and amount	5	0.0)		00
Part VI. Tax Credits						
Code	Credit Authorization Num	ber			Amount of Credit	
1						00
2						00
Part VII. Montana Adjustments De	ail: Enter the amount and code of each a	djustment entered on Part 3.	(See instru	ictions)		
1 Code 1AA 1500	00 2 Code 2AA	15000 00	3 Code	1 S L	17000	00 (
4 Code 2 S L 1700	00 5 Code	00	6 Code			00





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

		•	ŭ	Ü			
Mark applicable boxes: Amended	Schedule K-1	Final	Schedul	le K-1			
Part I. Pass-through Entity Int	formation						0
Name Test Partnership	1 LLC					FEIN	201111111
Mailing Address 1793 Legend							
City Helena	-	State	MT	ZIP Code	59602	2	
Part II. Owner Information							
Name Owner Twenty-Two						FEIN	100000022
Mailing Address 2 Lancelot	Lane					or SSN	
City Pendragon		State	PA	ZIP Code	15237		
O	Dasidant		Alamana'a	lani.		or SSN	
Owner Type S	Resident		Nonresio	ent		Droft and loss paraentes	e 4.0000 °
Special Allocations (See instruction The owner is included in a PTET e						Profit and loss percentag Capital/Ownershi	
						Capital/Ownershi	p 4.0000
Resident owner PTET election (Set X The owner is included in a composite of the composite o	,						
The owner is included in a compos	site income tax return	'				A	В
Part III. Montana Adjustments	(See workshee	t on pag	ne 9)			Everywhere	Montana
1 Additions	(000 1101101100	. o., pu	3 0 0 /		1	15000 00	15000 00
2 Subtractions					2	1700000	17000 00
Part IV. Distributive Share of I	Montana Sourc	e Incon	ne (Los	ss)		1,0001	1,000
1 Ordinary business income (loss)			(,	1	6000000000	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	140000	140000
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
40. Not agetian 1021 agin (lass)					10	0.0	0.0

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	66000	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	600666200	6006662 00
Part V. Supplemental Information			

The owner filed Form PT-AGR Year	I he owner is	a Domestic 2nd tier i	71E		
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 instr	ructions)			3a	00
3b Montana income tax withheld by a lower tier pass-through e	entity			3b	00
3c Add lines 3a and 3b.	This is your total Montan	na income tax with	eld on your behalf.	3c	00
4 Montana mineral royalty tax withheld				4	00
5 Other information. List type	and amount	5	00	0	00
Port VI Toy Credite					

Code	Credit Authorization Number	Amount of Credit	
Ť			00
2			00
Part VII. Montana Adjust	ments Detail: Enter the amount and code of each adjustment entered on Part 3 (See instructions)		

Part VII. Montana Adjust	ments Detail: Enter	the amount	and code of ea	ch adjustment entered on Part 3	3. (See instructions)
		0 0 1	0 7 7		0 0 1

1	Code IAA	15000 00	2	Code 2AA	15000 00	3	Code 1 S L	17000 00
4	Code 2 S L	17000 00	5	Code	00	6	Code	0.0





Clear Form

2024v1 5/2024

(PTE)

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

Amended Schedule K-1 Mark applicable boxes: 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 M T ZIP Code 59602 Part II. Owner Information Name Owner Twenty-Three 100000023 Mailing Address 2 Lancelot Lane or SSN City Pendragon ZIP Code 15237 Beneficial Owner FEIN or SSN Owner Type S Resident Nonresident Profit and loss percentage Special Allocations (See instructions) 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

		Α	
Part III. Montana Adjustments (See worksheet on page 9)		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	600000000	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	600666200
Part V. Supplemental Information			

14 Total distributive share (See Instructions)		14	6006662 00)	600666200
Part V. Supplemental Information					
The owner filed Form PT-AGR Year	The owner is	a Domestic 2r	nd tier PTE		
1 PTET paid on behalf of owner. (See instructions)				1	0.0
2 Montana composite income tax paid on behalf of owner				2	00
3a Montana income tax withheld on behalf of owner. (See instructi		3a	353793 00		
3b Montana income tax withheld by a lower tier pass-through entity	у			3b	00
3c Add lines 3a and 3b.	This is your total Montan	a 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					

	Cod	de		Cre	dit Aut	horizatio	n Number				Amount of Credit	
1											00)
2											00)
Par	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)





The owner is included in a composite income tax return

Montana Schedule K-1

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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 M T ZIP Code 59602 City Helena State Part II. Owner Information Name Owner Twenty-Four **FEIN** 100000024 Mailing Address 2 Lancelot Lane or SSN City Helena ZIP Code 5 9 6 0 2 Beneficial Owner FEIN State or SSN Owner Type X 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)

		A	
Part III. Montana Adjustments (See worksheet on page 9)		Everywhere	Montana
1 Additions	1	375000	3750 00
2 Subtractions	2	425000	4250 00
Part IV. Distributive Share of Montana Source Income (Lo	oss)		
1 Ordinary business income (loss)	1	150000000	1500000 0 0
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4 a	00	00
4b Guaranteed payments: capital	4b	155500	1555 00
5 Interest income	5	35000	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	16500	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 2n	d 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

rai	t 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 instruction	ns)			1	00
2	Montana composite income tax paid on behal	f of owner			2	00
3a	Montana income tax withheld on behalf of own	ner. (See instructions)			3a	00
3b	Montana income tax withheld by a lower tier p	ass-through entity			3b	00
3c	Add lines 3a and 3b.	This is your total Monta	na income tax withl	held on your behalf.	3c	00
4	Montana mineral royalty tax withheld				4	00
5	Other information. List type	and amount	5	0	0	00
Par	t VI. Tax Credits					

	Code		Credi	LAULITORIZALIOTI NU	IIIDEI			Amount of Credit	
1									00
2									00
Par	t VII. Montana Adju	istments Detail: Enter th	ne amo	unt and code of each	adjustment entered on Part	t 3. (Se	e 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





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 59602 ZIP Code City Helena State M T Part II. Owner Information Name Owner Twenty-Five **FEIN** Mailing Address 2 Lancelot Lane or SSN 100000025 ZIP Code 59602 City Helena State Beneficial Owner FEIN or SSN Owner Type Ι X 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)		Everywhere	Montana
1 Additions	1	26250 00	26250 00
2 Subtractions	2	29750 00	29750 00
Part IV. Distributive Share of Montana Source Income (Loss)			
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 0 0
5 Interest income	5	2450 00	2450 0 0
6 Ordinary dividends	6	3500 00	3500 0 0
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 0 0
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	2835 00	2835 0 0
14 Total distributive share (See instructions)	14	1051165800	10511658 00
Part V. Supplemental Information			
The owner filed Form PT-AGR Year The o	wner is a Domestic 2	nd 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
0 4115 0 - 101			0.0

3c Add lines 3a and 3b. 00 This is your total Montana income tax withheld on your behalf. 3c 00 4 Montanamineral royalty tax withheld 5 Other information. List type and amount 00 00 Part VI. Tax Credits

Code **Credit Authorization Number Amount of Credit** 00 2 00 Part VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions)

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





The owner is included in a composite income tax return

Montana Schedule K-1

Clear Form

2024v1 5/2024

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

Amended Schedule K-1 Final Schedule K-1 Mark applicable boxes: Part I. Pass-through Entity Information **FEIN** 201111111 Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way City Helena M T ZIP Code 59602 Part II. Owner Information Name Owner Twenty-Six **FEIN** Mailing Address 2 Lancelot Lane or SSN 100000026 MT ZIP Code 59602 Beneficial Owner FEIN City Helena State or SSN Owner Type X 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)

Part III. Montana Adjustments (See worksheet on pa	age 9)	Everywhere	Montana
1 Additions	1	18750 00	18750 00
2 Subtractions	2	21250 00	21250 00
Part IV. Distributive Share of Montana Source Inco	me (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	175000	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 0 0
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	0.0
2 Montana composite income tax paid on behalf of owner		2	00
3a Montana income tax withheld on behalf of owner. (See instructions	3)	3a	00
3b Montana income tax withheld by a lower tier pass-through entity		3b	00
3c Add lines 3a and 3b.	nis is your total Montana income ta	ax withheld on your behalf. 3c	00
4 Montana mineral royalty tax withheld		4	00
- 64 - 16 1 - 16 - 1			

5 Other information. List type 00 00 and amount 5 Part VI. Tax Credits Code **Credit Authorization Number Amount of Credit** 00 1 00 2 Part VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions) 1 Code 1AA 18750 00 2 Code 1 S L 21250 00 3 Code 0.0

00

5 Code



6 Code

00



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 An	ınual Paym <u>e</u>	
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 1	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 <u> </u>	3262620
5 2023 pass-through entity tax and/or composite tax liability from Form PTE, lines 2 6 Enter the lesser of line 2 or line 5. This is your required annual page 1.		3855150
6 Enter the lesser of line 2 or line 5. This is your required annual page 1.	ayment. 6 <u>I</u>	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 fou	r equal estimat	ed tax navments by
the required due dates.	r oqual ootimat	ou tax paymonto by
1 Estimated tax payments made for tax year 2024 for pass-through entity tax and/o	r i	
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 f		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	ount on	
line 3 was paid before March 17, 2025, multiply the number of days the amount w	as 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 estimate	d taxes. 6	1370,58

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
Complete lines 1 through 4 in ea				1/13/2023
1 Divide Part I, line 6, by four and enter the result	CII COIUIIIII DEIC	i e gonig to iii	le J.	
in each column. If using the annualized method,				
enter Part IV, line 22.	705000	725200	705000	705000
2 Divide Part I, line 3a, by four and enter the result in	735388	735388	735388	735388
each column 2	1388	1388	1388	1388
	733951	733951	733951	733951
4 Amount of estimated tax paid by the date in each column.	733951	733931	733951	733931
Include the amount from Part I, line 3b in Column A.			0	
		ving to the nev		U
Complete lines 5 through 11 of one co	olumni belore go	ning to the nex	a column.	
5 Overpayment from the previous period, if any, from line 11 of the previous column			0	
line 11 of the previous column 6 Add lines 4 and 5.		U	0	U
		0	0	
This is your estimated payment for the period.	0	U	U	0
7 Add lines 9 and 10 from the previous column.	,	722054	1467902	2201052
This is your total underpayment to date. 7 8 Subtract line 7 from line 6. If zero or less enter 0.		733951		2201852
	0	0	0	0
9 If the amount on line 8 is zero, subtract line 6 from line 7.	Out of the second			
Otherwise, enter 0.		700054	4.407000	2221252
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.	700054			
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. 1		0	0	0
Complete lines 12 through 14 of the colu	mns where the	re is an amou	nt on line 10.	
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)	336	273	182	61
14 Multiply line 10 by line 13.			000=1	
Then, multiply the result by 0.000219		43881	29254	9805
15 Add the amounts on line 14 in each column. Enter here a				
This is your interes	st on underpay	ment of estima	ited 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.

			D /line 16h)	Clling 16a	D /line 16d)	F	_	r		
	A		B (line 16b)	C (line 16c)	D (line 16d)		.1.1.	,	G	
	Federal Sch	edule	Federal Schs K-1	DERs	Nonapportionable	Apportion	able	Apportionment	Income appor	
	К				income	Incom	e	factor from Sch I,	MT (E x	(F)
						(A - B - C	- D)	Line 5		
1 Ordinary buiness income (loss)	\$ 150,000	,000	\$ 222,222			\$ 149,77	7,778	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				\$ 15	5,540	100.0000%	\$	155,540
5 Interest income	\$ 35	,000				\$ 3	5,000	100.0000%	\$	35,000
6 Ordinary dividends	\$ 50	,000				\$ 5	0,000	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	5,500				\$ 1	6,500	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				\$ 4	0,500	100.0000%	\$	40,500
14 Total	\$ 150,216	5,540	\$ 222,222	\$ -	\$ -	\$ 149,99	4,318	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 mistak@50 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

Required Attachments:

Example PDF attachment (PDF stating "Attachment Example")

Taxpayer Information:

Test Partnership 2 LLC

763 Lambda Ave, APT H3

Lykos, MS 72016

FEIN:

20-222222

State Formed in:

Mississippi

MT Secretary of State ID:

M3824120

Schedules DE Included:

Date Formed:

01/28/2014

Federal Business Code/NAICS:

541715 7/15/2014

Date registered in MT: Schedules K-1 Received:

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.

Federal:

- Form 1065
- Schedule K



2024 Montana Pass-Through Entity Tax Return Include a complete copy of all related federal forms and schedules. Partnership X S corporation

Form PTE 2024v1 5/2024

	For calendar year 2024 o	or tax year beginning	01012024	and ending	12312024	
Mark all that apply:	Name				FEIN 2 0	2 2 2 2 2 2 2
Initial return	Test Partnership 2	LLC		Federal Business	Code/NAICS 5 4	1715
Final return	Mailing Address			MT Secretary	of State ID# M 3	824120
Amended return	736 Lambda Ave API	. нз		Date of Registratio	n in Montana 0 7	152014
X Refund return	City	State ZIP Code	+ 4	State formed in	M S on 01	282014
PTP	Lykos	M S 7 2 0	1 6			
X PTET						
X Resident PTET	Enter Number of: Schedules	s K-1 Included 5	Nonresident Owners	3 2	Schedules DE Includ	ded 1
	Rex	sident Owners 1	Other Types of Owners	3 2	Schedules K-1 Receiv	ved
Owners' Distrib	utive Share of Income Items	(federal Schedule K)				
1 Ordinary business		(reacrar concadio 11)			1	40000000
•	tate income (loss) (include federal Form	8825)			2	00
	rental income (loss)	3329)	3a	0.0		00
	om other rental activities (include detaile	d statement)	3b	00		
3 Subtract line 3b from			This is your other net rer			00
	payments: Services		4a	5750 00		00
	payments: Capital		4b	4100 00		
4 Add lines 4a and 4			This is your total gua			9850 00
5 Interest income	40		This is your total gua	iranteed payments		185000 00
6 Ordinary dividend	ic .				5 6	15000 00
7 Royalties	3				7	00
•	pital gain (loss) (include federal Schedu	lo D)			8	00
					9	00
	oital gain (loss) (include federal Schedule	e U)			10	00
	gain (loss) (include federal Form 4797)				11	00
	s) (include detailed statement)		This is your total fode			609850 00
12 Add lines 1 throug		ma Mantana Caura	This is your total fede			609850 00
	utive Share of Deduction Ite	ms – Montana Source				
	deduction (include federal Form 4562)		13a	00		
13b Contributions			13b			
13c Investment in			13c	00		
)(2) expenditures (include detailed state	ment)	13d	00		
	tions (include detailed statement)		13e	115000 00		
	ough 13e and enter result.		This is your total fe			115000 00
14 Subtract line 13 fro		Ini	s is your federal income	from all sources.	14	494850 00
	s to the PTE's apportionable activities	41.74	40	0.0	15	15299 00
	tractions from the PTE's apportionable		16a	00		
	nere income (loss) from federal Schedu		16b	00		
	nere income (loss) from disregarded en		16c	3450 00		
	portionable income (loss) from the PTE		16d	5750 00		
16 Add lines 16a thro		This is your deduc	ctions including nonapp	ortionable income.		9200 00
	15, then subtract line 16.				17	500949 00
	describes your business activity or ente					
	itana activity 0% Montana		% Apportionment factor	rx line 17	18	175332 00
	a source income received from pass-th	•			15	
	urce income from MT Schedules K-1 iss	sued to this entity)	19a	00		
	a source income from Schedules VII		19b	1627 00		
	nable income allocated to Montana. (Se		19c	5750 00		
19 Add lines 19a thro		This is the total nonapport				7377 00
20 Add lines 18 and 1	19; enter result.		This is your total Monta	na source income.	. 20	182709 00



Name Test Partnership 2 LLC FEIN	2	0	2 2	2 2	2 2	2 2	
Prepayments							_
21 2024 payments Mark this box if you made estimated payments using the annualization method (See instructions)	21					5000	00
22 2023 overpayment applied to 2024	22						00
23 Add lines 21 and 22. Total prepayments	23				ļ	5000	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					267669	∂00
25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1	25					15792	2 00
26 Flow-Through Payments Schedule, Column A, line 12	26					32950	00 (
27 Subtract lines 23 and 26 from line 25. Pass-through entity tax due or (overpayment). 27					-22158	3 00
28 Total composite tax from Schedule IV, Column H	28						
29 Flow-Through Payments Schedule, Column B, line 12	29					1050	00 (
30 Add lines 27 and 28, then subtract line 29. Composite tax and pass-through entity tax due or (overpayment). 30					-22813	3 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				-22	2 813 0	0
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				-2	2 813 0	0
Penalty and Interest							
41 Late payment penalty	41						00
42 Interest	42						00
43 Add lines 40 through 42. Total tax, penalties, and interes	t. 43				-22	2 813 0	0
Amount Owed or Refund							
44 If line 43 is more than zero, enter the amount here. This is the amount you own	. 44						00
45 If line 43 is less than zero, enter the amount here. This is your overpayment.	t. 45				22	2 813 0	0
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	l. 47				22	2 813 0	0

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 Darrow Au Andromedus Phone 5 9 7 6 3 4 2 1 9 3

Tax Preparer

 Signature
 Date Signed
 0
 8
 1
 9
 2
 0
 2
 4

 Print Name
 Pierce Brown
 Phone
 4
 5
 8
 9
 6
 1
 7
 3
 2
 3

X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN P 1 3 2 4 5 1 0 8

Tax Preparation Firm

Fimm Name Red Rising Fimm'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 Title Telephone Number
Sevro Au Barca Gold 5 9 8 2 6 4 7 3 1 9

Email SonofAres@Howlers.com





2024 Montana Form PTE – Flow-Through Payments Schedule



Name Test Partnership 2 LLC

FEIN 2 0 2 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.

			Α	В	С
Entity Name		FEIN	Mineral Royalty	Pass-Through	Pass-Through Entity
			Withholding Received	Withholding Received	Tax Received
1 MRW LLC	1 0 0	000001	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 3	00	00	20000 00
4			00	00	00
		5 Totals	3000 00	11000 00	20000 00

Part II. Flow-through payment allocations (See instruction	ns)	Sc	chedules K-1 subject to:	
		Α	В	С
		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	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 roy alty 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		0.0	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



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	n C.	A	В	С
1 Property Factor: Use average value for real and tangible personal property		Everywhere	Montana	Factor
1a Land	1a	100000 00	250	00 00
1b Buildings	1b	50000 00	250	00 00
1c Machinery	1c	30000 00	100	00 00
1d Equipment	1d	55000 00	150	00 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	750	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	30.0000 %
2 Payroll Factor:				
2a Compensation of officers	2a	100000 00	500	00 00
2b Salaries and wages	2b	25000 00	250	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	125000 00	750	00 00
Divide the total in Column B by the total in Column A. Multiply the result by 100.		This is you	r 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)	1000	00 00
(2)Shipped from within Montana		3b(2)	250	00 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	e)	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	250	00 00
3g Total Receipts Value. Add lines 3a through 3f.	3g	600000 00	1500	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	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 ca	n be includ	ed 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



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	В	С
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

EIN 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			Part III. Composite Tax Ratio			
1 Federal income from all sources from page 1, line 14	1	494850 00	1 Total Montana source income from page 1, line 20	1		18270900
2 Total guaranteed payments for services from page 1, line 4a	2	5750 00	2 Multiply Part II, line 2 by the apportionment factor from			
3 Total Everywhere Additions from Montana Adjustments Worksheet,			Schedule I, line 6	2		5750 00
Column E, line 1	3	15299 00	3 Subtract line 2 from line 1. Adjusted Montana source income	3		176959 00
4 Total Everywhere Subtractions from Montana Adjustments			4 Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).			
Worksheet, Column E, line 2	4	00	Composite tax ratio	4	0.	350832
5 Add lines 1 and 3, then subtract lines 2 and 4.						
Adjusted federal income	5	504399 00				

Part IV. Composite Tax

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

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 Five	20000005	38261	431 00	14600	23230 00	1125 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 com	posite tax participar	nts, attach a statement with the sai	me information a	nd report the total composite tax from	m those statements here. 11	00
					n Column H to each owner's Sched		00





2024 Montana Form PTE Schedule VI – Reporting of Special Transactions



Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2

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
- 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

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

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:

В	С
FEIN	Amount of Payment
	B FEIN

00 00





2024 Montana Form PTE Schedule VII – List of Disregarded Entities



mme Test Partnership 2 LLC							FEIN 2	0 2 2 2 2 2 2
A Name	B FEIN	C Montana SOS Registration Number	TTC	E Q Sub	F If Q Sub, Enter Election Date	G DE has Multistate Activities	H DE is a Segment of the PTE	Montana Source Income from DE's Own Activities
Test DE 1	987654321	D654321	×			×		1627 (
Test DE 2	192837645	C162534					×	(
							15 Total	1627



24TT0801



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



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.

	re your Montana source income. If line 17 includes not	паррог	rtionable income, report it on the	арр	licable iir	ne in the Montana Column.
Disregarded Entity Name Disregarded Entity FEIN	Test DE 1 9 8 7 6 5 4 3 2 1		Α			В
Business Income and Deduct			Everywhere			Montana
1a Gross income	ions	1a	12500 00)		Workaria
1b Returns and allowances		1b	450 00			
1c Balance, Subtract line 1b from lin	no 1a	1c	12050 00			
1d Cost of goods sold (provide state		1d	6000 00			
1e Gross profit. Subtract line 1d from		1e	6050 00			
1f Other income including gains (pr		1f	300 00			
1g Add lines 1e and 1f.	This is your total income.	1g	6350 00			
1h Wages	This is your total moone.	1h	1300 00			
1i Rent		1i	1100 00			
1j Other deductions (provide stater	ment\	'i 1j	500 00			
1k Add lines 1h through 1j.	This is your total deductions.		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	This is your total moonic norm trade or susmess.		3130 00			1027 00
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	J., 1	5	00			00
6 Ordinary dividends		6	00			00
7 Royalties		7	00			00
8 Net short-term capital gain (loss) (incl	lude federal Schedule D)	8	00			00
9 Net long-term capital gain (loss) (inclu		9	00			00
10 Net section 1231 gain (loss) (include		10	00			00
11 Other income (loss) (include detailed		11	00)		00
12 Section 179 deduction (include federal		12	00)		00
13 Other deductions (include detailed sta	·	13	00)		00
14 Add lines 1 through 11, then subtract		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 lin	e 16.					
Mark this box if some income	e 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	2, 3, and 4.	7	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 calc	culation	n. If a property, payroll, or			
receipts factor is 0%, it is included in the	ne calculation for line 6 if there is a value in the "Everywh	ere" C	olumn.			



This is your Apportionment factor. 6



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
	ana Adjustments to Every		ie A	В	С	D	E
1	Montana Additions		PTE's Apportionable	Nonapportionable	From MT Schedules K-1,	From Schedules DE,	Total Everywhere
	to Everywhere Income	Code	Activities	Income	Part 3, Column A	Column A, Lines 15 and 16	Adjustments
Di.	vidends	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
2	Montana Subtractions	Total	15299 00	00	00	00	15299 00
	from Everywhere Income						
			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
Adjus	tments to Montana Source	e Income	Α	В	С	D	E
				Nonapportionable Income	From MT Schedules K-1,	From Schedules DE,	Total Montana Source
	Montana Source Additions	Code	Activities		Part 3, Column B	Column B, Lines 15 and 16	Income Adjustments
Di	vidends	A A	5355 00	00	00	00	5355 00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	0.0
			00	00	00	00	00
			00	00	00	00	00 00
		Total	00	00	00	00	00
4 N	fontana Source Subtractions	Total	00 00 5355 00	00 00 00	00 00 00	00 00 00	00 00 5355 00
4 N	flontana Source Subtractions	Total	00 00 5355 00	00 00 00	00 00 00	00 00 00	00 00 5355 00
4 N	flontana Source Subtractions	Total	00 00 5355 00 00 00	00 00 00 00	00 00 00 00	00 00 00	00 00 5355 00 00 00
4 N	Montana Source Subtractions	Total	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 5355 00 00 00
4 N	flontana Source Subtractions	Total	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 5355 00 00 00 00
4 N	flontana Source Subtractions	Total	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 5355 00 00 00 00 00
4 N	Nontana Source Subtractions	Total	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 5355 00 00 00 00



24TT1001



2024 Montana Form PTE – Montana Source Income Schedule

2024v1 5/2024

Name West Destroyabin 2 IIC				FEIN	2 0 2 2 2 2 2 2 2
Name Test Partnership 2 LLC	A	В	С	D	E E
Sum of Montana source income per item of income (loss) and deduction.	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
1 Ordinary business income (loss) 1	00	1627 00	00	138793 00	140420 00
, ,	00	162700	00	138793 00	140420 00
2 Net rental real estate income (loss) 2					
3 Other net rental income (loss) 3	00	00	00	00	00
4a Guaranteed payments: services 4a	00	00	5750 00	00	5750 00
4b Guaranteed payments: capital 4b	00	00	00	143500	1435 00
5 Interest income 5	00	00	00	64750 00	64750 00
6 Ordinary dividends 6	00	00	00	5250 00	5250 00
7 Royalties 7	00	00	00	00	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).	00	00	00	00	00
12 §179 expense deduction apportionable					
and/or allocable to Montana 12	00	00	00	00	00
13 Other expense deductions apportionable			ž)		
and/or allocable to Montana 13	00	00	00	40250 00	40250 00
14 Total Montana Source Income 14	00	1627 00	5750 00	169978 00	177355 00



(PTE)

2024v1 5/2024

20222222

200000001

30.0000 %

30.0000 %

FEIN

FEIN

or SSN

or SSN

Capital/Ownership

Beneficial Owner FEIN

Profit and loss percentage

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

72016

98501

Mark applicable boxes: Amended Schedule K-1 Final Schedule K-1 Part I. Pass-through Entity Information

Name Test Partnership 2 LLC

Mailing Address 736 Lambda Ave APT H3

City Lykos State M S ZIP Code

Part II. Owner Information

Name Owner One

Mailing Address 755 Bellona Blvd.

City Olympia ZIP Code

WA

Owner Type Resident X Nonresident

Special Allocations (See instructions)

X The owner is included in a PTET election Resident owner PTET election (See instructions)

The owner is included in a composite income tax return

		Α	В
Part III. Montana Adjustments (See worksheet on page 9)		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	3234 00
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	al Montana income t	ax withheld on your behalf. 3c	00
4 Montana mineral royalty tax withheld		4	00
5 Other information. List type and a	mount 5	00	00

I alt VI. Iax Ofcults	Part '	VI.	Tax	Credits
-----------------------	--------	-----	-----	---------

	Coc	ie –		Cre	dit Aut	norizatio	on Number			Amount of Credit	
1											00
2											00
Par	t VII. N	/lontana	Adjustments Detail:	Enter the a	nount ar	nd code c	of each adjustment entered on I	Part 3. (Se	ee instructions)		
1	Code	1 A A	4590 00	2	Code	2 A A	1606 00	3	Code		00
4	Code		0.0	5	Code		00	6	Code		00





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 12312024

Mark applicable boxes: Amended Schedule K-1 Final Schedule K-1 Part I. Pass-through Entity Information **FEIN** Name Test Partnership 2 LLC 20222222 Mailing Address 736 Lambda Ave APT H3 City Lykos State M S ZIP Code 72016 Part II. Owner Information Name Owner Two FEIN Mailing Address 755 Bellona Blvd. or SSN 200000002 City Helena MT ZIP Code 59602 Beneficial Owner FEIN State or SSN Owner Type X Resident Nonresident Special Allocations (See instructions) Profit and loss percentage 30.0000 % X The owner is included in a PTET election Capital/Ownership 30.0000 % X Resident owner PTET election (See instructions) The owner is included in a composite income tax return В Montana Part III. Montana Adjustments (See worksheet on page 9) Everywhere 1 Additions 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) 00 3 00 4a Guaranteed payments: services 1725 00 1725 00 4a 4b Guaranteed payments: capital 1230 00 431 00 4b 5 Interest income 5 55500 00 19425 00 6 Ordinary dividends 1575 00 6 4500 00 00 7 Royalties 00 7 00 8 Net short-term capital gain (loss) 8 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) 12 Section 179 expense deduction 12 00 00 13 Other expense deductions 34500 00 12075 00 13 14 Total distributive share (See instructions) 54813 00 14 153045 00 Part V. Supplemental Information

11

The owner filed Form PT-AGR The owner is a Domestic 2nd tier PTE Year 1 903000 1 PTET paid on behalf of owner. (See instructions) 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 0.0 3b 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 00 00 5 Other information. List type and amount 5 0.0

Part VI. Tax Credits Code Credit Authorization Number **Amount of Credit** 1 0.0 00

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

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



00



Montana Schedule K-1

Clear Form

2024v1 5/2024

(P

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

Amended Schedule K-1 Mark applicable boxes: Final Schedule K-1 Part I. Pass-through Entity Information **FEIN** 20222222 Name Test Partnership 2 LLC Mailing Address 736 Lambda Ave APT H3 City Lykos State M S ZIP Code 72016 Part II. Owner Information Name Owner Three FEIN Mailing Address 755 Bellona Blvd. or SSN 200000003 City Olympia 98501 Beneficial Owner FEIN State WA ZIP Code or SSN X Nonresident Owner Type Ι Resident Special Allocations (See instructions) Profit and loss percentage 17.5000 % X 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

The owner is included in	n a composite income tax re	eturn				
				Α		В
Part III. Montana Adjus	stments (See works)	heet on page 9)		Everyw	here	Montana
1 Additions			1		2677 00	937 00
2 Subtractions			2		00	00
Part IV. Distributive Sh	nare of Montana So	urce Income (Loss)				
1 Ordinary business income	e (loss)		1		70000 00	24573 00
2 Net rental real estate incor	me (loss)		2		00	00
3 Other net rental income (lo	oss)		3		00	00
4a Guaranteed payments: se	ervices		4a		1006 00	1006 00
4b Guaranteed payments: ca	pital		4b		71800	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	•		9		00	00
10 Net section 1231 gain (los	s)		10		00	00
11 Other income (loss) (include	de detailed statement)		11		0 0	00
12 Section 179 expense dedu	uction		12		00	00
13 Other expense deductions			13		20125 00	7044 00
14 Total distributive share (Se	e instructions)		14		8927600	31973 00
Part V. Supplemental I	nformation					
The owner filed Form F	PT-AGR Year	The owner	is a Domestic	2nd tier PTE		
1 PTET paid on behalf of ow	ner. (See instructions)				1	1886 00
Montana composite incom	ne tax paid on behalf of own	er			2	00
3a Montana income tax withh	eld on behalf of owner. (See	e instructions)			3a	00
3b Montana income tax withh	eld by a lower tier pass-thro	ough entity			3b	00
3c Add lines 3a and 3b.		This is your total Mon	tana income	tax withheld o	n your behalf. 3c	00
4 Montana mineral royalty ta	x withheld				4	00
5 Other information. List type	9	and amount	5		00	00
Part VI. Tax Credits						
Code		Credit Authorization Nu	mber			Amount of Credit
1						00
2						00
	stments Detail: Ente	er the amount and code of each	adjustment e	entered on Par	t 3. (See instructions)	
1 Code 1AA	2677 00	2 Code 2AA	9	937 00	3 Code	00



6 Code

00

00

5 Code



Montana Schedule K-1

Clear Form

2024v1 5/2024

(PTE

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 Part I. Pass-through Entity Information	Final Schedule K-1	
Name Test Partnership 2 LLC Mailing Address 736 Lambda Ave APT H3		FEIN 2 0 2 2 2 2 2 2 2
City Lykos	State M S ZIP Code 7 2 0 1 6	
Part II. Owner Information		
Name Owner Four		FEIN 20000004
Mailing Address 755 Bellona Blvd.		or SSN
City Olympia	State W A ZIP Code 98501	Beneficial Owner FEIN
		or SSN
Owner Type P Resident	Nonresident	
Special Allocations (See instructions)		Profit and loss percentage 15.0000 %
X 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		

Resident owner PTET	election (See instructions)					
The owner is included in	n a composite income tax re	eturn				
				Α		В
Part III. Montana Adjus	stments (See works	heet on page 9)		Everywh	ere	Montana
1 Additions			1		2295 00	803 0
2 Subtractions			2		00	0.0
Part IV. Distributive Sh	nare of Montana So	urce Income (Loss)				
1 Ordinary business income	e (loss)		1		6000000	21063 00
2 Net rental real estate incor	me (loss)		2		00	0.0
3 Other net rental income (lo	oss)		3		00	00
4a Guaranteed payments: se	ervices		4a		863 00	1294 00
4b Guaranteed payments: ca	pital		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 (los	s)		10		00	0.0
11 Other income (loss) (include	de detailed statement)		11		00	00
12 Section 179 expense dedu			12		00	00
13 Other expense deductions	3		13		17250 00	6038 00
14 Total distributive share (Se			14		7652 3 0 0	27838 00
Part V. Supplemental I						
The owner filed Form F		The owner is	a Domestic 2	2nd tier PTE		
1 PTET paid on behalf of ow					1	1642 00
2 Montana composite incom		er			2	0(
3a Montana income tax withh					3a	0(
3b Montana income tax withh	· ·	· ·			3b	0(
3c Add lines 3a and 3b.	old by a lower act pace and	This is your total Monta	na income ta	x withheld on v		00
4 Montana mineral royalty ta	ax withheld	The is your total monta			4	0(
5 Other information. List type		and amount	5		00	0(
Part VI. Tax Credits	Barrier II.	and amount				
Code		Credit Authorization Num	her			Amount of Credit
1		Orcali Addition Edition (Valid	JC1			O(
2						00
	stmente Detail: Ente	er the amount and code of each a	diustment on	itered on Part 3	(See instructions)	
1 Code 1AA	2295 00	2 Code 2AA	-	03 00	3 Code	0.0
1 0006 TAY	2295 00	Z Code ZAA	8	03 00	3 Code	00



6 Code

00

5 Code



Montana Schedule K-1

Clear Form

2024v1 5/2024

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

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

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 M S ZIP Code 72016 Part II. Owner Information 200000005 Name Owner Five **FFIN** Mailing Address 755 Bellona Blvd. or SSN City Olympia ZIP Code 98501 Beneficial Owner FEIN State or SSN Owner Type 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 R Montana Part III. Montana Adjustments (See worksheet on page 9) Everywhere 1 Additions 402 00 1 1147 00 2 Subtractions 2 00 00 Part IV. Distributive Share of Montana Source Income (Loss) 1 Ordinary business income (loss) 10531 00 1 3000000 2 Net rental real estate income (loss) 00 00 2 00 00 3 Other net rental income (loss) 3 4a Guaranteed payments: services 4a 43100 00 4b Guaranteed payments: capital 4b 30800 108 00 5 Interest income 5 13875 00 4856 00 6 Ordinary dividends 6 1125 00 394 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) 00 11 00 12 Section 179 expense deduction 12 00 00 301900 13 Other expense deductions 8625 00 13 14 Total distributive share (See instructions) 14 3826100 13272 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) 00 2 Montana composite income tax paid on behalf of owner 2 00 3a Montana income tax withheld on behalf of owner. (See instructions) 00 3a 3b Montana income tax withheld by a lower tier pass-through entity 00 3b 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 00 4 Montana mineral royalty tax withheld 0.0 5 Other information. List type 00 00 and amount Part VI. Tax Credits **Credit Authorization Number** Code Amount of Credit 00 1 0.0 2 Part VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions) 3 Code 1 Code 1AA 1147 00 2 Code 2AA 402 00 0.0



00

6 Code

00

Code

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.

		Α	B (line 16b)	C (line	16c)	D (line	E	F		G
	F	ederal	Federal Schs K-1	DR	Es	16d)	Apportionable	Apportionment		Income
	Sc	hedule K				Nonappor	Income	factor from Sch I,	арр	ortioned to
						tionable	(A - B - C - D)	Line 5	٨	ЛТ (E x F)
		_				income				
1 Ordinary buiness 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)	\$	-				V.	\$ -	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			20,		\$ 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

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.

Federal:

- Form 1065
- Schedule K



2024 Montana Pass-Through Entity Tax Return Include a complete copy of all related federal forms and schedules.

Partnership S corporation X

Form PTE 2024v1 5/2024

		For calendar y	ear 2024 or tax year	beginning 0	1012024	and ending	12312	0 2 4
Mark	all that apply:	Name					FEIN	203333333
	Initial return	Test S-corp	1 Inc			Federal Business	Code/NAICS	3 3 3 3 2 0
X	Final return	Mailing Address				MT Secretary	y of State ID#	T 0 4 0 1 2 4 6
	Amended return	246 Nipcopp	er Close			Date of Registration	on in Montana	09042020
	Refund return	City		State ZIP Code +	4	State formed in	N Y on	10012006
	PTP	Tortall	ı	N Y 1 0 6 3	1 1 2 0 0 9			
	PTET							
	Resident PTET	Enter Number of	of: Schedules K-1 Included	d 2	Nonresident Owners	2	Schedules D	E Included
			Resident Owners	s (Other Types of Owners		Schedules K-	1 Received
					,,			
Ow	ners' Distribu	utive Share of Inc	ome Items (federal S	Schedule K)				
	Ordinary business		•				1	5000 00
		ate income (loss) (includ	le federal Form 8825)				2	-5000 00
		ental income (loss)	,		3a	-3000 00)	
			(include detailed statement)		3b	0.0		
3 3	Subtract line 3b fro		,	This	s is your other net ren	ital income or loss	s. 3	-3000 00
	4a Guaranteed	payments: Services			4a	0.0		
		payments: Capital			4b	0.0)	
4 /	Add lines 4a and 4				This is your total guar			00
	Interest income				····· Joan total gala	,	5	00
- 1	Ordinary dividends						6	250 00
	Royalties	•					7	4984 00
		oital gain (loss) (include f	ederal Schedule D)				8	00
		ital gain (loss) (include fe					9	00
		gain (loss) (include feder	·				10	00
		s) (include detailed state					11	00
		h 11 and enter result.	mony		This is your total fede	ral income or loss		2234 00
			duction Items – Mon					2234 00
		deduction (include federa		italia ooaloo ii	13a	150 00		
	13b Contributions		311 01111 1002)		13b	00		
	13c Investment in				13c	00		
		(2) expenditures (include	a detailed statement)		13d	00		
		ions (include detailed sta			13e	100 00		
		ugh 13e and enter resul			This is your total fed			250 00
	Subtract line 13 fro	•	L.	This is	your federal income			1984 00
		to the PTE's apportiona	able activities	1111313	your rederar income	monnan sources.	15	00
		ractions from the PTE's			16a	0.0		00
		ere income (loss) from t			16b	00		
		ere income (loss) from (16c	00		
) from the PTE's own activitie	oe.	16d	00		
	Add lines 16a throu				ons including nonappo			00
		5, then subtract line 16.	"	iis is your deductio	nis including nonappo	ortionable income	17	1984 00
			activity or enter your apporti	onmont factor			17	1984 00
10 1	X 100% Mont		0% Montana activity		/ Appartianment feeter	v line 17	10	100400
4		•	d from pass-through entities		% Apportionment factor	x iifle 17	18	1984 00
					100	0.0		
	•		hedules K-1 issued to this er	iuty)	19a	0.0		
		a source income from So		\	19b	00		
			Montana. (See instructions)		19c			0.0
	Add lines 19a throunds	T	i nis is the		able income (loss)so			1004.00
20 F	Add lines 18 and 1	enterresult.		In	is is your total Montar	na source income	. 20	1984 00



Propayments	Name Test S-corp 1 Inc		FEIN 2 0	3 3 3 3	3 3	3	
20 20 20 20 20 20 20 20	_						
2		you made estimated payments using the annualization method (See instruct	tions) 21				00
Pass-through Entity Tax, Composite Tax, and Pass-Through Withholding 24 10 to tache income subject to pass-through entity tax from all owners MT Schedules K-I, Part V, line 14 (see instructions) 25 0 0 0 0 0 0 0 0 0							00
1	23 Add lines 21 and 22.	Total prepa	ayments 23				00
5 Star plass—through entity lax from air owners MT Schedules K-1, Part V, line 1 26 00 00 00 00 00 00 00	Pass-through Entity Tax, Composite 1	Tax, and Pass-Through Withholding					
Set Power Payments Schedule Column Line 12 25 Pass-through entity tax due or (overpayment). 25 25 26 26 26 27 28 28 28 28 28 28 28	24 Total taxable income subject to pass-through en	tity tax from all owners' MT Schedules K-1, Part IV, line 14 (see instructions)	24				00
7. Subtract lines 23 and 26 from fine 25	25 Total pass-through entity tax from all owners' MT	Schedules K-1, Part V, line 1	25				00
28 Total composite fate from Schedule (N. Column H 28 29 29 19 19 19 19 19 19	26 Flow-Through Payments Schedule, Column A, li	ine 12	26				00
Second Payments Schedule, Column B, line 12	27 Subtract lines 23 and 26 from line 25.	Pass-through entity tax due or (overp	payment). 27				00
20 Add Illine 37 and 32, then subtract line 29. Composite tax and pass-through entity tax due or (overpayment). 30 30 10 10 10 10 10 10	·						
1 Interest on underpayment of estimated rate (see instructions) 31 00 00 00 00 00 00 00							
10 10 10 10 10 10 10 10							
33 PTES tax liability resulting from an adjustment to partnership income (see instructions)	· ·						
1 1 1 1 1 2 2 3 4 3 3 4 3 4 3 4 3 5 5 5 5 5 5 5 5 5							
Separation Sep							
10 10 10 10 10 10 10 10							
Total PTE taxes with interest and/or penalty, 37, and 36, an		rass-through withholding and other partnership liability due or (overp					
### Parameted Returns 38 For ammeded returns only - previously issued refunds 38 38 38 30 30 30 30 30		Total DTF tayon with interest and the					
38 For amended returns only - previously issued refunds 39 For amended returns only - payments made with original return 39 For amended returns only - payments made with original return 39 For amended returns only - payments made with original return 39 For amended returns only - payments made with original return 39 For amended returns only - payments made with original return 30 Add Ins 40 Add lines 37 and 38, then subtract line 39. **Previously 40 through 42. **Previously 41 through 42. **Previously 42. **Previously 42. **Previously 44. **Previously		Total PTE taxes with interest and/o	r penaity. 37				00
39 For amended returns only - payments made with original return 39 00 00 00 00 00 00 00		funde	38				00
40 Add lines 37 and 38, then subtract line 39.							
Penalty and Interest		Tongina return					
41 Late payment penalty 42 Interest 43 Interest 44 Interest 43 Add lines 40 through 42. Total tax, penalties, and interest. 43 Add lines 40 through 42. Total tax, penalties, and interest. 43 Interest 43 Add lines 40 through 42. Total tax, penalties, and interest. 43 Interest 44 Interest 44 Interest 43 Interest 44 Interest 45 Interest 44 Interest 45 Interest 44 Interest 45 Interest 44 Interest 45 Interest 44 Interest 44 Interest 44 Interest 44 Interest 44 Int							
42 Interest			41				00
43 Add lines 40 through 42							
## Printe Name		Total tax, penalties, and	l interest. 43				00
46 Enter the amount from line 45 that you want applied to your 2025 tax							
46 Enter the amount from line 45 that you want applied to your 2025 tax 47 Subtract line 46 from line 45. This isyour refund. 47 This isyour refund	44 If line 43 is more than zero, enter the amount her	re. This is the amount	you owe. 44				00
### Subtract line 46 from line 45. This is your Refund Complete 1, 2, and 3. (See instructions) Routing Number	45 If line 43 is less than zero, enter the amount here	e. This is your over	payment. 45				00
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 Printed Name Rebakah Cooper Phone 4 0 6 2 0 0 2 0 1 1 Tax Preparer Signature Print Name Tamora Pierce Mark this box if you allow the DOR to discuss this tax return with your tax preparer. Firm Name Provost Guard 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 Telephore Number Title Telephore Number Title Telephore Number Savings Savings	46 Enter the amount from line 45 that you want app	lied to your 2025 tax	46				00
Routing Number Checking Savings Saving	47 Subtract line 46 from line 45.	This is you	ır refund. 47				00
Routing Number Checking Savings Saving	Direct Deposit Your Refund Cor	nolete 1, 2, and 3, (See instructions)					
Account Number	- ·	., ., ., ., ., ., ., ., ., ., ., ., ., .					
Comparison Part Print Part Print Part Print Part Print Part Print Part Print Part Proportion		Checking	Savin	qs			
Comparison Part Print		•		•			
Under penalties of false swearing, I declare that I have examined this retum, 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 4 Print Name Tamora Pierce Phone 6 3 9 8 1 0 0 1 0 0 0 Mailing Address 2 Jane Street City Corus State N Y ZIP 1 0 6 1 1 2 0 9 Pass-Through Etelstaka Pierce Phone Replace Phone Phone Replace Phone Replace Phone Replace Phone Phone Replace Phone Phone							
Signature Sign			and to the best of r	ny knowledge	and bel	lief, it i	is
Signature Rebakah Cooper Phone Al Al Al Al Al Al Al A	true, correct, and complete.						
Printed Name Rebakah Cooper Tax Preparer Signature Signature Print Name Provost Guard Firm Name Provost Guard Mailing Address City Corus State N Y ZIP 1 0 6 1 1 2 0 0 9 Phone Hestaka Phone A 0 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Officer						
Tax Preparer Signature Date Signed Signature Date Signed Signature Date Signed Signature Signature	•		-				
Signature Date Signed 0 8 1 9 2 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 4 9 2 2 9 8 9 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Printed Name Rebakah Cooper		Phone	4 0 6 2	3 0 2	2 0 1	1 1
Print Name	•		D				
Mark this box if you allow the DOR to discuss this tax return with your tax preparer. Proparation Firm Firm Proposition Firm Proparation Firm Proparation Firm Proparation Firm Proparation Firm Proparation Firm Proparation Proparation	•						
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		this to the second seco					
Firm Name Provost Guard 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 Pounce Hestaka Firm's FEIN 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	·	inis tax return with your tax preparer.	PIIN	P 8 4 2	3 5 9	/ 5)
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	· · · · · · · · · · · · · · · · · · ·		Firm's EEINI	1 2 7 2	122	1 0	a
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			FIIIIS FEIN	12/2	-1 2 2	4 3	
Pass-Through Entity Tax Authorized Representative: Required if making a PTET Election (See instructions) Name		State N V 7IP 1 0 6 1 1 2 0 0 9					
Name Title Telephone Number Pounce Hestaka Manager 5 9 4 7 8 2 3 6 1 8			lection (Sec	instruc	tione)		
Pounce Hestaka Manager 5 9 4 7 8 2 3 6 1 8							
J						6 1	1 8





2024 Montana Form PTE – Flow-Through Payments Schedule



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.

		Α	В	С
Entity Name	FEIN	Mineral Royalty	Pass-Through	Pass-Through Entity
		Withholding Received	Withholding Received	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	0.0	00

Part II. Flow-through payment allocations (See instruction	ıs)	Sc	hedules K-1 subject to:	
		Α	В	С
	Р	ass-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	%	%	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	0.0
10 Total pass-through entity tax passed to owners	0			00
11 Enter Column B, line 9.				
Subtract Column C, line 10 from line 9.				
Credit balance for PTE not electing to pay PTET. 1	1		00	00
12 Add lines 4, 7, 8, and 11 in each Column.				
Total payments the PTE can claim as a credit. 13	2	00	00	00





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



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.	A B		С	
1 Property Factor: Use average value for real and tangible personal property		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	
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	e)	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					
If a property, payroll, or receipts factor is 0%, it is included in the calculation for line 6	if there is a				
		This is your apportionment factor.	6	100.000	0 %





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



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.

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



2024 Montana Form PTE Schedule IV -**Montana Composite Income Tax Schedule**

2024v1 5/2024

2 0 3 3 3 3 3 3 3

Name Test S-corp 1 Inc

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		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 com	posite tax participa	nts, attach a statement with the san	me information a	and report the total composite tax from	n those statements here. 11	00
	12 Add Column H, lines 1 through	h 11. This is your to	tal composite tax liability. Transfer t	the amounts fro	m Column H to each owner's Schedu	ule K-1, Part V, line 2 12	00





2024 Montana Form PTE Schedule VI – Reporting of Special Transactions



Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

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
- 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
- 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

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

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:

A Name FEIN

C Amount of Payment

00

00 00 00





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
Mont	ana Adjustments to Everyv	vhere incor	me A	В	С	D	E
1	Montana Additions		PTE's Apportionable	Nonapportionable	From MT Schedules K-1,	From Schedules DE,	Total Everywhere
	to Everywhere Income	Code	Activities	Income	Part 3, Column A	Column A, Lines 15 and 16	Adjustments
	•		00	00	00	00	00
			00	00	00	00	0.0
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	0.0
			00	00	00	00	0.0
2	Montana Subtractions	Total	00	00	00	00	00
	from Everywhere Income						
			00	00	00	00	0.0
			00	00	00	00	0.0
			00	00	00	00	0.0
			00	00	00	00	0.0
			00	00	00	00	00
			00	00	00	00	00
		Total	00	00	00	00	0.0
Adjus	stments to Montana Source	Income	A	В	С	D	E
			PTE's Apportionable	Nonapportionable Income	From MT Schedules K-1,	From Schedules DE,	Total Montana Source
3	Montana Source Additions	Code	Activities		Part 3, Column B	Column B, Lines 15 and 16	Income Adjustments
			00	00	00	00	0.0
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	00	00
			00	00	00	0.0	00
			0.0	00	00	00	00
		Total	0.0	00	00	00	00
4	Montana Source Subtractions						
			0.0	00	00	00	00
			00	00	00	00	00
			00	00	00	00	0.0
			0.0	00	00	00	0.0
			0.0	00	00	00	00
			00	00	00	00	00
			00) 00	00	00	0.0



24TT1001



2024 Montana Form PTE – Montana Source Income Schedule

2024v1 5/2024

FEIN 2 0 3 3 3 3 3 3 3

-		A Montana Source Income	B Montana Source Income	C Montana Source Income	D Montana Source Income	E Total of
Sum of Montana source income per item of income (loss) and deduction.		from Montana Schedules K-1	from Schedules DE	from Nonapportionable Income	from PTE's Apportionable Activities	Columns A through D
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 Interestincome	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





(PTE)

2024v1 5/2024

203333333

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 X Final Schedule K-1 Part I. Pass-through Entity Information

Name Test S-corp 1 Inc

FEIN

Mailing Address 246 Nipcopper Close

ZIP Code 106112009 City Corus State NY

Part II. Owner Information

Name Owner One FFIN

or SSN 300000001 Mailing Address 1 Court Street

9 0 0 2 1 1 6 0 1 Beneficial Owner FEIN City Dancing Dove State ZIP Code

Owner Type Resident X Nonresident

Special Allocations (See instructions) Profit and loss percentage 50,0000 % Capital/Ownership 50.0000 %

The owner is included in a PTFT election

Resident owner PTET election (See instructions) The owner is included in a composite income tax return

В Part III. Montana Adjustments (See worksheet on page 9) Montana Everywhere 00 0.0 1 Additions 1 2 Subtractions 2 00 00 Part IV. Distributive Share of Montana Source Income (Loss) 1 Ordinary business income (loss) 2500 00 2500 00 1 2 Net rental real estate income (loss) 2 -2500 00 -250000 3 Other net rental income (loss) 3 -1500 00 -1500 00 4a Guaranteed payments: services 00 00 4a 4b Guaranteed payments: capital 4b 00 00 5 Interest income 5 00 0.0 6 Ordinary dividends 6 12500 125 00 7 Royalties 7 249200 249200 8 Net short-term capital gain (loss) 00 00 8 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) 00 00 11 12 Section 179 expense deduction 12 75 00 75 00 50 00 13 Other expense deductions 13 50 00

Part V. Supplemental Information

14 Total distributive share (See instructions)

The owner filed Form PT-AGR The owner is a Domestic 2nd tier PTE Year 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. 00 4 Montana mineral royalty tax withheld 00 5 Other information. List type 5 00 00 and amount

14

Part VI. Tax Credits Code

00 2 00 Part VII. Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (See instructions) 3 Code 1 Code 00 2 Code 00 00 6 Code Code 00 5 Code 00

Credit Authorization Number



992 00

Amount of Credit



The owner is included in a composite income tax return

Montana Schedule K-1

K-1

A

2024v1 5/2024

В

(PTE)
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 X Final Schedule K-1 Part I. Pass-through Entity Information **FEIN** Name Test S-corp 1 Inc 203333333 Mailing Address 24 6 Nipcopper Close City Corus State NY ZIP Code 106112009 Part II. Owner Information Name Owner Two **FEIN** Mailing Address 1 Court Street or SSN 300000002 9 0 0 2 1 1 6 0 1 Beneficial Owner FEIN City Dancing Dove State N Y ZIP Code or SSN Resident Owner Type X Nonresident

Special Allocations (See instructions)

The owner is included in a PTET election

Resident owner PTET election (See instructions)

Profit and loss percentage 50.0000 %

Resident owner PTET election (See instructions)

Part III. Montana Adjustments (See worksheet on page 9) Montana Everywhere 1 Additions 00 00 2 Subtractions 2 00 00 Part IV. Distributive Share of Montana Source Income (Loss) 1 Ordinary business income (loss) 250000 2500 00 2 Net rental real estate income (loss) 2 -250000 -2500 00 3 Other net rental income (loss) 3 -150000 -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 2492 00 24 9200 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 99200 992 00 Part V. Supplemental Information

The owner filed Form PT-AGR The owner is a Domestic 2nd tier PTE 1 PTET paid on behalf of owner. (See instructions) 00 2 Montana composite income tax paid on behalf of owner 2 00 3a Montana income tax withheld on behalf of owner. (See instructions) 00 3a 3b Montana income tax withheld by a lower tier pass-through entity 00 3h 3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf. 3с 00 4 Montana mineral royalty tax withheld 00 0.0 00 5 Other information. List type and amount Part VI. Tax Credits

Code Credit Authorization Number Amount of Credit

Credit Authorization Number

Credit Authorization Number

Code

Credit Authorization Number

Code

 1 Code
 0 0
 2 Code
 0 0
 3 Code
 0 0

 4 Code
 0 0
 5 Code
 0 0
 6 Code
 0 0



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.

	Α	B (line 16b)	C (line 16c)	D (line 16d)	E	F	G
	Federal Schedule K	Federal Schs K-1	DREs	Nonapportionabl	Apportionable	Apportionment factor	Income
				e income	Income	from Sch I, Line 5	apportioned to
					(A - B - C - D)		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%	-
14 Total	\$ 1,984	- \$	\$ -	\$ -	\$ 1,984	100.0000%	\$ 1,984