

MeF ATS Testing Instructions

and Scenario Criteria

Montana Pass-Through Entity Tax

2024

November 12, 2024

v1.5



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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 <u>DORMeFTest@mt.gov</u> 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 <u>DORMeFTest@MT.gov</u> 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 <u>DORMeFTest@mt.gov</u> for more information.

Resubmitting failed ATS test cases

- You will only need to resubmit tests that were identified with failures on the Test Summary unless you are notified otherwise.
- Make all corrections identified on the Test Summary
- Do not resubmit until all your questions are answered. Partial submissions will not be reviewed.
- Do not send your resubmission email until all the warning messages and reject codes have been resolved and after you have received an acceptance acknowledgment from MT DOR for each of the submission IDS.
- The error tables at the end of the document will provide answers to the errors you may encounter on your initial submissions. The error messages are intended to assist you with the self-testing process. Should a return continue to have errors, we will provide more detailed feedback.

Test cases

1. 1. 1. 1. 1.

- This document includes three (3) test cases.
- Each test scenario will include a completed copy of each test case return. Fields that are indicated by a highlighted box are left blank. We intend for you to provide the calculated result for these fields.
- The highlighted fields have a single correct value.
- A synopsis is included at the beginning of each test case which provides the required forms, attachments, and schedules.
- The Test Case values are the minimum amount of information expected. You can test any additional scenarios or values in your systems, but Test Cases with values that are different than the required values or with values in fields that are not highlighted will not be reviewed.

PTE Error Messages

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

| PTE Page # | PTE Line # | Description | Warning Message |
|------------|------------|---|---|
| 1 | Line 4 | Guaranteed payments (Partnerships only) | If this value is incorrect, check that your |
| | | | Federal Schedule K values are correct and |
| | | | transferred to the PTE correctly. This line is to |
| | | | report Guaranteed Payments. |
| 1 | Line 14 | Subtract line 13 from line 12 | If this value is incorrect, check the federal |
| | | | Schedule K values are correct and transferred |
| | | | to the PTE correctly. This line shows the total |
| | | | federal income. |
| 1 | Line 15 | Montana additions to the PTE's | Verify that this figure transferred correctly |
| 1 | | apportionable activities | from the Montana Adjustments Worksheet, |
| | | apportionable activities | Part 1, Column A. This line is for reporting |
| | | | apportionable Montana additions. |
| | 1: 10 | | |
| 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 |
| | | | a sum line of 18 and 19. |
| 2 | Line 21 | 2024 Payments | This is a sum line of estimated and tentative |
| - | | | payments. Review ATS packet for payments |
| 2 | Line 22 | 2023 overpayment applied to 2024 | Check line 22 (see instructions). |
| 2 | Line 23 | Add lines 21 and 22. Total prepayments | This line is the sum of all pre-payments for |
| 2 | Line 25 | Add lines 21 and 22. Total prepayments | 2024. |
| 2 | Line 24 | Totaltaxable income subject to Pass- | Sum line for all owners' MT Schedules K-1, |
| 2 | Lifie 24 | | |
| | | through Entity Dax (PTET) from all owners' | Part 4, Line 14. (See instructions) |
| 2 | 1: 25 | 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 |
| | | through Entity Tax due or (overpayment) | equals your Pass-through Entity Tax due or |
| | | | overpaid. |
| | | | |
| 2 | Line 28 | Total composite tax from Schedule IV, | Total line of all Owners MT Schedules K-1 Part |

| 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 | equals your Composite tax due or overpaid. |
| | | due or (overpayment) | · · · · · · · · · · · · · · · · · · · |
| 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 |
| | 1 | 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

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")

| Taxpayer Information: | Test Partnership 1 LLC |
|-----------------------|------------------------|
| | 1793 Legendborn Way |
| | Helena, MT 59602 |
| | |
| FFIN: | 20-1111111 |

| FEIN: | 20-111111 | Date Formed: | 09/15/2020 |
|---------------------------|-----------|------------------------------|------------|
| State Formed in: | Montana | Federal Business Code/NAICS: | 813410 |
| MT Secretary of State ID: | L5446082 | Date registered in MT: | 09/15/2020 |
| Schedules DE Included: | 0 | Schedules K-1 Received: | 1 |

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

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 yea | ar 2024 or tax year b | peginning 0 1 | 012024 | and ending | 12312 | 024 |
|---|---|---|--------------------|---|--------------------|-----------------------------|-----------------------------|
| Mark all that apply: | Name | | | | | | 20111111 |
| X Initial return | Test Partners | hip 1 LLC | | | Federal Business | s Code/NAICS | 813410 |
| Final return | Mailing Address | | | | MT Secretar | ry of State ID # | L 5 4 4 6 0 8 2 |
| Amended return | 1793 Legendbo | rn Way | | | Date of Registrati | on in Montana | 09152020 |
| Refund return | City | Sta | ate ZIP Code + 4 | | State formed in | NC on | 09152020 |
| PTP | Helena | М | T 5 9 6 0 | 2 | | | |
| PTET | | | | | | | |
| Resident PTET | Enter Number of: | Schedules K-1 Included Resident Owners | 26 3 (| Nonresident Owners Other Types of Owners | | Schedules E Schedules K- | DE Included 1 Received 1 |
| Owners' Distrib | utive Share of Incon | ne Items (federal So | chedule K) | | | | |
| 1 Ordinary business | | · | | | | 1 | 150000000 0 |
| | ate income (loss) (include fe | deral Form 8825) | | | | 2 | C |
| | rental income (loss) | | | 3a | 0 | 0 | |
| | om other rental activities (inc | ude detailed statement) | | 3b | 0 | 0 | |
| 3 Subtract line 3b fro | | | This | is your other net ren | tal income or los | s . 3 | (|
| | payments: Services | | | 4a | 0 | | |
| | payments: Capital | | | 4b | 155540 0 | 0 | |
| 4 Add lines 4a and 4 | | | | This is your total gua | | | 155540 (|
| 5 Interest income | | | | | | 5 | 35000 (|
| 6 Ordinary dividend | s | | | | | 6 | 50000 (|
| 7 Royalties | | | | | | 7 | (|
| - | pital gain (loss) (include fede | eral Schedule D) | | 1/ | | 8 | (|
| | ital gain (loss) (include feder | | | | | 9 | (|
| | gain (loss) (include federal F | | | | | 10 | (|
| | s) (include detailed stateme | | | | | 11 | 16500 C |
| | h 11 and enter result. | ny - | - | his is your total fede | ral income or los | | 150257040 0 |
| 0 | utive Share of Dedu | ction Items - Monta | | | | | |
| | deduction (include federal F | | | 13a | 0 | - | |
| 13b Contributions | | 0111 4002) | | 13b | 25000 00 | - | |
| 13c Investment in | | | | 13c | 10000 00 | | |
| | | tailed statement) | | 13d | 000001 | | |
| |)(2) expenditures (include de tions (include detailed staten | | | | 5500 00 | | |
| | ugh 13e and enter result. | nentj | | 13e This is your total for | | | 40500 (|
| 13 Add lines 13a tillo 14 Subtract line 13 fro | - | | This is | This is your total fee | | | 150216540 (|
| | | activities | I NIS IS | your federal income | from all sources. | | |
| | s to the PTE's apportionable | | | 160 | 125000 00 | 15 | 375000 0 |
| | tractions from the PTE's ap | | | 16a | 425000 00 | | |
| | here income (loss) from fede | | | 16b | 222222 00 | | |
| | here income (loss) from disr | | | 16c | 00 | | |
| | portionable income (loss) fro | | | 16d | 00 | | 647000 |
| 6 Add lines 16a thro | | Inis | s is your deductio | ns including nonappo | ortionable income | | 647222 0 |
| | 15, then subtract line 16. | | | | | 17 | 149944318 C |
| | describes your business act | | | | | 40 | |
| × 100% Mon | | | 100.0000 % | Apportionment factor | x line 17 | 18 | 149944318 (|
| | a source income received fr | | | | | - | |
| | urce income from MT Scheo | | ity) | 19a | 222222 00 | | |
| | a source income from Sche | | | 19Ь | 0 (| | |
| | hable income allocated to Me | | | 19c | 00 | | |
| 19 Add lines 19a thro | - | This is the to | | able income (loss) so | | | 222222 0 |
| 20 Add lines 18 and 1 | 19; enter result. | | Thi | s is your total Montai | na source income | e. 20 | 150166540 0 |



| Name Test Partnership 1 LLC | FEIN | 2 0 | 1 | 1] | 1 | 1 | 1 1 | 1 | |
|--|--|-----------------------|-----------------------------|------------------------|----------------------|----------------|---------------|--------|------------|
| Prepayments | | ~ | | | | | | | |
| 21 2024 payments Mark this box if you made estimated payments using the a | | 21 | | | | | | | |
| 22 2023 overpayment applied to 2024 | | 22 | | | | | | | |
| 23 Add lines 21 and 22. | | 23 | | | | | | | |
| Pass-through Entity Tax, Composite Tax, and Pass-Through Withho | | | | | | | | | |
| 24 Total taxable income subject to pass-through entity tax from all owners' MT Schedules K-1, | , , , | 24 | | | | | | | |
| 25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1 | | 25 | | | | | | | |
| 26 Flow-Through Payments Schedule, Column A, line 12 | | 26 | | | | | | | |
| | through entity tax due or (overpayment). | | | | | | | | |
| 28 Total composite tax from Schedule IV, Column H | | 28 | | | | 32 | 268 | 17 | 0 C |
| 29 Flow-Through Payments Schedule, Column B, line 12 | | 29 | | | | | | | 0 |
| | through entity tax due or (overpayment). | 30 | | | | 32 | 262 | 620 | 0 0 |
| 31 Interest on underpayment of estimated tax (see instructions) | | 31 | | | | 1 | 136 | 94 | 6 (|
| 32 Total pass-through withholding from all owners' MT Schedules K-1, Part V, line 3a | | 32 | | | | 27 | 743 | 84 | 7 |
| 33 PTE's tax liability resulting from an adjustment to partnership income (see instructions) | | 33 | | | | | | | _ |
| 34 Flow-Through Payments Schedule, Column C, line 12 | | 34 | | | | | | | |
| 35 Add lines 32 and 33, then subtract line 34. Pass-through withholding and other pa | Intnership liability due or (overpayment). | 35 | | | | 27 | 740 | 99 | 7 |
| 36 PTE information return late filing penalty | | 36 | | | | | | | |
| 37 Add lines 30, 31, 35, and 36. Tota | I PTE taxes with interest and/or penalty. | 37 | | | | 61 | 40 | 563 | 3 0 |
| mended Return | | | | | | | | | |
| 38 For amended returns only - previously issued refunds | | 38 | | | | | | | |
| 39 For amended returns only - payments made with original return | | 39 | | | | | | | |
| 40 Add lines 37 and 38, then subtract line 39. | | 40 | | | | 61 | 40 | 563 | 3 0 |
| enalty and Interest | | | | | | | | | |
| 11 Late payment penalty | | 41 | | | | | | | |
| 12 Interest | | 42 | | | | | | | |
| 13 Add lines 40 through 42. | Total tax, penalties, and interest. | | | | | 61 | 40 | 563 | |
| mount Owed or Refund | ····· | | | | | | | | |
| 14 If line 43 is more than zero, enter the amount here. | This is the amount you owe. | 44 | | | | 61 | .40 | 563 | ۸ ۱ |
| If line 43 is less than zero, enter the amount here. | This is your overpayment. | | | | | 01 | 10 | 500 | |
| 6 Enter the amount from line 45 that you want applied to your 2025 tax | | 46 | | | | | | | |
| 7 Subtract line 46 from line 45. | This is your refund. | - | | | | | | | (|
| Judu du inte 40 flott inte 43. | This is your return. | 1 | | | | | | | , |
| Direct Deposit Your Refund Complete 1, 2, and 3. (See instruction | ane) | | | | | | | | |
| | 5113) | | | | | | | | |
| 1 Routing Number 2 Account Number | Charling | Courier | | | | | | | |
| | Checking | Saving | gs | | | | | | |
| 3 Mark this box if this refund is going to an account that is located outside of the United | | | | | | | | | |
| EQUIRED – Signature, Paid Preparer, and Third-Party Desig | | | | | | | | | ., . |
| nder penalties of false swearing, I declare that I have examined this return, including accompar | nying schedules and statements, and to the | bestofr | ny k | now | edg | e ar | nd b | eliet, | , it is |
| ue, correct, and complete. | | | | | | | | | |
| fficer | | | | | | | | | |
| | | Signed | | | | | | | |
| Signature x | | Phone | 4 | 98 | 5 | 2 | 7 | 3 6 | 5 1 |
| Signature x Printed Name Bree Matthews | | | | | | | | | |
| 5 | | | | 8 | | | | | |
| Printed Name Bree Matthews | Date | Signed | | | | 1 | | 52 | 2 9 |
| Printed Name Bree Matthews ax Preparer | Date | Signed Phone | | | 7 | ю | 4 | | 0 |
| Printed Name Bree Matthews ax Preparer Signature | Date | • | 5 | 98 | | | | 2 1 | 8 |
| Printed Name Bree Matthews ax Preparer Signature Print Name Tracy Deonn | Date | Phone | 5 | 98 | | | | 2 1 | . 8 |
| Printed Name Bree Matthews ax Preparer Signature Print Name Tracy Deonn X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. ax Preparation Firm | Date | Phone PTIN | 5 P | 98 | 5 2 | 0 | 0 | | |
| Printed Name Bree Matthews ax Preparer Signature Print Name Tracy Deonn X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. ax Preparation Firm Firm Name Knights of the Round Table | Date | Phone PTIN | 5 P | 98 06 | 5 2 | 0 | 0 | | |
| Printed Name Bree Matthews ax Preparer Signature Print Name Tracy Deonn X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. ax Preparation Firm Firm Name Knights of the Round Table Mailing Address 1 Order Way | Date Firm's | Phone PTIN | 5 P | 98 06 | 5 2 | 0 | 0 | | |
| Printed Name Bree Matthews ax Preparer Signature Print Name Tracy Deonn X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. ax Preparation Firm Firm Name Knights of the Round Table Mailing Address 1 Order Way City Scion State N C ZIP | Date Firm's 2 7 5 1 4 | Phone PTIN FEIN | 5 P 1 | 98 06 21 | . 1 | 0 | 0 | 11 | |
| Printed Name Bree Matthews ax Preparer Signature Print Name Tracy Deonn X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. ax Preparation Firm Firm Name Knights of the Round Table Mailing Address 1 Order Way City Scion State N C ZIP Pass-Through Entity Tax Authorized Representative: Require | Date Firm's 2 7 5 1 4 ed if making a PTET Electior | Phone PTIN FEIN | 5 P 1 | 98 06 21 | 2 1 | 0 1 | 0 1 | 11 | |
| Printed Name Bree Matthews ax Preparer Signature Print Name Tracy Deonn × Mark this box if you allow the DOR to discuss this tax return with your tax preparer. ax Preparation Firm Firm Name Knights of the Round Table Mailing Address 1 Order Way City Scion State N C ZIP Pass-Through Entity Tax Authorized Representative: Required lame | Date Firm's 2 7 5 1 4 ed if making a PTET Electior Title | Phone PTIN FEIN | 5 P 1 E in Tele | 98 06 21 nstr | 2 1 . 1 | o 1 stic | 0 1 ons | 11) | . 1 |
| Printed Name Bree Matthews ax Preparer Signature Print Name Tracy Deonn X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. ax Preparation Firm Firm Name Knights of the Round Table Mailing Address 1 Order Way City Scion State N C ZIP Pass-Through Entity Tax Authorized Representative: Require | Date Firm's 2 7 5 1 4 ed if making a PTET Election Tite Kingsmage | Phone PTIN FEIN | 5 P 1 E in Tele | 98 06 21 | 2 1 . 1 | o 1 stic | 0 1 ons | 11) | . 1 |





2024 Montana Form PTE – Flow-Through Payments Schedule

Name Test Partnership 1 LLC FEIN 2 0 1 1 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.

| | Entity Name | FEIN | A Mineral Royalty Withholding Received | B Pass-Through Withholding Received | C Pass-Through Entity Tax Received |
|---------------|-------------|-----------|--|---|--|
| 1 FT LLC 2 | | 100000000 | 00 00 | 00 | 15000 00 00 |
| 3 4 | | 5 Totals | 00 00 00 | 00 00 00 | 00 00 15000 00 |

| Part II. Flow-through payment allocations (See instruction | ns) | S | chedules K-1 subject to | 0: |
|---|-----|-------------------------|-------------------------|-----------|
| | | 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 | % | 37.0000 % | 63.0000 % |
| 2 Multiply total in Part I, Column A by percentage on line 1 for each Column | 2 | 00 | 00 | 00 |
| 3 Mineral royalty withholding passed to owners | 3 | | | 00 |
| 4 Enter Column A, line 2 and Column B, line 2. | | | | |
| Subtract Column C, line 3 from Column C, line 2. | | | | |
| Balance of mineral royalty withholding the PTE can claim as a credit. | 4 | 00 | 00 | 00 |
| 5 Multiply total in Part I, Column B by percentage on line 1 for each Column | 5 | 00 | 00 | 00 |
| 6 Pass-through withholding passed to owners | 6 | | | 00 |
| 7 Enter Column A, line 5 and Column B, line 5. | | | | |
| Subtract Column C, line 6 from Column C, line 5. | | | | |
| Balance of pass-through withholding the PTE can claim as a credit. | 7 | 00 | 00 | 00 |
| 8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C | 8 | 00 | | |
| 9 If Column A, line 1 is 0%, multiply the total in Part I, Column C | | | | |
| by Columns B and C, line 1 | 9 | | 5550 00 | 9450 00 |
| 10 Total pass-through entity tax passed to owners | 10 | | | 00 |
| 11 Enter Column B, line 9. | | | | |
| SubtractColumn C, line 10 from line 9. | | | | |
| Credit balance for PTE not electing to pay PTET. | 11 | | 5550 00 | 00 |
| 12 Add lines 4, 7, 8, and 11 in each Column. | | | | |
| Total payments the PTE can claim as a credit. | 12 | 00 | 5550 00 | 00 |





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

2024v1 5/2024

| Name Test Partnership 1 LLC | | | 0111111 | 1 |
|---|---|---------------------------------|-------------|----|
| Enter amounts in Columns A and B. Enter percentages in C | | A B | С | |
| 1 Property Factor: Use average value for real and tangible personal p | | erywhere 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 | 0 0 | 00 | |
| 1i Supplies and other | 1 i | 0 0 | 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 facto | or. 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 | | This is your payroll facto | r. 2 | % |
| 3 Gross Receipts Factor: | In the second | | | |
| 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., servic | e 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 | | This is your receipts facto | | % |
| | 100. | This is your receipts facto | 4 | % |
| 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 factor | | % |
| 5 Add the percentages from lines 1, 2, 3. and 4 in Column C. | that any he included in th | This is the sum of your factors | s. J | 70 |
| 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 | | | | |

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

FEIN 20111111

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 | В | С |
|-------------|-----------------------------|------------------|
| 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



150166540 00

00

FEIN 201111111

Name Test Partnership 1 LLC

Part I. Eligible Participating Owners

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

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

| Total Montana source income from page 1, line 20 | 1 | |
|--|---|--|
| 2 Multiply Part II, line 2 by the apportionment factor from | | |
| Schedule I, line 6 | 2 | |
| 3 Subtract line 2 from line 1. Adjusted Montana source income | 3 | |

Part IV. Composite Tax

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

| 375000 00 | Subtract line 2 from line 1. Adjusted Montana source income Divide line 3 by Part II, line 5. (Do not enter more than 1.000000). | 3 | 150166540 00 |
|-------------|---|---|--------------|
| 425000 00 | Composite tax ratio | 4 | 1.000000 |
| 15016654000 | | | |

Part III. Composite Tax Ratio

| Ent | er the require | ed information and ar | nounts for each eigible participa | ints in Columns A-F | | | | | |
|-----|----------------|-----------------------|-----------------------------------|-----------------------|---------------------------------------|------------------|--|-----------------------------|--------------------------|
| | | Α | В | С | D | E | F | G | н |
| | | Name | Social Security | Total | (Partnerships only) | Standard | Subtract | Tax from Tax Table | Multiply Column G by |
| | | | Number | Distributive | Guaranteed Payments | Deduction | Columns Dand E | (See instructions) | composite tax ratio from |
| | | | or | Share from | for Services | (\$14,600) | from Column C | (, | Part III, Line 4 |
| | | | Federal Employer | | from Owner's | (4.4,000) | Montana Taxable Income | | Montana Composite |
| | | | | | | | Montana Taxable Income | | |
| | | | Identification | | Schedule K-1, Column A, | | | | Income Tax |
| | | | Number | Column A, | Part IV, Line 4a | | | | |
| | | | | Part IV, | | | | | |
| | | | | Line 14 | | | | | |
| 1 | Owner | One | 10000001 | 7508327 | 0 00 | 14600 | 7493727 00 | 441884 00 | 441884 00 |
| 2 | Owner | Four | 10000004 | 6006662 | 0 00 | 14600 | 5992062 00 | 353286 00 | 353286 00 |
| 3 | Owner | Seven | 10000007 | 4504996 | 0 00 | 14600 | 4490396 00 | 264687 00 | 264687 00 |
| 4 | Owner | Ten | 10000010 | 7508327 | 0 00 | 14600 | 7493727 00 | 441884 00 | 441884 00 |
| 5 | Owner | Twelve | 10000012 | 3003331 | 0 0 0 | 14600 | 2988731 00 | 176089 00 | 176089 00 |
| 6 | Owner | Fifteen | 10000015 | 6006662 | 0 0 0 | 14600 | 5992062 00 | 353286 00 | 353286 00 |
| 7 | Owner | Eightteen | 10000018 | 9009992 | 0 00 | 14600 | 8995392 00 | 530482 00 | 530482 00 |
| 8 | Owner | Twenty | 10000020 | 6006662 | 0 00 | 14600 | 5992062 00 | 353286 00 | 353286 00 |
| 9 | Owner | Twenty-Two | 10000022 | 6006662 | 0 00 | 14600 | 5992062 00 | 353286 00 | 353286 00 |
| 10 | | | | | 00 | | 00 | 00 | 00 |
| | | 1 | 1 If there are more than 10 com | posite tax participal | nts, attach a statement with the sa | me information a | nd report the total composite tax from | n those statements here. 11 | 0 00 |
| | | 1: | 2 Add Column H, lines 1 throug | h 11. This is your to | tal composite tax liability. Transfer | the amounts from | n Column H to each owner's Sched | ule K-1, Part V, line 2 12 | 3268170 00 |



24TT0601



2024 Montana Form PTE Schedule VI – Reporting of Special Transactions

| 2024v1 | |
|--------|--|
| 5/2024 | |

Name Test Partnership 1 LLC

FEIN 201111111

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

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

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

Complete this section if the PTE is a partnership.

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

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

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

| Α | ВС |
|----------|------------------------|
| Name | FEIN Amount of Payment |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| <i>2</i> | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | |



8

00



2024 Montana Form PTE – Montana Adjustments Worksheet

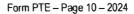


FEIN 201111111

Name Test Partnership 1 LLC

| Montana Adjustments to Everyw | here Incom | ne 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 | 00 | 375000 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| 2 Montana Subtractions from Everywhere Income | Total | 375000 00 | 00 | 00 | 00 | 375000 00 |
| Energy Conservation | S L | 425000 00 | 00 | 00 | 00 | 425000 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 | 425000 00 | 00 | 00 | 0 0 | 425000 00 |
| Adjustments to Montana Source Income | | | D | С | D | - |
| Adjustments to montana Source | eincome | Α | В | C | U | E |
| Adjustments to montana Source | Income | A PTE's Apportionable | Nonapportionable Income | From MT Schedules K-1, | From Schedules DE, | E Total Montana Source |
| 3 Montana Source Additions | Code | | | | | |
| | 1 | PTE's Apportionable | | From MT Schedules K-1, | From Schedules DE, Column B, Lines 15 and 16 | Total Montana Source |
| 3 Montana Source Additions | Code | PTE's Apportionable Activities | Nonapportionable Income | From MT Schedules K-1, Part 3, Column B | From Schedules DE, Column B, Lines 15 and 16 | Total Montana Source Income Adjustments |
| 3 Montana Source Additions | Code | PTE's Apportionable Activities 375000 00 | Nonapportionable Income | From MT Schedules K-1, Part 3, Column B 00 | From Schedules DE, Column B, Lines 15 and 16 0 0 | Total Montana Source Income Adjustments 375000 00 |
| 3 Montana Source Additions | Code | PTE's Apportionable Activities 375000 00 00 | Nonapportionable Income | From MT Schedules K-1, Part 3, Column B 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 | Total Montana Source Income Adjustments 375000 00 00 |
| 3 Montana Source Additions | Code | PTE's Apportionable Activities 375000 00 00 00 | Nonapportionable Income 00 00 00 00 | From MT Schedules K-1, Part 3, Column B 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 | Total Montana Source Income Adjustments 375000 00 00 |
| 3 Montana Source Additions | Code | PTE's Apportionable Activities 375000 00 00 00 | Nonapportionable Income | From MT Schedules K-1, Part 3, Column B 00 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 00 | Total Montana Source Income Adjustments 375000 00 00 00 |
| 3 Montana Source Additions | Code | PTE's Apportionable Activities 375000 00 00 00 00 00 | Nonapportionable Income 00 00 00 00 00 00 00 00 00 00 00 00 00 | From MT Schedules K-1, Part 3, Column B 00 00 00 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 00 00 00 | Total Montana Source Income Adjustments 375000 00 00 00 00 00 00 |
| 3 Montana Source Additions | Code A A | PTE's Apportionable Activities 375000 00 00 00 00 00 00 | Nonapportionable Income 00 00 00 00 00 00 00 00 00 00 00 00 00 | From MT Schedules K-1, Part 3, Column B 00 00 00 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 00 00 00 | Total Montana Source Income Adjustments 375000 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 |
| 3 Montana Source Additions Dividends | Code A A | PTE's Apportionable Activities 375000 00 00 00 00 00 00 | Nonapportionable Income 00 00 00 00 00 00 00 00 00 00 00 00 00 | From MT Schedules K-1, Part 3, Column B 00 00 00 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 00 00 00 00 | Total Montana Source Income Adjustments 375000 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 |
| 3 Montana Source Additions Dividends 4 Montana Source Subtractions | Code A A Total | PTE's Apportionable Activities 375000 00 00 00 00 00 375000 00 | Nonapportionable Income 00 00 00 00 00 00 00 00 00 00 00 00 00 | From MT Schedules K-1, Part 3, Column B 00 00 00 00 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 | Total Montana Source Income Adjustments 375000 00 |
| 3 Montana Source Additions Dividends 4 Montana Source Subtractions | Code A A Total | PTE's Apportionable Activities 375000 00 00 00 00 00 375000 00 425000 00 | Nonapportionable Income 00 00 00 00 00 00 00 00 00 00 00 00 00 | From MT Schedules K-1, Part 3, Column B 00 00 00 00 00 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 | Total Montana Source Income Adjustments 375000 00 00 |
| 3 Montana Source Additions Dividends 4 Montana Source Subtractions | Code A A Total | PTE's Apportionable Activities 375000 00 00 00 00 00 375000 00 425000 00 00 | Nonapportionable Income 00 00 00 00 00 00 00 00 00 | From MT Schedules K-1, Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00 | Total Montana Source Income Adjustments 375000 00 |
| 3 Montana Source Additions Dividends 4 Montana Source Subtractions | Code A A Total | PTE's Apportionable Activities 375000 00 00 00 00 375000 00 425000 00 00 00 | Nonapportionable Income 00 00 00 00 00 00 00 00 00 00 | From MT Schedules K-1, Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00 | Total Montana Source Income Adjustments 375000 00 |
| 3 Montana Source Additions Dividends 4 Montana Source Subtractions | Code A A Total | PTE's Apportionable Activities 375000 00 00 00 00 00 375000 00 425000 00 00 00 00 | Nonapportionable Income 00 00 00 00 00 00 00 00 00 00 00 00 00 | From MT Schedules K-1, Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00 | From Schedules DE, Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00 | Total Montana Source Income Adjustments 375000 00 |







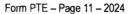
2024 Montana Form PTE – Montana Source Income Schedule



| Name Test Partnership 1 LLC | 2 | | | | FEIN | 201111111 |
|---|----|--|---|--|---|---------------------------------|
| L | | Α | В | С | D | 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 | 222222 00 | 00 | 00 | 149777778 00 | 15000000 00 |
| 2 Net rental real estate income (loss) | 2 | 00 | 00 | 00 | 00 | 00 |
| 3 Other net rental income (loss) | 3 | 00 | 00 | 00 | 00 | 00 |
| 4a Guaranteed payments: services | 4a | 00 | 00 | 00 | 00 | 00 |
| 4b Guaranteed payments: capital | 4b | 00 | 00 | 00 | 155540 00 | 155540 00 |
| 5 Interest income | 5 | 00 | 00 | 00 | 35000 00 | 35000 00 |
| 6 Ordinary dividends | 6 | 00 | 00 | 00 | 50000 00 | 50000 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). | 11 | 00 | 00 | 00 | 16500 00 | 16500 00 |
| 12 §179 expense deduction apportionable | | | | | | |
| and/or allocable to Montana | 12 | 00 | 00 | 00 | 00 | 0 0 |
| 13 Other expense deductions apportionable | | | | | | |
| and/or allocable to Montana | 13 | 00 | 00 | 00 | 40500 00 | 40500 00 |
| 14 Total Montana Source Income | 14 | 222222 00 | 00 | 00 | 149994318 00 | 15021654000 |

~



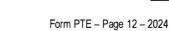




2024v1 5/2024

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

| | Schedule K-1 | Final Schedule K-1 | | | |
|--|--------------------|---------------------------|------------------------|---------------------------------|--------------------------|
| Part I. Pass-through Entity Info | | | | | |
| Name Test Partnership | | | | FEIN | 20111111 |
| Mailing Address 1793 Legenda | oorn Way | | | | |
| City Helena | | State M T ZIP Coo | le 59602 | | |
| Part II. Owner Information | | | | | |
| Name Owner One | | | | FEIN | |
| Mailing Address 2 Lancelot 1 | Lane | | | or SSN | |
| City Pendragon | | State P A ZIP Coo | le 15237 | Beneficial Owner FEIN or SSN | |
| Owner Type I | Resident | × Nonresident | | | |
| Special Allocations (See instruction | s) | | | Profit and loss percent | age 5.0000 |
| The owner is included in a PTET el | ection | | | Capital/Owners | |
| Resident owner PTET election (Se | e instructions) | | | | |
| X The owner is included in a composi | | 1 | | | |
| | | | | Α | В |
| Part III. Montana Adjustments | (See workshee | t on page 9) | E | verywhere | Montana |
| 1 Additions | | | 1 | 18750 00 | 18750 00 |
| 2 Subtractions | | | 2 | 21250 00 | 21250 00 |
| Part IV. Distributive Share of N | Iontana Sourc | e 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 s | statement) | | 11 | 825 00 | 825 00 |
| 12 Section 179 expense deduction | latomony | | 12 | 00 | 00 |
| 13 Other expense deductions | | | 13 | 2025 00 | 2025 00 |
| 14 Total distributive share (See instruction | ns) | | 14 | 7508327 00 | 7508327 00 |
| Part V. Supplemental Informati | | | | 150052100 | 750052700 |
| The owner filed Form PT-AGR | Year | The owner | is a Domestic 2nd tier | PTF | |
| 1 PTET paid on behalf of owner. (See in | | | | 1 | 00 |
| 2 Montana composite income tax paid o | , | | | 2 | 44188400 |
| 3a Montana income tax withheld on beha | | tructions) | | 3a | 00 |
| 3b Montana income tax withheld by a low | , | , | | 3b | 00 |
| 3c Add lines 3a and 3b. | er der pass anough | This is your total Mont | ana income tax with | | 00 |
| 4 Montana mineral royalty tax withheld | | | | 4 | 00 |
| 5 Other information. List type | | and amount | 5 | 00 | 00 |
| Part VI. Tax Credits | | and amount | | | 00 |
| Code | | Credit Authorization Nur | nber | | Amount of Credit |
| 1 | | | | | 00 |
| 2 | | | | | 00 |
| Part VII. Montana Adjustments | Detail: Enter the | e amount and code of each | adjustment entered of | on Part 3. (See instructions) | The second second second |
| | 750 00 | 2 Code 2AA | 18750 0 | | 21250 00 |
| | 250 00 | 5 Code | 10,50 0 | | 21250 00 |
| | 200 00 | 0 0000 | | | 00 |
| | | | | | |
| | | | | | |
| | | | 1100 | *24TT1201* | |







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 Mailing Address 1793 Legendborn Way | | | FEIN | 201111111 |
| City Helena | State M T ZIP C | ode 59602 | | |
| Part II. Owner Information | | | | |
| Name Owner Two | | | FEIN | |
| Mailing Address 2 Lancelot Lane | | | | 10000002 |
| City Pendragon | State P A ZIP C | ode 15237 | Beneficial Owner FEIN or SSN | |
| Owner Type I Resident | × Nonresident | | | |
| Special Allocations (See instructions) The owner is included in a PTET election | | | Profit and loss percentage Capital/Ownership | 2 |
| Resident owner PTET election (See instructions) The owner is included in a composite income tax return | | | | |
| Part III. Montana Adjustments (See worksheet | | Even | A ywhere | B Montana |
| 1 Additions | on page 5/ | 1 | 11250 00 | 11250 00 |
| 2 Subtractions | | 2 | 12750 00 | 12750 00 |
| Part IV. Distributive Share of Montana Source | Income (Loss) | Z | 12/30/00 | 12750 00 |
| 1 Ordinary business income (loss) | income (Loss) | 1 | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss) | | 2 | 00 | 430000000000000000000000000000000000000 |
| 3 Other net rental income (loss) | | 3 | 00 | 00 |
| 4a Guaranteed payments: services | | 4a | 00 | 00 |
| 4b Guaranteed payments: capital | | 4a 4b | 4666 00 | 4666 00 |
| 5 Interestincome | | 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 owne | er is a Domestic 2nd tier PTR | E | |
| 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 instr | uctions) | | 3a | 265345 00 |
| 3b Montana income tax withheld by a lower tier pass-through e | ntity | | 3b | 00 |
| 3c Add lines 3a and 3b. | | ntana income tax withheld | d on your behalf . 3c | 265345 00 |
| 4 Montana mineral royalty tax withheld | | | 4 | 00 |
| 5 Other information. List type | and amour | nt 5 | 00 | 00 |
| Part VI. Tax Credits | | | | |
| Code C | redit Authorization N | umber | An | nount of Credit |
| 1 2 | | | | 00 00 |
| Part VII. Montana Adjustments Detail: Enter the | amount and code of eacl | h adjustment entered on F | Part 3. (See instructions) | |
| | 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 |
| | | | | |

24TT1201



Montana Schedule K-1 (PTE)



2024v1 5/2024

Owner's Share of Income (Loss), Deductions, Credits, etc. For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

| Final Sch | nedule K-1 | | | |
|-------------|---|---|---|---|
| | | | | |
| | | | FEIN | 20111111 |
| | | | | |
| State M | T ZIP Code | 59602 | | |
| | | | | |
| | | | FEIN | |
| | | | or SSN | 10000003 |
| State P | A ZIP Code | 15237 | Beneficial Owner FEIN | |
| | | | or SSN | |
| X Non | resident | | | |
| | | | Profit and loss percenta | age 3.0000 |
| | | | Capital/Owners | hip 3.0000 |
| | | | | |
| | | | | |
| | | | Α | В |
| t on page 9 | €) | Eve | ywhere | Montana |
| | | 1 | 11250 00 | 11250 00 |
| | | 2 | 12750 00 | 12750 00 |
| e Income | (Loss) | | | |
| | | 1 | 4500000 00 | 450000000 |
| | | 2 | 00 | 00 |
| | | 3 | 00 | 00 |
| | | 4a | 00 | 00 |
| | | 4b | 4666 00 | 4666 00 |
| | | 5 | 1050 00 | 1050 00 |
| | | 6 | 1500 00 | 1500 00 |
| | | 7 | 00 | 00 |
| | | 8 | 00 | 00 |
| | | 9 | 00 | 00 |
| | | 10 | 00 | 00 |
| | | 11 | 495 00 | 495 00 |
| | | 12 | 00 | 00 |
| | | 13 | 1215 00 | 1215 00 |
| | | 14 | 4504996 00 | 4504996 00 |
| | | | | |
| 19 | The owner is | a Domestic 2nd tier PT | E | |
| | | | 1 | 00 |
| | | | 2 | 00 |
| tructions) | | | 3a | 00 |
| entity | | | 3b | 00 |
| This is | your total Montar | a income tax withhel | d on your behalf. 3c | 00 |
| | | | 4 | 00 |
| | and amount | 5 | 00 | 00 |
| | | | | |
| Credit Auth | orization Numb | ber | | Amount of Credit |
| | | | | 00 |
| | | | | 00 |
| amount and | code of each ad | justment entered on | Part 3. (See instructions) | |
| | | 11250 00 | 3 Code 1SL | 12750 00 |
| 5 Code | | 00 | 6 Code | 00 |
| | | | | |
| | | | | |
| | | | | |
| | State M State P × Non t on page S e Income of e Income of a functions) entity This is y Credit Authors | State P A ZIP Code X Nonresident t on page 9) e Income (Loss) 1 9 The owner is a fuctions) entity This is your total Montan and amount Credit Authorization Numt e amount and code of each ad 2 Code 2 A A | State M T ZIPCode 59602 State P A ZIPCode 15237 X Nonresident t on page 9) Even 1 2 e Income (Loss) 1 2 a ncome (Loss) 1 2 3 4a 4b 5 6 7 8 9 10 11 12 13 14 1 9 The owner is a Domestic 2nd tier PT functions) entity This is your total Montana income tax withhel and amount 5 Credit Authorization Number a anount and code of each adjustment entered on 2 Code 2AA 11250 00 5 Code 00 | State M T ZIP Code 5 9 6 0 2 State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN X State P A ZIP Code 1 5 2 3 7 Beneficial Owner FEIN or SSN X X Nonresident Profit and loss percent Capital/Owners ton page 9) A Everywhere 1 11250 00 2 2 00 3 00 4 00 4 00 4 00 4 00 4 00 4 00 4 00 3 00 3 1050 00 0 10 00 1 4504 000 10 00 11 4 00 10 00 11 495 00 12 10 00 10 00 11 1215 00 12 11 4504 000 10 00 11 12 12 11 4504 000 10 00 11 12 12 12 |

24TT1201





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

| | | 0 0 | | 5 | |
|--|----------------|-----------------|--------------------|-------------------------------|-------------------|
| Mark applicable boxes: Amended Schedule K-1 | Final Sched | ule K-1 | | | |
| Part I. Pass-through Entity Information | | | | | |
| Name Test Partnership 1 LLC | | | | FEIN | 201111111 |
| Mailing Address 1793 Legendborn Way | 01-1- 10 5 | | 50600 | | |
| City Helena | State M | T ZIP Code | 59602 | | |
| Part II. Owner Information | | | | EC.N. | |
| Name Owner Four | | | | FEIN or SSN | 1 0 0 0 0 0 0 0 0 |
| Mailing Address 2 Lancelot Lane | State P P | A ZIP Code | 15237 | Beneficial Owner FEIN | 10000004 |
| City Pendragon | State P A | A ZIP Code | 1929/ | or SSN | |
| Owner Type E Resident | × Nonres | sident | | | |
| Special Allocations (See instructions) | | | | Profit and loss percentage | ge 4.0000 |
| The owner is included in a PTET election | | | | Capital/Ownersh | ip 4.0000 |
| 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) | | E | verywhere | Montana |
| 1 Additions | | | 1 | 15000 00 | 15000 00 |
| 2 Subtractions | | | 2 | 17000 00 | 17000 00 |
| Part IV. Distributive Share of Montana Source | e Income (Lo | DSS) | | | |
| 1 Ordinary business income (loss) | | | 1 | 600000000 | 6000000000 |
| 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 7 | 2000 00 | 2000 00 00 |
| 7 Royalties | | | 8 | 00 00 | 00 |
| 8 Net short-term capital gain (loss)9 Net long-term capital gain (loss) | | | 9 | 00 | 00 |
| 10 Net section 1231 gain (loss) | | | 9 10 | 00 | 00 |
| 11 Other income (loss) (include detailed statement) | | | 10 | 660 00 | 660 00 |
| 12 Section 179 expense deduction | | | 12 | 00 | 00 000 |
| 13 Other expense deductions | | | 12 | 162000 | 1620 00 |
| 14 Total distributive share (See instructions) | | | 14 | 6006662 00 | 6006662 00 |
| Part V. Supplemental Information | | | 14 | 0000002.00 | 0000002 00 |
| The owner filed Form PT-AGR Year | | The owner is a | a Domestic 2nd tie | 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 insti | ructions) | | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through e | | | | 3b | 00 |
| 3c Add lines 3a and 3b. | | ur total Montan | a income tax with | nheld on your behalf. 3c | 00 |
| 4 Montana mineral royalty tax withheld | , | | | 4 | 00 |
| 5 Other information. List type | á | and amount | 5 | 00 | 00 |
| Part VI. Tax Credits | | | | | |
| | Credit Authori | zation Numb | er | A | mount of Credit |
| 1 | | | | | 00 |
| 2 | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter the | amount and co | de of each ad | justment entered | on Part 3. (See instructions) | |
| 1 Code 1AA 1500000 | 2 Code 2 A | | 15000 (| | 17000 00 |
| 4 Code 2S1 1700000 | 5 Code | | (| 00 6 Code | 00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | *24TT1201* | |





2024v1 5/2024

(PTE)

Owner's Share of Income (Loss), Deductions, Credits, etc.For the calendar year 2024, or tax year beginning01012024and ending12312024

| Mark applicable boxes: Amended Schedule K-1 | Final Sch | edule K-1 | | | |
|---|-------------|------------------|---------------------------------|-------------------------|------------------|
| Part I. Pass-through Entity Information | | | | FEIN | 20111111 |
| Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way | | | | | 20111111 |
| City Helena | State M | T ZIP Code | 59602 | | |
| Part II. Owner Information | Sidle M | | 55002 | | |
| Name Owner Five | | | | FEIN | 1 |
| Mailing Address 2 Lancelot Lane | | | | or SSN | |
| City Pendragon | State P | A ZIP Code | 15237 | Beneficial Owner FEIN | |
| oly Pendragon | Jidle F | | 1 5 2 5 7 | or SSN | |
| Dwner Type E Resident | × Non | resident | | 01 3314 | |
| Special Allocations (See instructions) | | resident | | Profit and loss percent | aqe 4.0000 |
| The owner is included in a PTET election | | | | Capital/Owners | - |
| Resident owner PTET election (See instructions) | | | | Odpital/Owner | sinp 4.0000 |
| The owner is included in a composite income tax return | | | | | |
| The owner is included in a composite income tax return | | | | Α | В |
| Part III. Montana Adjustments (See worksheet | 00 0000 | 2) | Eve | erywhere | Montana |
| 1 Additions | . on page a |) | 1 | 15000 00 | 15000 00 |
| 2 Subtractions | | | 2 | | |
| | Income | (1 | 2 | 17000 00 | 17000 00 |
| Part IV. Distributive Share of Montana Source | e income (| LOSS | | 600000000 | 60000000000 |
| 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 | 6006662 00 |
| Part V. Supplemental Information | | | | | |
| The owner filed Form PT-AGR Year | | The owner is a | a Domestic 2nd tier F | | |
| 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 instr | | | | 3a | 353793 00 |
| 3b Montana income tax withheld by a lower tier pass-through e | | | | 3b | 00 |
| 3c Add lines 3a and 3b. | This is y | our total Montan | a income tax withh | eld 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 C | credit Auth | orization Numb | ber | | Amount of Credit |
| | | | | | 00 |
| 1 | | | | | 00 |
| 2 | | | | | |
| 2 Part VII. Montana Adjustments Detail: Enter the | amount and | code of each ad | | | |
| 2 Part VII. Montana Adjustments Detail: Enter the 1 Code 1AA 15000 00 | 2 Code | | justment entered of 15000 00 | 3 Code 1SL | 17000 00 |
| 2 Part VII. Montana Adjustments Detail: Enter the 1 Code 1AA 15000 00 | | | | 3 Code 1SL | 17000 00 00 |







(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: A Part I. Pass-through Er | Amended Schedule K-1 | Final | Schedule | K-1 | | | | |
|--|--------------------------------|-------------|------------|---------------|---------------------|--------------------------|---------------|---------------|
| Name Test Partne | | | | | | | FEIN 20 | 1111111 |
| Mailing Address 1793 Le | - | | | | | | | |
| City Helena | | State | МΤ | ZIP Code | 59602 | | | |
| Part II. Owner Informat | ion | Olulo | | 2.1 0000 | | | | |
| Name Owner Six | | | | | | | FEIN | |
| Mailing Address 2 Lance | elot Lane | | | | | | | 0 0 0 0 0 0 6 |
| City Pendragon | | State | ΡA | ZIP Code | 15237 | Beneficial C | | |
| , , | | | | | | | or SSN | |
| Owner Type E | Resident | XM | Vonreside | nt | | | | |
| Special Allocations (See | instructions) | | | | | Profit and los | ss percentage | 3.0000 |
| The owner is included in | a PTET election | | | | | Capi | tal/Ownership | 3.0000 9 |
| Resident owner PTET el | ection (See instructions) | | | | | | | |
| The owner is included in | a composite income tax retu | m | | | | | | |
| | | | | | | А | | В |
| Part III. Montana Adjus | tments (See workshe | et on pag | e 9) | | E | verywhere | M | ontana |
| 1 Additions | | | | | 1 | 11250 00 | | 11250 00 |
| 2 Subtractions | | | | | 2 | 12750 00 | | 12750 00 |
| Part IV. Distributive Sha | are of Montana Sour | ce Incom | e (Loss | s) | | | | |
| 1 Ordinary business income (| loss) | | | | 1 | 450000000 | | 4500000 00 |
| 2 Net rental real estate incom | e (loss) | | | | 2 | 00 | | 00 |
| 3 Other net rental income (los | is) | | | | 3 | 00 | | 00 |
| 4a Guaranteed payments: sen | rices | | | | 4a | 00 | | 00 |
| 4b Guaranteed payments: cap | ital | | | | 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 (| oss) | | | | 9 | 00 | | 00 |
| 10 Net section 1231 gain (loss) | | | | | 10 | 00 | | 00 |
| 11 Other income (loss) (include | | | | | 11 | 49500 | | 495 00 |
| 12 Section 179 expense deduc | | | | | 12 | 00 | | 00 |
| 13 Other expense deductions | | | | | 13 | 121500 | | 1215 00 |
| 14 Total distributive share (See | instructions) | | | | 14 | 450499600 | | 4504996 00 |
| Part V. Supplemental In | | | | | | | | |
| X The owner filed Form P | T-AGR Year 2 0 | 2 2 | Tł | ne owner is a | a Domestic 2nd tier | PTE | - | |
| 1 PTET paid on behalf of own | er. (See instructions) | | | | | | 1 | 00 |
| 2 Montana composite income | tax paid on behalf of owner | | | | | | 2 | 00 |
| 3a Montana income tax withhe | ld on behalf of owner. (See ir | structions) | | | | 3 | la | 00 |
| 3b Montana income tax withhe | ld by a lower tier pass-throug | h entity | | | | 3 | lb | 00 |
| 3c Add lines 3a and 3b. | | | is your to | otal Montan | a income tax with | held on your behalf. 3 | Bc | 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 Au | thorizat | tion Numb | er | | Amoun | t of Credit |
| 1 | | | | | | | | 00 |
| 2 | | | | | | | | 00 |
| Part VII. Montana Adjus | tments Detail: Enter t | he amount a | and code | of each adj | justment entered | on Part 3. (See instruct | tions) | |
| 1 Code 1AA | 11250 00 | | 2AA | | 11250 0 | | | 12750 00 |
| 4 Code 2SL | 12750 00 | 5 Code | | | 0 | 0 6 Code | | 00 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | *24T | | |

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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 | 20111111 |
| Mailing Address 1793 Legendborn Way | | | | |
| City Helena | State M T ZIP Code | 59602 | | |
| Part II. Owner Information | | | | |
| Name Owner Seven | | | FEII | N |
| Mailing Address 2 Lancelot Lane | | | or SSN | 10000000 |
| City Pendragon | State P A ZIP Code | 15237 | Beneficial Owner FEII or SSN | |
| Owner Type T Resident | × Nonresident | | | |
| Special Allocations (See instructions) | | | Profit and loss percent | tage 3.0000 |
| The owner is included in a PTET election | | | Capital/Owner | ship 3.0000 |
| Resident owner PTET election (See instructions) | | | | |
| X The owner is included in a composite income tax return | | | | |
| | | | 4 | В |
| Part III. Montana Adjustments (See worksheet | on page 9) | Every | where | 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 | I ne owner is | a Domestic 2nd tier PTE | | 0.0 |
| 1 PTET paid on behalf of owner. (See instructions) | | | 1 | 00 |
| 2 Montana composite income tax paid on behalf of owner | (diana) | | 2 | 264687 00 |
| 3a Montana income tax withheld on behalf of owner. (See instru | | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through e 3c Add lines 3a and 3b. | | aa inaa maa tay withhald | 3b | 00 |
| | This is your total Montai | a income tax withheid | on your behalf. 3c 4 | 00 |
| 4 Montana mineral royalty tax withheld | and amount | 5 | 00 | 00 |
| 5 Other information. List type Part VI. Tax Credits | and amount | 5 | 00 | 00 |
| | redit Authorization Num | bor | | Amount of Credit |
| | | Dei | | |
| 1 2 | | | | 00 |
| 2 Part VII. Montana Adjustments Detail: Enter the a | amount and code of each or | fustment entered on P | art 3 (See instructions) | 00 |
| | 2 Code 2 A A | 11250 00 | 3 Code 1 S L | 12750 00 |
| 1 0000 TITT TTS10 00 | | TT200 00 | | |
| 4 Code 2 S L 12750 00 | 5 Code | 00 | 6 Code | 00 |







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

| Final Cabadula IC 1 | | | |
|-------------------------|--|---|---|
| Final Schedule K-1 | | | |
| | | FEIN | 201111111 |
| | | | |
| State M T ZIP Co | ode 59602 | | |
| | | | |
| | | FEIN | |
| | | or SSN | 10000008 |
| State P A ZIP Co | ode 15237 | | |
| × Nonresident | | | |
| | | | • |
| | | Α | В |
| t on page 9) | E۱ | verywhere | Montana |
| | 1 | 18750 00 | 18750 00 |
| | 2 | 21250 00 | 21250 00 |
| e Income (Loss) | | | |
| | 1 | 7500000 00 | 7500000 00 |
| | 2 | 00 | 00 |
| | 3 | 00 | 00 |
| | 4a | 00 | 00 |
| | 4b | 7777 00 | 7777 00 |
| | 5 | 1750 00 | 1750 00 |
| | 6 | 2500 00 | 2500 00 |
| | 7 | 00 | 00 |
| | 8 | 00 | 00 |
| | 9 | 00 | 00 |
| | 10 | 00 | 00 |
| | 11 | 825 00 | 825 00 |
| | 12 | 00 | 00 |
| | 13 | 2025 00 | 2025 00 |
| | 14 | 750832700 | 750832700 |
| | | | |
| The owne | er is a Domestic 2nd tier | PTE | |
| | | 1 | 00 |
| | | 2 | 00 |
| ructions) | | 3a | 442241 00 |
| entity | | 3b | 00 |
| | ntana income tax with | neld on your behalf. 3c | 442241 00 |
| | | 4 | 00 |
| and amoun | t 5 | 00 | 00 |
| | | | |
| Credit Authorization No | umber | | Amount of Credit |
| | | | 00 |
| | | | 00 |
| amount and code of eacl | n adjustment entered of | on Part 3. (See instructions) | |
| 2 Code 2 A A | | | 21250 00 |
| 5 Code | 0 | 0 6 Code | 00 |
| | | | |
| | | | 1 10 1 1 |
| | State P A ZIP Co X Nonresident t on page 9) e Income (Loss) e Income (Loss) The owne ructions) entity This is your total Mo and amoun Credit Authorization No a amount and code of each 2 Code 2 A A | State M T ZIP Code 5 9 6 0 2 State P A ZIP Code 1 5 2 3 7 X Nonresident ton page 9) 1 2 4 4 4 4 5 6 7 8 9 10 1 2 3 4 4 4 4 5 6 7 8 9 10 1 1 2 1 3 4 4 4 5 5 6 7 8 9 10 1 1 1 2 1 3 4 4 4 5 5 6 7 8 9 10 1 1 1 2 1 3 4 4 4 5 5 6 7 8 9 10 1 1 1 2 1 3 4 4 4 5 5 6 7 8 9 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | State M T ZIP Code 5 9 6 0 2 State P A ZIP Code 1.5 2.3 7 Beneficial Owner FEIN or SSN X Nonresident Profit and loss percenta Capital/Owners Profit and loss percenta Capital/Owners torn page 9) A Everywhere 1 1.8750.000 1 1.8750.000 00 2 00 2 2.1250.000 00 00 00 3 00 00 00 00 4 7777.00 5 1.750.000 00 5 1.750.000 6 2.500.00 00 4 0.01 0.00 00 00 10 0.01 0.00 00 00 11 825.000 00 00 00 12 0.00 00 00 00 13 2.025.000 1 75.827.00 3 Profit and mount 5 00 00 00 13 2.025.000 00 < |





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

| Mark applicable boxes: Amended Schedule K-1 | Final Sch | nedule K-1 | | | |
|---|-------------|----------------------------|------------------------|---------------------------|------------------|
| Part I. Pass-through Entity Information | | | | | |
| Name Test Partnership 1 LLC | | | | FEIN | 20111111 |
| Mailing Address 1793 Legendborn Way | . | | | | |
| City Helana | State M | T ZIP Code | 59602 | | |
| Part II. Owner Information | | | | | |
| Name Owner Nine | | | | FEIN | |
| Mailing Address 2 Lancelot Lane | | | | or SSN | |
| City Pendragon | State P | A ZIP Code | 15237 | Beneficial Owner FEIN | |
| | | | | or SSN | |
| Dwner Type T Resident | X Nor | resident | | | |
| Special Allocations (See instructions) | | | | Profit and loss percenta | - |
| The owner is included in a PTET election | | | | Capital/Owners | ship 3.0000 |
| Resident owner PTET election (See instructions) | | | | | |
| The owner is included in a composite income tax return | | | | | |
| | | | | A | B Montana |
| Part III. Montana Adjustments (See worksheet | on page s | 9) | | rywhere | |
| 1 Additions | | | 1 | 11250 00 | 11250 00 |
| 2 Subtractions | | | 2 | 12750 00 | 12750 00 |
| Part IV. Distributive Share of Montana Source | eincome | (Loss) | | | |
| 1 Ordinary business income (loss) | | | 1 | 450000000 | 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 | 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 | | - | | | |
| | 2 0 | I he owner is a | a Domestic 2nd tier PT | | |
| 1 PTET paid on behalf of owner. (See instructions) | | | | 1 | 00 |
| 2 Montana composite income tax paid on behalf of owner | <i>c</i> | | | 2 | 00 |
| 3a Montana income tax withheld on behalf of owner. (See inst | | | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through (| | | | 3b | 00 |
| 3c Addlines 3a and 3b. | This is | your total Montan | a income tax withhe | | 00 |
| 4 Montana mineral royalty tax withheld | | | - | 4 | 00 |
| 5 Other information. List type | | and amount | 5 | 00 | 00 |
| art VI. Tax Credits | | | | | |
| | credit Auth | orization Numb | ber | | Amount of Credit |
| 1 | | | | | 00 |
| | | | | | 00 |
| 2 | | | | Hart & (Soo instructions) | |
| 2 art VII. Montana Adjustments Detail: Enter the | | | | | |
| 2 | | I code of each ad 2 A A | 11250 00 00 | 3 Code 1 S L 6 Code | 12750 00 00 |





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

| , | | 0 0 | | - | |
|--|---------------|--------------------|-----------------------|---------------------------------|--|
| Mark applicable boxes: Amended Schedule K-1 | Final S | chedule 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 | 59602 | | |
| Part II. Owner Information | | | | | |
| Name Owner Ten | | | | FEIN | 10000010 |
| Mailing Address 2 Lancelot Lane | | | | or SSN | |
| City Pendragon | State | P A ZIP Code | 15237 | Beneficial Owner FEIN or SSN | |
| Owner Type F Resident | No | onresident | | 01 3311 | |
| Special Allocations (See instructions) | | | | Profit and loss percentage | je 5.0000 |
| The owner is included in a PTET election | | | | Capital/Ownersh | |
| Resident owner PTET election (See instructions) | | | | | |
| X The owner is included in a composite income tax retu | Irn | | | | |
| | | | | Α | В |
| Part III. Montana Adjustments (See workshe | eet on page | 9) | Ev | erywhere | Montana |
| 1 Additions | | | 1 | 18750 00 | 18750 00 |
| 2 Subtractions | | | 2 | 21250 00 | 21250 00 |
| Part IV. Distributive Share of Montana Sou | rce Income | e (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 superio | a Domestic 2nd tier F | ΥC | |
| The owner filed Form PT-AGR Year | | The owner is | | | 00 |
| PTET paid on behalf of owner. (See instructions) Montana composite income tax paid on behalf of owner | | | | 1 | 44188400 |
| Montana composite income tax paid on behalf of owner. (See in | | | | | 44188400 |
| 3b Montana income tax withheld by a lower tier pass-throug | | | | 3a 3b | 00 |
| 3c Add lines 3a and 3b. | | e vour total Monta | na income tax withh | | 00 |
| 4 Montana mineral royalty tax withheld | 1115 1 | S YOUR LOLAR MORTA | | 4 | 00 |
| 5 Other information. List type | | and amount | 5 | 00 | 00 |
| Part VI. Tax Credits | | and amount | 5 | 00 | 00 |
| Code | Credit Aut | horization Num | ber | Δ | mount of Credit |
| 1 | | | | | 00 |
| 2 | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter | the amount ar | nd code of each ac | djustment entered o | n Part 3. (See instructions) | with the first state |
| 1 Code 1AA 18750 00 | 2 Code | | 18750 00 | | 21250 00 |
| 4 Code 2 S l 21250 00 | 5 Code | | 00 | | 00 |
| | | | | | |
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2024v1 5/2024

(PTE) Owner's Share of Income (Loss) Deductions Credits atc

Owner's Share of Income (Loss), Deductions, Credits, etc.For the calendar year 2024, or tax year beginning01012024and ending12312024

| | or tax your bog | | | | |
|---|-----------------|----------------|----------------------|---------------------------------|------------------|
| Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information | Final Schedul | le K-1 | | | |
| Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way | | | | FEIN | 201111111 |
| City Helena | State M T | ZIP Code | 59602 | | |
| Part II. Owner Information | | | | | |
| Name Owner Eleven | | | | FEI | 100000011 |
| Mailing Address 2 Lancelot Lane | | | | or SSN | |
| City Pendragon | State PA | | 15237 | Beneficial Owner FEIt or SSN | |
| Owner Type C Resident | Nonresid | lent | | Droft and loss name | 2 0000 |
| Special Allocations (See instructions) | | | | Profit and loss percent | - |
| The owner is included in a PTET election | | | | Capital/Owner | ship 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) | | Eve | ywhere | Montana |
| 1 Additions | | | 1 | 11250 00 | 11250 00 |
| 2 Subtractions | | | 2 | 12750 00 | 12750 00 |
| Part IV. Distributive Share of Montana Source | Income (Los | ss) | | | |
| 1 Ordinary business income (loss) | | | 1 | 4500000 00 | 4500000 00 |
| 2 Net rental real estate income (loss) | | | 2 | 00 | 00 |
| 3 Other net rental income (loss) | | | 3 | 00 | 00 |
| 4a Guaranteed payments: services | | | 4a | 00 | 00 |
| 4b Guaranteed payments: capital | | | 4b | 4666 00 | 4666 00 |
| 5 Interest income | | | 5 | 1050 00 | 1050 00 |
| 6 Ordinary dividends | | | 6 | 1500 00 | 1500 00 |
| 7 Royalties | | | 7 | 00 | 00 |
| 8 Net short-term capital gain (loss) | | | 8 | 00 | 00 |
| 9 Net long-term capital gain (loss) | | | 9 | 00 | 00 |
| 10 Net section 1231 gain (loss) | | | 10 | 00 | 00 |
| 11 Other income (loss) (include detailed statement) | | | 11 | 495 00 | 495 00 |
| 12 Section 179 expense deduction | | | 12 | 00 | 00 |
| 13 Other expense deductions | | | 13 | 1215 00 | 1215 00 |
| 14 Total distributive share (See instructions) | | | 14 | 4504996 00 | 4504990 00 |
| Part V. Supplemental Information | | | | | |
| The ownerfiled Form PT-AGR Year | | The owner is a | Domestic 2nd tier PT | E | |
| 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 instr | ructions) | | | 3a | 265795 00 |
| 3b Montana income tax withheld by a lower tier pass-through e | | | | 3b | 00 |
| 3c Add lines 3a and 3b. | | total Montana | income tax withhel | d on your behalf. 3c | 265795 00 |
| 4 Montana mineral royalty tax withheld | | | | 4 | 00 |
| 5 Other information. List type | ar | nd amount | 5 | 00 | 00 |
| Part VI. Tax Credits | | | | | |
| Code C | redit Authoriz | ation Numbe | er | | Amount of Credit |
| 1 | | | | | 00 |
| 2 | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter the | amount and coo | le of each adi | ustment entered on | Part 3. (See instructions) | |
| | 2 Code 2A | | 11250 00 | 3 Code 1SL | 12750 00 |
| | 5 Code | | 00 | 6 Code | 00 |
| | | | | | 50 |
| | | | | | |





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 $1 \ 2 \ 3 \ 1 \ 2 \ 0 \ 2 \ 4$

| Final Schedule K-1 | | | |
|----------------------------|---|---|--|
| | 1.500 | | |
| | | FEIN | 201111111 |
| | | | |
| State M T ZIP Code | 59602 | | |
| | | | |
| | | | 10000012 |
| | | | |
| State P A ZIP Code | 15237 | | |
| N | | or SSN | |
| Nonresident | | De Grandland | |
| | | | |
| | | Capital/Ownership | 2.0000 % |
| | | | |
| | | | В |
| | E. | | Montana |
| i on page of | | | 7500 00 |
| | | | 8500 00 |
| Income (Loss) | 2 | 8300 00 | 8300 00 |
| | 1 | 300000000 | 3000000 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 3111 00 |
| | | | 700 00 |
| | | | 1000 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 00 |
| | | | 330 00 |
| | | 00 | 00 |
| | | 810 00 | 810 00 |
| | 14 | | 300333100 |
| | | | |
| The owner is | a Domestic 2nd tier | PTE | |
| | | 1 | 00 |
| | | | 17608 9 00 |
| ructions) | | 3a | 00 |
| entity | | 3b | 00 |
| | na income tax with | neid on your behalf . 3c | 00 |
| | | 4 | 00 |
| and amount | 5 | 00 | 00 |
| | | | |
| Credit Authorization Num | ber | Ar | nount of Credit |
| | | | 00 |
| | | | 00 |
| amount and code of each ad | djustment entered o | on Part 3. (See instructions) | |
| 2 Code 2AA | 7500 00 | 0 3 Code 1 S L | 8500 00 |
| 5 Code | 00 | 0 6 Code | 00 |
| | | | |
| | | | |
| | | | |
| | | *24TT1201* | |
| | State M T ZIP Code State P A ZIP Code Nonresident ton page 9) ton | State M T ZIP Code 5 9 6 0 2 State P A ZIP Code 1 5 2 3 7 Nonresident 1 5 2 3 7 1 | State M T ZIP Code 5 9 6 0 2 State P A ZIP Code 1 5 2 3 7 Beneficial Cover FEIN or SSN Norresident Nonresident Profit and loss percentage Capital/Ownership ton page 9) 6 1 5 2 3 7 Beneficial Cover FEIN or SSN ton page 9) 6 1 7 500 00 2 8500 00 Beneficial Cover FEIN or SSN ton page 9) 1 7 500 00 2 8500 00 Beneficial Cover FEIN or SSN ton page 9) 1 3 000000 00 2 00 3 00 4a Beneficial Cover FEIN 0 0 ton page 9) 1 3 000000 00 2 00 3 00 4a Beneficial Cover FEIN 0 0 ton page 9) 1 3 000000 00 2 00 3 00 4a Beneficial Cover FEIN 0 0 ton page 9) 1 3 000000 00 2 00 3 000 Beneficial Cover FEIN 0 0 ton page 9) 1 3 000000 Beneficial Cover FEIN 0 0 Beneficial Cover FEIN 0 0 ton page 9 1 3 000000 Beneficial Cover FEIN 0 0 Beneficial Cover FEIN 0 0 ton page 9 1 3 000000 Beneficial Cover FEIN 0 0 Beneficial Cover FEIN 0 0 ton page 9 1 3 000000 Beneficial Cover FEIN 0 0 Beneficial Cover FEIN 0 0 |





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

| | , | ,, , , , - | | Ū | |
|--|--|---|-----------------------------|---------------------------------|------------------|
| | ended Schedule K-1 | Final Schedule K-1 | | | |
| Part I. Pass-through Entit | | | | | |
| Name Test Partners | - | | | FEIN | 201111111 |
| Mailing Address 1793 Leg | endborn Way | | | | |
| City Helena | and the second s | State M T ZIP Co | ode 59602 | | |
| Part II. Owner Information | | | | | |
| Name Owner Thirtee | | | | FEI | |
| Mailing Address 2 Lancel | ot Lane | State P A ZIP Co | ode 15237 | or SSN Beneficial Owner FEIN | |
| City Pendragon | | State P A ZIP Co | Me 13237 | or SSN | |
| Owner Type F | Resident | Nonresident | | 01 221 | |
| Special Allocations (See insi | | NULLESIGET | | Profit and loss percent | age 6.0000 |
| The owner is included in a F | | | | | |
| Resident owner PTET electi | | | | Capital/Owner | Ship 6.0000 |
| | | | | | |
| The owner is included in a c | omposite income tax ret | um | | | В |
| Part III. Montana Adjustm | ente (See workshi | eet on name () | Evo | A rywhere | Montana |
| 1 Additions | ents (See workshi | eet on page 3) | 1 | 22500 00 | 22500 00 |
| 2 Subtractions | | | 2 | 25500 00 | 25500 00 |
| Part IV. Distributive Share | of Montana Sou | rce Income (Loss) | 2 | 25500 00 | 25500 00 |
| 1 Ordinary business income (loss | | ree meome (2033) | 1 | 900000000 | 9000000 00 |
| 2 Net rental real estate income (l | | | 2 | 00 | 00 000 000 00 |
| 3 Other net rental income (loss) | 55) | | 3 | 00 | 00 |
| 4a Guaranteed payments: service | ~ | | 4a | 00 | 00 |
| 4b Guaranteed payments: capital | 5 | | 4a 4b | 9332 00 | 9332 00 |
| 5 Interest income | | | 4D 5 | | 2100 00 |
| 6 Ordinary dividends | | | 6 | 2100 00 3000 00 | 3000 00 |
| | | | 7 | 00000 | 00 000 00 |
| 7 Royalties | | | | | |
| 8 Net short-term capital gain (los | | | 8 | 00 00 | 00 |
| 9 Net long-term capital gain (loss |) | | 9 10 | 00 | 00 |
| 10 Net section 1231 gain (loss) | tailed statement) | | | | |
| 11 Other income (loss) (include de | | | 11 | 00 00 00 00 00 | 990 00 |
| 12 Section 179 expense deduction | 1 | | 12 | | 00 |
| 13 Other expense deductions | te (otiona) | | 13 | 2430 00 | 2430 00 |
| 14 Total distributive share (See ins | | | 14 | 900999200 | 9009992 00 |
| Part V. Supplemental Info | | The sum | er is a Domestic 2nd tier P | | |
| The owner filed Form PT-A | | The owne | | | 0.0 |
| 1 PTET paid on behalf of owner. | . , | | | 1 | 00 |
| Montana composite income tax Montana income tax withheld of | | | | 2 | 531500.00 |
| | | | | 3a 3b | 531590 00 |
| 3b Montana income tax withheld b 3c Add lines 3a and 3b. | y a lower lier pass-throu | | ntene income terruithhe | | 00 |
| | | I his is your total wo | ntana income tax withhe | id on your behalf. 3c | 531590 00 |
| 4 Montana mineral royalty tax wit | lineiu | and amount | + 5 | 4 | 00 |
| 5 Other information. List type Part VI. Tax Credits | | and amoun | it 5 | 00 | 00 |
| Code | | Credit Authorization N | umber | | Amount of Credit |
| | | Great Authorization N | | | Amount of Credit |
| 1 | | | | | 00 |
| | | the amount and code of code | a adjustment entered on | Part 3 (See instructions) | 00 |
| 2 Part VII Montana Adjustm | ante Natail. Entor | | | | |
| Part VII. Montana Adjustm | | | | | 25500.00 |
| | 22500 00 25500 00 | 2 Code 2 A A 5 Code | 22500 00 00 | 3 Code 1SL 6 Code | 25500 00 00 |



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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: Arrended Schedule K-1 | Final | Schedule | NK 1 | | | | | |
|---|------------|-------------|---------------|----------------|---------------|--|------------------|----|
| Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information | Filld | Schedule | = N-1 | | | | | |
| Name Test Partnership 1 LLC | | | | | | FEIN | 2011111 | 11 |
| Mailing Address 1793 Legendborn Way | | | | | | | | |
| City Helena | State | МТ | ZIP Code | 5960 | 2 | | | |
| Part II. Owner Information | | | | | | | | |
| Name Owner Fourteen | | | | | | FE | IN 10000001 | 14 |
| Mailing Address 2 Lancelot Lane | | | | | | or SS | N | |
| City Pendragon | State | ΡA | ZIP Code | 1523 | 7 | Beneficial Owner FE or SS | | |
| Owner Type F Resident | I | Nonreside | ent | | | | | |
| Special Allocations (See instructions) The owner is included in a PTET election Resident owner PTET election (See instructions) The owner is included in a composite income tax return | 1 | | | | | Profit and loss percer Capital/Owne | • | |
| | | | | | А | | В | |
| Part III. Montana Adjustments (See workshee | et on pag | ie 9) | | | Everywhe | re | Montana | |
| 1 Additions | | | | 1 | - | 11250 00 | 11250 (| 00 |
| 2 Subtractions | | | | 2 | | 12750 00 | 12750 (| |
| Part IV. Distributive Share of Montana Sourc | e Incom | ne (Los | s) | | | | | |
| 1 Ordinary business income (loss) | | • | | 1 | 450 | 0000000 | 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 | 450 | 4996 00 | 4504996 (| 00 |
| Part V. Supplemental Information | | | | | | | | |
| X The ownerfiled Form PT-AGR Year 2 0 | 1 9 | Т | he owner is a | 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 ins | tructions) | | | | | 3a | (| 00 |
| 3b Montana income tax withheld by a lower tier pass-through | entity | | | | | Зb | (| 00 |
| 3c Add lines 3a and 3b. | This | s is your t | total Montan | a income tax | withheld on y | our behalf. 3c | (| 00 |
| 4 Montana mineral royalty tax withheld | | | | | | 4 | (| 00 |
| 5 Other information. List type | | an | d amount | 5 | | 00 | (| 00 |
| Part VI. Tax Credits | | | | | | | | |
| Code | Credit Au | uthoriza | tion Numb | per | | | Amount of Credit | |
| 1 | | | | | | | (| 00 |
| 2 | | | | | | | (| 00 |
| Part VII. Montana Adjustments Detail: Enter the | | | | justment enter | red on Part 3 | (See instructions) | | |
| 1 Code 1AA 11250 00 | 2 Code | e 2AZ | A | 11250 | 0 0 0 | 3 Code 1SL | 12750 (| 00 |
| 4 Code 2 S L 12750 00 | 5 Code | Э | | | 00 | 6 Code | (| 00 |
| | | | | | | * 24 TT1201* | | |





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

| | E4, Of tax year begin | ining of a set | | |
|---|-----------------------|------------------------|---------------------------------------|-------------------------|
| Mark applicable boxes: Amended Schedule K-1 | Final Schedule | K-1 | | |
| Part I. Pass-through Entity Information | | | | |
| Name Test Partnership 1 LLC | | | FEII | N 201111111 |
| Mailing Address 1793 Legendborn Way | | | | |
| City Helena | State M T | ZIP Code 596 | 0 2 | |
| Part II. Owner Information | | | | |
| Name Owner Fifteen | | | | EIN 100000015 |
| Mailing Address 2 Lancelot Lane | | | or S | |
| City Pendragon | State P A | ZIP Code 152 | | |
| | | | or S | SN |
| Owner Type T E Resident | Nonreside | ent | | |
| Special Allocations (See instructions) | | | Profit and loss perce | |
| The owner is included in a PTET election | | | Capital/Own | ership 4.0000 |
| Resident owner PTET election (See instructions) | | | | |
| X The owner is included in a composite income tax re | turn | | | |
| | | | Α. | В |
| Part III. Montana Adjustments (See worksh | leet 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 Sou | Irce Income (Los | | | |
| 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 | 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 | 11 | he owner is a Domestic | | |
| 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 | | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-throu | | | 3b | 00 |
| 3c Add lines 3a and 3b. | This is your to | otal Montana 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 | Oraclit Aud | Com Marshar | | Amount of O |
| Code | Credit Authorizat | tion Number | | Amount of Credit |
| 1 | | | | 00 |
| 2 | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter | | | | the state of the second |
| 1 Code 1AA 1500000 | 2 Code 2 A A | 150 | 00000 3 Code 1 S L | 17000 00 |
| 4 Code 2 S L 17000 00 | 5 Code | | 00 6 Code | 00 |
| | | | | |
| | | | | |
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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

| | io ouiondui your zoz | , or tax your bogin | ining - | | 5 | |
|--------------------------------------|--------------------------|---------------------|---------------|-------------------|--------------------------------|-----------------|
| Mark applicable boxes: Ame | ended Schedule K-1 | Final Schedule | K-1 | | | |
| Part I. Pass-through Entit | ty Information | | | | | |
| Name Test Partners | ship 1 LLC | | | | FEIN | 201111111 |
| Mailing Address 1793 Leg | endborn Way | | | | | |
| City Helena | | State M T | ZIP Code | 59602 | | |
| Part II. Owner Information | 1 | | | | | |
| Name Owner Sixteer | 1 | | | | FEIN | 10000016 |
| Mailing Address 2 Lancel | ot Lane | | | | or SSN | |
| City Pendragon | | State P A | ZIP Code | 15237 | Beneficial Owner FEIN | |
| | | | | | or SSN | |
| OwnerType T E | Resident | Nonreside | nt | | | |
| Special Allocations (See inst | | | | | Profit and loss percentag | |
| The owner is included in a P | | | | | Capital/Ownershi | p 4.0000 % |
| Resident owner PTET electi | | _ | | | | |
| The owner is included in a co | omposite income tax retu | m | | | • | В |
| Part III. Montana Adjustm | onte (See workshe | et on nage 9) | | - | A verywhere | Montana |
| 1 Additions | ents (See workshe | et on page 3/ | | 1 | 15000 00 | 15000 00 |
| 2 Subtractions | | | | 2 | 17000 00 | 17000 00 |
| Part IV. Distributive Share | of Montana Sour | | - | 2 | 17000.00 | 17000 00 |
| 1 Ordinary business income (loss | | ce income (Loss | 5/ | 1 | 600000000 | 6000000 00 |
| 2 Net rental real estate income (lo | | | | 2 | 00 | 00 0000000 |
| 3 Other net rental income (loss) | 033) | | | 2 | 00 | 00 |
| 4a Guaranteed payments: service | | | | 4a | 00 | 00 |
| 4b Guaranteed payments: capital | 0 | | | 4a 4b | 6222 00 | 6222 00 |
| 5 Interest income | | | | 4D 5 | 1400 00 | 1400 00 |
| 6 Ordinary dividends | | | | 6 | 2000 00 | 2000 00 |
| 7 Royalties | | | | 7 | 2000 00 | 2000 00 |
| 8 Net short-term capital gain (loss | 2) | | | 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 de | tailed statement) | | | 10 | 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 ins | tructions) | | | 18 | 6006662 00 | 6006662 00 |
| Part V. Supplemental Info | | | | | | 000000200 |
| The owner filed Form PT-A | | Th | ne owner is a | Domestic 2nd tier | PTE | |
| 1 PTET paid on behalf of owner. | | | | Bornooto End to | 1 | 00 |
| 2 Montana composite income tax | | | | | 2 | 00 |
| 3a Montana income tax withheld o | | structions) | | | 3a | 354393 00 |
| 3b Montana income tax withheld b | | , | | | 3b | 00 |
| 3c Add lines 3a and 3b. | , | | otal Montana | income tax with | held on your behalf. 3c | 354393 00 |
| 4 Montana mineral royalty tax with | hheld | | | | 4 | 00 |
| 5 Other information. List type | | and | amount | 5 | 00 | 00 |
| Part VI. Tax Credits | | | | | | |
| Code | | Credit Authorizat | ion Numbe | er | А | mount of Credit |
| 1 | | | | | | 00 |
| 2 | | | | | | 00 |
| Part VII. Montana Adjustm | ents Detail: Enter t | he amount and code | of each adju | ustment entered | on Part 3. (See instructions) | |
| 1 Code 1AA | 15000 00 | 2 Code 2AA | | 150000 | | 17000 00 |
| 4 Code 2 S L | 17000 00 | 5 Code | | 0 | 0 6 Code | 00 |
| | | | | - | | |
| | | | | | NIA NAN DIANKI NAKI ALIMATI AL | |
| | | | | | | |
| | | | | | *24TT1201* | |
| | | | | | | |





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 Sched | lule K-1 | | | |
|--|------------------------|-----------------|------------------------|----------------------------|----------------|
| | | | | FEIN | 201111111 |
| Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way | ÷ | | | | |
| City Helena | State M | T ZIP Code | 59602 | | |
| Part II. Owner Information | Oldie M | | 55662 | | |
| Name Owner Seventeen | | | | FEIN 1 | .00000017 |
| Mailing Address 2 Lancelot Lane | | | | or SSN | |
| City Pendragon | State P 2 | A ZIP Code | 15237 | Beneficial Owner FEIN | |
| Owner Type T E Resident | Nonres | sident | | or SSN | |
| 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 workshee | t on page 9) | | Eve | rywhere | Montana |
| 1 Additions | | | 1 | 11250 00 | 11250 00 |
| 2 Subtractions | | | 2 | 12750 00 | 12750 00 |
| Part IV. Distributive Share of Montana Source | e Income (Lo | oss) | | | |
| 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 deduction13 Other expense deductions | | | 12 | 00 | 00 |
| | | | 13 | 1215 00 4504996 00 | 1215 00 |
| 14 Total distributive share (See instructions) Part V. Supplemental Information | | | 14 | 450499600 | 4504996 00 |
| | 2 1 | The owner is a | a Domestic 2nd tier PT | F | |
| 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 inst | tructions) | | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through | | | | 3b | 00 |
| 3c Add lines 3a and 3b. | | ur total Montan | a income tax withhe | | 00 |
| 4 Montana mineral royalty tax withheld | | | | 4 | 00 |
| 5 Other information. List type | | and amount | 5 | 00 | 00 |
| art VI. Tax Credits | | | | | |
| Code | Credit Authori | zation Numb | er | Am | ount of Credit |
| 1 | | | | | 00 |
| 2 | | | | | 00 |
| art VII. Montana Adjustments Detail: Enter the | e amount and \propto | de of each ad | ustment entered on | Part 3. (See instructions) | |
| 1 Code 1AA 11250 00 | 2 Code 2 A | AA | 11250 00 | 3 Code 1SL | 12750 00 |
| 4 Code 2SL 1275000 | 5 Code | | 00 | 6 Code | 00 |
| | | | | | |
| | | | | | |
| | | | | | |

24TT1201

| MONTANA DEPARTMENT OF REVENUE | |
|-------------------------------------|--|



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

| | , , , | 5 | | | |
|---|----------------|----------------|---------------------|---------------------------------|-----------------|
| Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information | Final Schedul | le K-1 | | | |
| 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 | | | | FEIN | 10000018 |
| Mailing Address 2 Lancelot Lane | | | 1 5 0 0 0 | or SSN | |
| City Pendragon | State P A | ZIP Code | 15237 | Beneficial Owner FEIN or SSN | |
| Owner Type P Resident | Nonresid | dent | | | |
| Special Allocations (See instructions) | | | | Profit and loss percentag | e 6.0000 % |
| The owner is included in a PTET election | | | | Capital/Ownershi | p 6.0000 % |
| Resident owner PTET election (See instructions) | | | | | |
| X The owner is included in a composite income tax return | | | | | |
| | - | | | A | В |
| Part III. Montana Adjustments (See worksheet | on page 9) | | Eve | erywhere | Montana |
| 1 Additions | | | 1 | 22500 00 | 22500 00 |
| 2 Subtractions | 1 | | 2 | 25500 00 | 25500 00 |
| Part IV. Distributive Share of Montana Source | Income (Los | SS) | | | |
| 1 Ordinary business income (loss) | | | 1 | 00 000000 | 9000000 00 |
| 2 Net rental real estate income (loss) | | | 2 | 00 | 00 |
| 3 Other net rental income (loss) 4a Guaranteed payments: services | | | 3 | 00 00 | 00 |
| | | | 4a 4b | 9332 00 | 9332 00 |
| 4b Guaranteedpayments: capital 5 Interest income | | | 4D 5 | 2100 00 | 2100 00 |
| 6 Ordinary dividends | | | 6 | 3000 00 | 3000 00 |
| 7 Royalties | | | 7 | 00 | 00 |
| 8 Net short-term capital gain (loss) | | | 8 | 00 | 00 |
| 9 Net long-term capital gain (loss) | | | 9 | 00 | 00 |
| 10 Net section 1231 gain (loss) | | | 10 | 00 | 00 |
| 11 Other income (loss) (include detailed statement) | | | 11 | 990 00 | 990 00 |
| 12 Section 179 expense deduction | | | 12 | 00 | 00 |
| 13 Other expense deductions | | | 13 | 2430 00 | 2430 00 |
| 14 Total distributive share (See instructions) | | | 14 | 9009992 00 | 9009992 00 |
| Part V. Supplemental Information | | | | | |
| The owner filed Form PT-AGR Year | - | The owner is a | Domestic 2nd tier F | TE | |
| 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 instru | uctions) | | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through e | ntity | | | 3b | 00 |
| 3c Add lines 3a and 3b. | This is your | total Montan | a income tax withh | eld on your behalf. 3c | 00 |
| 4 Montana mineral royalty tax withheld | | | | 4 | 00 |
| 5 Other information. List type | ar | nd amount | 5 | 00 | 00 |
| Part VI. Tax Credits | | | | | |
| Code C | redit Authoriz | ation Numb | er | A | mount of Credit |
| 1 | | | | | 00 |
| 2 | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter the | | | | | |
| | 2 Code 2 A | А | 22500 00 | | 25500 00 |
| 4 Code 2 S L 25500 00 | 5 Code | | 00 | 6 Code | 00 |
| | | | | * 24 TT1201* | |

| / | 2 | |
|------|---|-------|
| DEPA | | IT OF |

Montana Schedule K-1 (PTE)

Clear Form

2024v1 5/2024

Owner's Share of Income (Loss), Deductions, Credits, etc. For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

| | ,, | | | | | | |
|---|----------|-------------|--------------|-----------------|---------------------------|---------------------------------|-----------------|
| Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information | Final S | Schedule k | <-1 | | | | |
| Name Test Partnership 1 LLC | | | | | | FEIN | 20111111 |
| Mailing Address 1793 Legendborn Way | - | | | | _ | | ł |
| City Helena | State | МТ | ZIP Code | 59602 | 2 | | |
| Part II. Owner Information | | | | | | | |
| Name Owner Nineteen | | | | | | | 100000019 |
| Mailing Address 2 Lancelot Lane | | | | | | or SSN | |
| City Pendragon | | | ZIP Code | 15237 | 7 Beneficial (| Owner FEIN or SSN | |
| Owner Type P Resident | N | Ionresider | nt | | | | |
| Special Allocations (See instructions) The owner is included in a PTET election Resident owner PTET election (See instructions) The owner is included in a composite income tax return | | | | | | ss percentage ital/Ownership | 2.0000 |
| | | | | | A | | В |
| Part III. Montana Adjustments (See worksheet | on page | e 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 | e (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 | 300333100 | | 300333100 |
| Part V. Supplemental Information | | | | | | | |
| The owner filed Form PT-AGR Year | | Th | e owner is a | Domestic 2nd ti | ier 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 instr | uctions) | | | | | 3a | 176897 00 |
| 3b Montana income tax withheld by a lower tier pass-through e | entity | | | | | 3b | 00 |
| 3c Add lines 3a and 3b. | This i | is your to | tal Montana | a income tax wi | ithheld on your behalf. | 3c | 176897 00 |
| 4 Montana mineral royalty tax withheld | | | | | | 4 | 00 |
| 5 Other information. List type | | and | amount | 5 | 00 | | 00 |
| Part VI. Tax Credits | | | | | | | |
| Code C | redit Au | thorizati | on Numb | er | | An | nount of Credit |
| 1 | | | | | | | 00 |
| 2 | | | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter the | amount a | and code of | of each adj | ustment entere | d on Part 3. (See instruc | ctions) | |
| | 2 Code | | | 7500 | | | 8500 00 |
| 4 Code 2 S L 8500 00 | 5 Code | | | | 00 6 Code | | 00 |
| : | | | | | | T1201* | |

24TT1201





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

| | - | | | | | | |
|--|-----------|-----------|-------------|----------|------------------|---------------------------------|------------------|
| Mark applicable boxes: Amended Schedule K-1 | Final S | Schedule | K-1 | | | | |
| Part I. Pass-through Entity Information | | | | | | | |
| Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way | | | | | | FEIN | 201111111 |
| City Helena | State | МТ | ZIP Code | 5 5 | 9602 | | |
| Part II. Owner Information | | | | | | | |
| Name Owner Twenty | | | | | | FEIN | 10000020 |
| Mailing Address 2 Lancelot Lane | | | | | | or SSN | |
| City Pendragon | State | ΡΑ | ZIP Code | 15 | 237 | Beneficial Owner FEIN or SSN | |
| Owner Type P T P Resident | N | lonreside | ent | | | | |
| Special Allocations (See instructions) | | | | | | Profit and loss percenta | - |
| The owner is included in a PTET election | | | | | | Capital/Owners | hip 4.0000 |
| Resident owner PTET election (See instructions) | | | | | | | |
| X The owner is included in a composite income tax return | | | | | | | |
| Dart III Mantana Adiustraarta (Cas watabast | | - 0) | | | 5.00 | A | B Montana |
| Part III. Montana Adjustments (See worksheet 1 Additions | on page | e 9) | | 4 | Evel | rywhere | |
| 2 Subtractions | | | | 1 2 | | 15000 00 | 15000 00 |
| Part IV. Distributive Share of Montana Source | Incom | 0 (1 00 | c) | 2 | | 17000 00 | 17000 00 |
| 1 Ordinary business income (loss) | mcom | e (LUS | 5) | 1 | | 600000000 | 6000000000 |
| 2 Net rental real estate income (loss) | | | | 2 | | 00 | 00 0000000 |
| 3 Other net rental income (loss) | | | | 2 | | 00 | 00 |
| 4a Guaranteed payments: services | | | | 4a | | 00 | 00 |
| 4b Guaranteed payments: capital | | | | 4b | | 6222 00 | 6222 00 |
| 5 Interest income | | | | 5 | | 1400 00 | 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 |
| 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 | 162000 |
| 14 Total distributive share (See instructions) | | | | 14 | | 6006662 00 | 6006662 00 |
| Part V. Supplemental Information | | | | | | | |
| The owner filed Form PT-AGR Year | | Т | he owner is | a Dome | stic 2nd tier PT | E | |
| 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 instru | 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 yourt | otai Montar | na incon | ne tax withhel | d 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 | | | | | | | |
| | redit Au | thoriza | tion Numb | ber | | | Amount of Credit |
| 1 | | | | | | | 00 |
| | | | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter the | | | | | | | |
| | 2 Code | ZAF | 4 | 1 | 5000 00 | 3 Code 1SL | 17000 00 |
| 4 Code 2 S L 17000 00 | 5 Code | | | | 00 | 6 Code | 00 |
| | | | | | | *24TT1201* | |





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(PTE)

| | or tax your | begin | ing - | | | J | |
|---|-------------|----------|--------------|---------|-----------------|---|----------------|
| Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information | Final Sch | nedule l | K-1 | | | | |
| Name Test Partnership 1 LLC | | | | | | FEIN | 201111111 |
| Mailing Address 1793 Legendborn Way | | | | | | | |
| City Helena | State M | ΙТ | ZIP Code | 5 9 | 602 | | |
| Part II. Owner Information | | | | | | | |
| Name Owner Twenty-One | | | | | | FEIN | 100000021 |
| Mailing Address 2 Lancelot Lane | | | | | | or SSN | |
| City Pendragon | State P | A | ZIP Code | 15 | 237 | Beneficial Owner FEIN or SSN | |
| Owner Type P T P Resident | Non | resider | nt | | | | |
| Special Allocations (See instructions) The owner is included in a PTET election | | | | | | Profit and loss percentage Capital/Ownership | |
| Resident owner PTET election (See instructions) | | | | | | | |
| The owner is included in a composite income tax return | | | | | | | |
| | | | | | | А | В |
| Part III. Montana Adjustments (See worksheet | t on page | 9) | | | Ev | verywhere | 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 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 | | Th | e owner is a | Dome | stic 2nd tier l | 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 inst | 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 to | tal Montan | a incon | ne tax with | neld 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 C | Credit Auth | orizati | ion Numb | er | | Arr | ount of Credit |
| 1 | | | | | | | 00 |
| 2 | | | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter the | | | | | | | |
| 1 Code 1AA 1500000 | 2 Code | 2 A A | | 1 | 5000 00 | | 17000 00 |
| 4 Code 2 S L 17000 00 | 5 Code | | | | 00 | 0 6 Code | 00 |
| | | | | | | *24TT1201* | |



Montana Schedule K-1 (PTE)



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| Mark applicable boxes: Amended Schedule K-1 | Final | Schedul | e K-1 | | | | | |
|---|--------------|-----------|--------------|----------------|-------------|-------------------------------------|---------|--|
| Part I. Pass-through Entity Information | | | | | | | 10 | |
| Name Test Partnership 1 LLC | | | | | | FEI | N 2 | 01111111 |
| Mailing Address 1793 Legendborn Way | 0 1 1 | | 710 0 1 | 5 9 6 9 | ~ | | | |
| City Helena | State | ΜT | ZIP Code | 5960 | 2 | | | |
| Part II. Owner Information | | | | | | | | |
| Name Owner Twenty-Two | | | | | | | | 0000022 |
| Mailing Address 2 Lancelot Lane | 01-1- | | | 1 5 2 2 | 7 | or S | | |
| City Pendragon | State | ΡA | ZIP Code | 1523 | 1 | Beneficial Owner F or S | | |
| Owner Type S Resident | | Nonresid | lent | | | | | |
| Special Allocations (See instructions) | | | | | | Profit and loss perc | - | 4.0000 |
| The owner is included in a PTET election | | | | | | Capital/Owr | nership | 4.0000 |
| Resident owner PTET election (See instructions) | | | | | | | | |
| X The owner is included in a composite income tax return | | | | | | | | |
| | | | | | A | | | B |
| Part III. Montana Adjustments (See worksheet | on pag | je 9) | | | Everywh | | | Viontana |
| 1 Additions | | | | 1 | | 15000 00 | | 15000 00 |
| 2 Subtractions | | | | 2 | | 17000 00 | | 17000 00 |
| Part IV. Distributive Share of Montana Source | Incon | ie (Los | SS) | | | | | <pre>coocoocoocoocoocoocoocoocoocoocoocoocoo</pre> |
| 1 Ordinary business income (loss) | | | | 1 | 60 | 00 00 00 00 | | 6000000 00 00 |
| 2 Net rental real estate income (loss) | | | | 2 | | 00 | | |
| 3 Other net rental income (loss) | | | | 3 | | 00 | | 00 |
| 4a Guaranteed payments: services | | | | 4a | | 6222 00 | | 6222 00 |
| 4b Guaranteed payments: capital | | | | 4b 5 | | 1400 00 | | 1400 00 |
| 5 Interest income 6 Ordinary dividends | | | | 6 | | 2000 00 | | 2000 00 |
| 7 Royalties | | | | 7 | | 00 | | 2000 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 | | 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 | 60 | 06662 00 | | 6006662 00 |
| Part V. Supplemental Information | | | | | | | | |
| The owner filed Form PT-AGR Year | | | The owner is | a Domestic 2nd | tier PTE | | | |
| 1 PTET paid on behalf of owner. (See instructions) | | | | | | 1 | | 00 |
| 2 Montana composite income tax paid on behalf of owner | | | | | | 2 | | 353286 00 |
| 3a Montana income tax withheld on behalf of owner. (See instr | uctions) | | | | | 3a | | 00 |
| 3b Montana income tax withheld by a lower tier pass-through e | entity | | | | | 3b | | 00 |
| 3c Add lines 3a and 3b. | This | s is your | total Montar | na income tax | withheld on | your behalf. 3c | | 0 0 |
| 4 Montana mineral royalty tax withheld | | | | | | 4 | | 00 |
| 5 Other information. List type | | ar | nd amount | 5 | | 00 | | 00 |
| Part VI. Tax Credits | | | | | | | | |
| Code C | redit A | uthoriz | ation Num | ber | | | Amou | unt of Credit |
| 1 | | | | | | | | 00 |
| 2 | | | | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter the | | | | justment ente | red on Part | See instructions) | | |
| | | e 2A | A | 15000 | | 3 Code 1SL | | 17000 00 |
| 4 Code 2 S L 17000 00 | 5 Cod | е | | | 00 | 6 Code | | 00 |
| | | | | 1 | | | | III 101 1001 |
| | | | | | | | | |





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(PTE)

| Mark applicable boxes: Amended Schedule K-1 | Final Sch | nedule K-1 | | | |
|---|------------|------------------|-----------------------|---|----------------------|
| Part I. Pass-through Entity Information | | | | | |
| Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way | | | | FEIN | 201111111 |
| City Helena | State M | T ZIP Code | 59602 | | |
| Part II. Owner Information | | | Contraction State | | |
| Name Owner Twenty-Three | | | | FEIN | 100000023 |
| Mailing Address 2 Lancelot Lane | | | | or SSN | |
| City Pendragon | State P | A ZIP Code | 9 15237 | Beneficial Owner FEIN or SSN | |
| Owner Type S Resident | Non | resident | | | |
| Special Allocations (See instructions) The owner is included in a PTET election Resident owner PTET election (See instructions) The owner is included in a composite income tax return | | | | Profit and loss percentage Capital/Ownership | 4.0000 % 4.0000 % |
| | | | | Α | В |
| Part III. Montana Adjustments (See worksheet | on page § | 3) | Eve | erywhere | Montana |
| 1 Additions | | -, | 1 | 15000 00 | 15000 00 |
| 2 Subtractions | | | 2 | 17000 00 | 17000 00 |
| Part IV. Distributive Share of Montana Source | Income | (Loss) | | 1,000,00 | 1,000,00 |
| 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 | 2000 00 |
| 8 Net short-term capital gain (loss) | | | 8 | 00 | 00 |
| 9 Net long-term capital gain (loss) | | | 9 | 00 | 00 |
| 10 Net section 1231 gain (loss) | | | 10 | 00 | 00 |
| 11 Other income (loss) (include detailed statement) | | | 11 | 660 00 | 660 00 |
| 12 Section 179 expense deduction | | | 12 | 00 | 00 |
| 13 Other expense deductions | | | 13 | 1620 00 | 1620 00 |
| 14 Total distributive share (See instructions) | | | 14 | 6006662 00 | 6006662 00 |
| Part V. Supplemental Information | | | 14 | 8008882.00 | 600666200 |
| The owner filed Form PT-AGR Year | | The owner is | a Domestic 2nd tier P | TE | |
| 1 PTET paid on behalf of owner. (See instructions) | | The owner is | | 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 instr | ructions) | | | 3a | 353793 00 |
| 3b Montana income tax withheld by a lower tier pass-through e | | | | 3b | 00 |
| 3c Add lines 3a and 3b. | | your total Monta | ina income tax withhe | | 353793 00 |
| 4 Montana mineral royalty tax withheld | 111313 | | | | 00 |
| 5 Other information. List type | | and amount | 5 | 00 | 00 |
| Part VI. Tax Credits | | | 5 | 00 | 00 |
| | rodit Auth | orization Num | hor | A | ount of Credit |
| | reall Auto | orization Null | iber | AIII | |
| 1 2 | | | | | 00 00 |
| | amount and | and of each a | divetment entered on | Port 2 (Coo instructions) | 00 |
| Part VII. Montana Adjustments Detail: Enter the 1 Code 1AA 15000 00 | | | | | 17000.00 |
| | 2 Code | 2 A A | 15000 00 | | 17000 00 |
| 4 Code 2 S L 17000 00 | 5 Code | | 00 | 6 Code | 00 |
| | | | | | |



| MONTANA DEPARTMENT OF REVENUE | |
|-------------------------------------|--|

Montana Schedule K-1 (PTE)



2024v1 5/2024

Owner's Share of Income (Loss), Deductions, Credits, etc. For the calendar year 2024, or tax year beginning 0 1 0 1 2 0 2 4 and ending 1 2 3 1 2 0 2 4

| | | , or tax year | beginning | | | |
|--|---------------------|---------------|-------------------|-----------------------|----------------------------|---|
| Mark applicable boxes: Amended S | | Final Sch | nedule K-1 | | | |
| Part I. Pass-through Entity Info | | | | | | |
| Name Test Partnership | | | | | FEIN | 201111111 |
| Mailing Address 1793 Legendb | orn Way | | | | | |
| City Helena | | State M | T ZIP Code | 59602 | | |
| Part II. Owner Information | | | | | | |
| Name Owner Twenty-Four | | | | | FEIN | |
| Mailing Address 2 Lancelot L | ane | | _ | | or SSN | 10000024 |
| City Helena | | State M | T ZIP Code | 59602 | Beneficial Owner FEIN | |
| | | | | | or SSN | |
| | K Resident | NON | resident | | | |
| Special Allocations (See instructions | | | | | Profit and loss percentag | |
| The owner is included in a PTET electron (Control of the Control o | | | | | Capital/Ownershi | p 1.0000 |
| Resident owner PTET election (See | | _ | | | | |
| The owner is included in a composit | e income tax returi | n | | | | P |
| Dest III Mantana Adiustranta (| Coowerkeho | | 2) | | A | B Montana |
| Part III. Montana Adjustments (1 Additions | See WORKSNEE | st on page s | 5) | 1 | 3750 00 | |
| 2 Subtractions | | | | 2 | | 3750 00 |
| | antona Source | | | 2 | 425000 | 4250 00 |
| Part IV. Distributive Share of M | ontana Sourc | e income (| (LUSS) | | 150000000 | 1500000 0 0 |
| Ordinary business income (loss) Net rental real estate income (loss) | | | | 1 2 | 1500000 00 00 | 1500000 00 |
| 3 Other net rental income (loss) | | | | 3 | 00 | 00 |
| | | | | 3 4a | 00 | 00 |
| 4a Guaranteed payments: services 4b Guaranteed payments: capital | | | | 4a 4b | 155500 | 1555 00 |
| 5 Interest income | | | | 5 | 350 00 | 350 00 |
| 6 Ordinary dividends | | | | 6 | 500 00 | 500 00 |
| 7 Royalties | | | | 7 | 00 | 00 |
| 8 Net short-term capital gain (loss) | | | | 8 | 00 | 00 |
| 9 Net long-term capital gain (loss) | | | | 9 | 00 | 00 |
| 10 Net section 1231 gain (loss) | | | | 10 | 00 | 00 |
| 11 Other income (loss) (include detailed st | atement) | | | 10 | 165 00 | 165 00 |
| 12 Section 179 expense deduction | dementy | | | 12 | 00 | 00 |
| 13 Other expense deductions | | | | 13 | 405 00 | 405 00 |
| 14 Total distributive share (See instructions | 5) | | | 14 | 1501665 00 | 1501665 00 |
| Part V. Supplemental Informatio | | | | | 1901009 00 | 1001000 00 |
| The owner filed Form PT-AGR | Year | | The owner is | a Domestic 2nd tier P | TF | |
| 1 PTET paid on behalf of owner. (See ins | | | | | 1 | 00 |
| 2 Montana composite income tax paid or | | | | | 2 | 00 |
| 3a Montana income tax withheld on behali | | structions) | | | | 00 |
| 3b Montana income tax withheld by a lowe | | | | | 3b | 00 |
| 3c Add lines 3a and 3b. | | | vour total Montan | a income tax withhe | | 00 |
| 4 Montana mineral royalty tax withheld | | | | | 4 | 00 |
| 5 Other information. List type | | | and amount | 5 | 00 | 00 |
| Part VI. Tax Credits | | | | | CONTRACTOR OF A | |
| Code | | Credit Autho | orization Numb | ber | A | mount of Credit |
| 1 | | | | | | 00 |
| 2 | | | | | | 00 |
| Part VII. Montana Adjustments | Detail: Enter th | e amount and | code of each ad | justment entered on | Part 3. (See instructions) | 100 C |
| | 750 00 | 2 Code 3 | | 4250 00 | 3 Code | 00 |
| 4 Code | 00 | 5 Code | | 00 | 6 Code | 00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | *24TT1201* | |

24TT1201

| MONTANA DEPARTMENT OF REVENUE | |
|-------------------------------------|--|





(PTE)

| Mark applicable boxes: Amended Schedule K-1 | Final Schedule K-1 | | | |
|--|---|--------------------------------------|------------------------|------------------|
| Part I. Pass-through Entity Information | | | FEN | |
| Name Test Partnership 1 LLC | | | FEIN | 20111111 |
| Mailing Address 1793 Legendborn Way | | | | |
| City Helena | State M T ZIP Cod | e 59602 | | |
| Part II. Owner Information | | | | |
| Name Owner Twenty-Five | | | FE | |
| Mailing Address 2 Lancelot Lane | | | or SS | |
| City Helena | State M T ZIP Cod | le 59602 | Beneficial Owner FEI | |
| wner Type I X Resident | Nonresident | | or SS | N |
| Special Allocations (See instructions) | Nonesident | | Profit and loss percer | tage 7.0000 |
| The owner is included in a PTET election | | | Capital/Owne | |
| Resident owner PTET election (See instructions) | | | Capital/Owne | 15mp 7.0000 |
| The owner is included in a composite income tax return | n | | | |
| The owner is included in a composite income tax return | | | А | В |
| art III. Montana Adjustments (See workshee | | F | verywhere | Montana |
| 1 Additions | | 1 | 26250 00 | 26250 0 |
| 2 Subtractions | | 2 | 29750 00 | 20250 0 |
| art IV. Distributive Share of Montana Source | o Incomo (Loss) | 2 | 2975000 | 29750 00 |
| 1 Ordinary business income (loss) | te income (L055) | 1 | 10500000 00 | 10500000 00 |
| 2 Net rental real estate income (loss) | | 2 | 105000000000 | 0 |
| 3 Other net rental income (loss) | | 3 | 00 | 0 |
| . , | | 4a | 00 | 0 |
| la Guaranteed payments: services | | | | 10888 0 |
| b Guaranteed payments: capital 5 Interest income | | 4b 5 | 1088800 | 2450 0 |
| | | 6 | 2450 00 3500 00 | 3500 0 |
| 6 Ordinary dividends 7 Povaltics | | 6 7 | | 01 |
| 7 Royalties | | | 00 | 00 |
| 8 Net short-term capital gain (loss) | | 8 | 00 | 01 |
| 9 Net long-term capital gain (loss) | | 9 10 | 00 | 0 |
| 0 Net section 1231 gain (loss) | | | 1155 00 | 1155 00 |
| 11 Other income (loss) (include detailed statement) | | 11 | | |
| 2 Section 179 expense deduction | | 12 | 00 | 00 |
| 3 Other expense deductions | | 13 | 2835 00 | 2835 00 |
| 4 Total distributive share (See instructions) | | 14 | 1051165800 | 1051165800 |
| art V. Supplemental Information | The surged | is a Domestic 2nd tier | DTE | |
| The owner filed Form PT-AGR Year | The owner i | is a Domestic 2nd tier | 1 | 0.0 |
| 1 PTET paid on behalf of owner. (See instructions) | | | | 00 |
| 2 Montana composite income tax paid on behalf of owner | ate (diana) | | 2 | 00 |
| a Montana income tax withheld on behalf of owner, (See ins | | | 3a | 00 |
| b Montana income tax withheld by a lower tier pass-through a Add lines 3a and 3b. | | | 3b | 00 |
| | This is your total Monta | ana income tax withi | | 00 |
| 4 Montanamineral royalty tax withheld | and amount | r | 4 | 00 |
| 5 Other information. List type | and amount | 5 | 00 | 00 |
| art VI. Tax Credits | | | | |
| | Credit Authorization Nun | nber | | Amount of Credit |
| 1 | | | | 00 |
| 0 | | | | 00 |
| 2 art VIII Montone Adjustmente Deteili Fels th | a amount and and - f 1 | | | |
| art VII. Montana Adjustments Detail: Enter th | | | | ~ ~ |
| | e amount and code of each a 2 Code 1 S L 5 Code | adjustment entered o 29750 0 0 | 0 3 Code | 00 |

| MONTANA DEPARTMENT OF REVENUE | |
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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 Sc | chedule | K-1 | | | | |
|---|------------|-----------|---------------|---------------|------------|---------------------------------|---------------------|
| Part I. Pass-through Entity Information | | | | | | | |
| Name Test Partnership 1 LLC | | | | | | FEIN | 20111111 |
| Mailing Address 1793 Legendborn Way | | | | | | | |
| City Helena | State I | МΤ | ZIP Code | 5960 |) 2 | | |
| Part II. Owner Information | | | | | | FEN | |
| Name Owner Twenty-Six | | | | | | FEIN | 1 0 0 0 0 0 0 2 |
| Mailing Address 2 Lancelot Lane City Helena | State I | мт | ZIP Code | 5960 | | or SSN Beneficial Owner FEIN | 1000002 |
| Giy Helena | Sidle | 11 1 | | 5900 |) 2 | or SSN | |
| Dwner Type I X Resident | No | onreside | nt | | | | |
| Special Allocations (See instructions) | | | | | | Profit and loss percentag | |
| The owner is included in a PTET election | | | | | | Capital/Ownershi | p 5.0000 |
| Resident owner PTET election (See instructions) | | | | | | | |
| The owner is included in a composite income tax return | | | | | | | |
| Part III. Montana Adjustments (See worksheet | 00.0000 | 0) | | | | A where | B Montana |
| 1 Additions | t on page | 9) | | 1 | Lvery | 18750 00 | 18750 (|
| 2 Subtractions | | | | 2 | | 21250 00 | 21250 |
| Part IV. Distributive Share of Montana Source | Income | (1 055 | 5) | 2 | | 21230 00 | 21200 |
| 1 Ordinary business income (loss) | , moonie | . (2000 | -, | 1 | | 7500000 00 | 7500000 |
| 2 Net rental real estate income (loss) | | | | 2 | | 00 | (|
| 3 Other net rental income (loss) | | | | 3 | | 00 | (|
| 4a Guaranteed payments: services | | | | 4a | | 00 | C |
| 4b Guaranteed payments: capital | | | | 4b | | 7777 00 | 7777 0 |
| 5 Interest income | | | | 5 | | 1750 00 | 1750 0 |
| 6 Ordinary dividends | | | | 6 | | 2500 00 | 2500 |
| 7 Royalties | | | | 7 | | 00 | C |
| 8 Net short-term capital gain (loss) | | | | 8 | | 00 | C |
| 9 Net long-term capital gain (loss) | | | | 9 | | 00 | C |
| 10 Net section 1231 gain (loss) | | | | 10 | | 00 | C |
| 11 Other income (loss) (include detailed statement) | | | | 11 | | 825 00 | 825 0 |
| 12 Section 179 expense deduction | | | | 12 | | 00 | C |
| 13 Other expense deductions | | | | 13 | | 2025 00 | 2025 0 |
| 14 Total distributive share (See instructions) | | | | 14 | | 750832700 | 7508327 |
| Part V. Supplemental Information | | | | | | | |
| The owner filed Form PT-AGR Year | | Th | ne owner is a | a Domestic 2r | d tier PTE | | |
| 1 PTET paid on behalf of owner. (See instructions) | | | | | | 1 | C |
| 2 Montana composite income tax paid on behalf of owner | | | | | | 2 | C |
| 3a Montana income tax withheld on behalf of owner. (See instr | | | | | | 3a | C |
| 3b Montana income tax withheld by a lower tier pass-through e | • | | | | | 3b | C |
| 3c Add lines 3a and 3b. | This is | s your to | otal Montan | a income tax | withheld | on your behalf. 3c | C |
| 4 Montana mineral royalty tax withheld | | | | _ | | 4 | C |
| 5 Other information. List type | | and | amount | 5 | | 00 | C |
| art VI. Tax Credits | | | | | | | - a such at Our dit |
| | Credit Aut | norizat | | lef | | A | |
| 1 | | | | | | | C |
| 2 Part VII. Montana Adjustments Detail: Enter the | amountan | ad code | of each ad | iustment ent | arad on D | art 3 (See instructions) | C. |
| | 2 Code | | | 2125 | | 3 Code | C |
| | 5 Code | 101 | | 2123 | 00 00 | 6 Code | C |
| | 5 0006 | | | | 00 | | C |
| | | | | | | | |

24TT1201



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

Form EST-PTI V1 8/2024

15-30-2512, MCA

| Pass-Through Entity Name | | | |
|--|---|-------------|-------------------------------|
| Test Partnership 1 LLC | FE | EIN [| 2011111111 |
| Part I. Required Pass-Through Entity Tax 1 2024 pass-through entity tax and/or composite ta | | aym 1 | ent 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 ta Form PTE, lines 26 and 29 3b Overpayment from 2023 Form PTE, line 46 pass-through entity tax and/or composite ta | ax liability from 3a 5550 5, applied to | | |
| 3 Add lines 3a and 3b. | | зJ | 5550 |
| 4 Subtract line 3 from line 1. If the result is less the You do not owe interest on your underpayment 5 2023 pass-through entity tax and/or composite 6 Enter the lesser of line 2 or line 5. | of estimated taxes. | | 3262620 3855150 2941353 |
| Part II. Underpayment of Estimated Tax - You can use this method if you did not make estimate the required due dates. 1 Estimated tax payments made for tax year 2024 composite tax | ted tax payments or you made four equal e | estima 1 | ated tax payments by |

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

This is your interest on the underpayment of estimated taxes.

| 1 | 5550 |
|---|---------|
| 2 | |
| 3 | 2935803 |
| 4 | 137058 |
| | |
| 5 | |
| 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 | ch column befo | pre going to lin | ņe 5. | |
| 1 Divide Part I, line 6, by four and enter the result | | | | |
| in each column. If using the annualized method, | | | | |
| enter Part IV, line 22. | 735388 | 735388 | 735388 | 735388 |
| 2 Divide Part I, line 3a, by four and enter the result in | | | | |
| each column | 1388 | 1388 | 1388 | 1388 |
| 3 Subtract line 2 from line 1 | 3 733951 | 733951 | 733951 | 733951 |
| 4 Amount of estimated tax paid by the date in each column. | | | | |
| Include the amount from Part I, line 3b in Column A. | 1 0 | 0 | 0 | 0 |
| Complete lines 5 through 11 of one co | lumn before go | oing to the nex | xt column. | |
| 5 Overpayment from the previous period, if any, from | | | | |
| line 11 of the previous column | 5 | 0 | 0 | 0 |
| 6 Add lines 4 and 5. | | | | |
| This is your estimated payment for the period. | 0 | 0 | 0 | 0 |
| 7 Add lines 9 and 10 from the previous column. | | | | |
| This is your total underpayment to date. | · | 733951 | 1467902 | 2201852 |
| 8 Subtract line 7 from line 6. If zero or less enter 0. | 3 0 | 0 | 0 | 0 |
| 9 If the amount on line 8 is zero, subtract line 6 from line 7. | | | | |
| Otherwise, enter 0. | | | | |
| This is the underpayment from the previous period. |) | 733951 | 1467902 | 2201852 |
| 10 If line 8 is equal to or less than line 3, subtract line 8 | | | | |
| from line 3. If line 8 is greater than line 3, go to line 11. | | | | |
| This is the current period underpayment.10 | 733951 | 733951 | 733951 | 733951 |
| 11 If line 3 is less than line 8, subtract line 3 from line 8. | | | | |
| Then go to line 5 in the next column. | | | | |
| This is the overpayment for period. 1 | 0 | 0 | 0 | 0 |
| Complete lines 12 through 14 of the colu | nns 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) 13 | 336 | 273 | 182 | 61 |
| 14 Multiply line 10 by line 13. | | | | |
| Then, multiply the result by 0.000219 14 | 01001 | | 29254 | 9805 |
| 15 Add the amounts on line 14 in each column. Enter here a | and on Form PTE | E, line 31. | | |
| This is your intere | st on underpay | ment of estima | ated taxes. 15 | 136946 |

10105050here

Apportionable Income Worksheet

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

| | | A | B (line 16b) | C (li | line 16c) | D (line 16d) | | E | F | | G |
|--|-----|---------------|-----------------|-------|-----------|------------------|----|--------------|--------------------|------|-------------------|
| | Fed | eral Schedule | Federal Schs K- | 1 1 | DERs | Nonapportionable | Ap | portionable | Apportionment | Inco | me apportioned to |
| | | к | | | | income | | Income | factor from Sch I, | | MT (E x F) |
| | | | | | | | (A | - B - C - D) | Line 5 | | |
| 1 Ordinary buiness income (loss) | \$ | 150,000,000 | \$ 222,22 | 22 | | | \$ | 149,777,778 | 100.0000% | \$ | 149,777,778 |
| 2 Net rental real estate income (loss) | \$ | | | | | | \$ | | 100.0000% | \$ | |
| 3 Other net rental income (loss) | \$ | - | | | | | \$ | | 100.0000% | \$ | - |
| 4a Guaranteed Payments - Services | \$ | - | | | | | \$ | - | 100.0000% | \$ | - |
| 4b Guaranteed Payments - Capital | \$ | 155,540 | | | | | \$ | 155,540 | 100.0000% | \$ | 155,540 |
| 5 Interest income | \$ | 35,000 | | | | | \$ | 35,000 | 100.0000% | \$ | 35,000 |
| 6 Ordinary dividends | \$ | 50,000 | | | | | \$ | 50,000 | 100.0000% | \$ | 50,000 |
| 7 Royalties | \$ | - | | | | | \$ | - | 100.0000% | \$ | - |
| 8 Net short-term capital gain (loss) | \$ | - | | | | | \$ | - | 100.0000% | \$ | - |
| 9 Net long-term capital gain (loss) | \$ | - | _ | | | | \$ | - | 100.0000% | \$ | |
| 10 Net §1231 gain (loss) | \$ | - | | | | | \$ | - | 100.0000% | \$ | |
| 11 Other income (loss) | \$ | 16,500 | | | | | \$ | 16,500 | 100.0000% | \$ | 16,500 |
| 12 §179 expense deduction apportionable and/or | | | | | | | | | | | |
| allocable to MT | \$ | | | | | | \$ | | 100.0000% | \$ | |
| 13 Other expense deductions apportionable | 1 | | | | | | | | | | |
| and/or allocable to MT | \$ | 40,500 | | | | | \$ | 40,500 | 100.0000% | \$ | 40,500 |
| 14 Total | \$ | 150,216,540 | \$ 222,22 | 22 \$ | - | \$ - | \$ | 149,994,318 | 100.0000% | \$ | 149,994,318 |

Case 2: Form PTE (Partnership)

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

The company has one \$5,000 Tentative payment. The company is also receiving Mineral Royalty Withholding credit of \$3,000, Pass-through Withholding credit of \$11,000 and a Pass-through Entity Tax credit of \$20,000. (A mistake50 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: | 20-2222222 |
| State Formed in: | Mississippi |
| MT Secretary of State ID: | M3824120 |
| Schedules DE Included: | 1 |

| Date Formed: | 01/28/2014 |
|------------------------------|------------|
| Federal Business Code/NAICS: | 541715 |
| Date registered in MT: | 7/15/2014 |
| Schedules K-1 Received: | 3 |

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

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

For calendar year 2024 or tax year beginning 0 1 0 1 2 0 2 4

and ending 12312024 FEIN 202222222 Mark all that apply: Name Initial return Test Partnership 2 LLC Federal Business Code/NAICS 5 4 1 7 1 5 Final return Mailing Address MT Secretary of State ID # M 3 8 2 4 1 2 0 Amended return Date of Registration in Montana 07152014 736 Lambda Ave APT H3 X Refund return State ZIP Code + 4 State formed in MS on 01282014 City PTP MS72016 Lykos X PTET X Resident PTET Enter Number of: Schedules K-1 Included Nonresident Owners Schedules DEIncluded 1 5 2 **Resident Owners** Other Types of Owners 2 Schedules K-1 Received 1 **Owners' Distributive Share of Income Items (federal Schedule K)** 1 Ordinary business income (loss) 1 400000 00 2 Net rental real estate income (loss) (include federal Form 8825) 2 00 3a Other gross rental income (loss) 00 3a 3b Expenses from other rental activities (include detailed statement) 3h 00 00 3 Subtract line 3b from line 3a. This is your other net rental income or loss. 3 4a Guaranteed payments: Services 5750 00 4a 4100 00 4b Guaranteed payments: Capital 4h 4 Add lines 4a and 4b This is your total guaranteed payments. 4 9850 00 5 Interest income 185000 00 5 6 Ordinary dividends 6 15000 00 7 Royalties 7 00 8 Net short-term capital gain (loss) (include federal Schedule D) 8 00 9 Net long-term capital gain (loss) (include federal Schedule D) 9 00 10 Net section 1231 gain (loss) (include federal Form 4797) 10 00 11 00 11 Other income (loss) (include detailed statement) This is your total federal income or loss. 12 609850 00 12 Add lines 1 through 11 and enter result. Owners' Distributive Share of Deduction Items - Montana Source Income (include federal Schedule K) 13a Section 179 deduction (include federal Form 4562) 13a 00 00 13b Contributions 13h 00 130 13c Investment interest expense 13d Section 59(e)(2) expenditures (include detailed statement) 13d 00 13e Other deductions (include detailed statement) 115000 00 13e 13 Add lines 13a through 13e and enter result. This is your total federal deductions. 13 115000 00 14 Subtract line 13 from line 12. This is your federal income from all sources. 14 494850 00 15 Montana additions to the PTE's apportionable activities 15 15299 00 16a Montana subtractions from the PTE's apportionable activities 16a 00 16b Total everywhere income (loss) from federal Schedules K-1 16h 00 3450 00 16c Total everywhere income (loss) from disregarded entities 16c 16d Other nonapportionable income (loss) from the PTE's own activities 16d 5750 00 16 Add lines 16a through 16d. This is your deductions including nonapportionable income. 16 9200 00 500949 00 17 Add lines 14 and 15, then subtract line 16. 17 18 Mark the box that describes your business activity or enter your apportionment factor. 100% Montana activity 0% Montana activity 175332 00 35.0000 % Apportionment factor x line 17 18 19a Total Montana source income received from pass-through entities (Montana source income from MT Schedules K-1 issued to this entity) 00 19a 1627 00 19b Total Montana source income from Schedules VII 19h 19c Nonapportionable income allocated to Montana. (See instructions) 19c 5750 00 19 Add lines 19a through 19c. This is the total nonapportionable income (loss) sourced to Montana. 19 7377 00

This is your total Montana source income. 20 182709 00



Form PTE

2024v1

5/2024

20 Add lines 18 and 19; enter result.

| 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 | g 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 | 5000 00 |
| Pass-through Entity Tax, Composite Tax, and Pass-Through W | ithholding | |
| 24 Total taxable income subject to pass-through entity tax from all owners' MT Schedule | es 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 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 00 |
| 28 Total composite tax from Schedule IV, Column H | 28 | |
| 29 Flow-Through Payments Schedule, Column B, line 12 | 29 | 1050 00 |
| | pass-through entity tax due or (overpayment). 30 | -22813 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 instruction | is) 33 | 00 |
| 34 Flow-Through Payments Schedule, Column C, line 12 | 34 | 00 |
| - · | ther 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 | -2281300 |
| 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 | -2281300 |
| Penalty and Interest | | |
| 41 Late payment penalty | 41 | 00 |
| 42 Interest | 42 | 00 |
| 43 Add lines 40 through 42. | Total tax, penalties, and interest. 43 | -2281300 |
| Amount Owed or Refund | | |
| 44 If line 43 is more than zero, enter the amount here. | This is the amount you owe. 44 | 00 |
| 45 If line 43 is less than zero, enter the amount here. | This is your overpayment. 45 | 2281300 |
| 46 Enter the amount from line 45 that you want applied to your 2025 tax | 46 | 00 |
| 47 Subtract line 46 from line 45. | This is your refund. 47 | 22 813 00 |
| | | |
| Direct Deposit Your Refund Complete 1, 2, and 3. (See inst | tructions) | |
| 1 Routing Number | | |
| 2 Account Number | Checking Saving | js |
| 3 Mark this box if this refund is going to an account that is located outside of the | | |
| REQUIRED – Signature, Paid Preparer, and Third-Party D | - | |
| Under penalties of false swearing, I declare that I have examined this return, including acc | companying schedules and statements, and to the best of n | ny knowledge and belief, it is |
| true, correct, and complete. | | |
| Officer | • • • • • | |
| Signature x | | 08192024 |
| Printed Name Darrow Au Andromedus | Phone | 5 9 7 6 3 4 2 1 9 3 |
| Tax Preparer | | |
| Signature | | 0 8 1 9 2 0 2 4 |
| Print Name Pierce Brown | | 4 5 8 9 6 1 7 3 2 3 |
| Mark this box if you allow the DOR to discuss this tax return with your tax preparer. | . PTIN | P13245108 |
| Tax Preparation Firm | | |
| Fim Name Red Rising | Fim's FEIN | |
| Mailing Address 10 Reaper Street | | |
| , _1 | ZIP 72016 | |
| Pass-Through Entity Tax Authorized Representative: Rec | | - |
| Name | | Telephone Number |
| Sevro Au Barca | Gold | 5982647319 |
| Email SonofAres@Howlers.co | o m | |
| | | |





2024 Montana Form PTE – Flow-Through Payments Schedule

Name Test Partnership 2 LLC

FEIN 2 0 2 2 2 2 2 2 2 2

Schedules K-1 subject to:

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.

| | | А | В | С |
|-------------|----------|----------------------|----------------------|---------------------|
| Entity Name | FEIN | Mineral Royalty | Pass-Through | Pass-Through Entity |
| | | Withholding Received | Withholding Received | Tax Received |
| 1 MRW LLC | 10000001 | . 3000 00 | 00 | 00 |
| 2 PTW LLC | 10000002 | . 00 | 11000 00 | 00 |
| 3 PTET LLC | 10000003 | 00 | 00 | 20000 00 |
| 4 | | 00 | 00 | 00 |
| | 5 Totals | 3000 00 | 11000 00 | 20000 00 |

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

| Farth. Flow-unough payment anocations (See instruction | 15) | j Schedules K-T subject to. | | | | |
|---|------------------------|-----------------------------|----------|--|--|--|
| | А | В | С | | | |
| | Pass-Through Entity Ta | x 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 | 00 | 00 | | | |
| 10 Total pass-through entity tax passed to owners | 10 | | 00 | | | |
| 11 Enter Column B, line 9. | | | | | | |
| Subtract Column C, line 10 from line 9. | | | | | | |
| Credit balance for PTE not electing to pay PTET. | 11 | 00 | 00 | | | |
| 12 Add lines 4, 7, 8, and 11 in each Column. | | | | | | |
| Total payments the PTE can claim as a credit. | 32950 00 | 1050 00 | 00 | | | |
| | | | | | | |





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

| Name Test Partnership 2 LLC Enter amounts in Columns A and B. Enter percentages in Columr | n C. | FE A | В | С | 2 2 2 2 |
|--|-------------|------------------------|--------------|-------|----------|
| 1 Property Factor: Use average value for real and tangible personal property | | Everywhere Mor | itana | Fact | tor |
| 1a Land | 1a | 100000 00 | 250 | 00 00 | |
| 1b Buildings | 1b | 50000 00 | 250 | 00 00 | i. |
| 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 prope | ty 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 your payr | | | .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 | 0 0 | | 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 receip | ts factor. 3 | 25 | .0000 ' |
| 4 Enter the amount reported on line 3 | | | 4 | 25 | . 0000 9 |
| 5 Add the percentages from lines 1, 2, 3. and 4 in Column C. | | This is the sum of you | r factors. 5 | 140 | . 0000 9 |
| 6 Divide the total percentage from line 5, Column C, by the number of factors that car | h ho includ | led in the calculation | | | |

This is your apportionment factor. 6 35.0000 %





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 |





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



Name Test Partnership 2 LLC

Part I. Eligible Participating Owners

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

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

Part IV. Composite Tax

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

FEIN 202222222

| Part III. Composite Tax Ratio | | |
|--|---|-----------|
| 1 Total Montana source income from page 1, line 20 | 1 | 18270900 |
| 2 Multiply Part II, line 2 by the apportionment factor from | | |
| Schedule I, line 6 | 2 | 5750 00 |
| 3 Subtract line 2 from line 1. Adjusted Montana source income | 3 | 176959 00 |
| 4 Divide line 3 by Part II, line 5. (Do not enter more than 1.000000). | | |
| Composite tax ratio | 4 | 0.350832 |

| A Name | B Social Security Number or Federal Employer Identification | C Total Distributive Share from Owner's Schedule K-1, | D (Partnerships only) Guaranteed Payments for Services from Owner's Schedule K-1, Column A, | 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 |
|--------------|--|--|--|--|---|---|--|
| | Number | Column A, Part IV, Line 14 | Part IV, Line 4a | | | | |
| 1 Owner Five | 20000005 | 38261 | 431 00 | 14600 | 23230 00 | 1125 00 | 00 |
| 2 | | | 00 | | 00 | 00 | 00 |
| 3 | | | 00 | | 00 | 00 | 00 |
| 4 | | | 00 | | 00 | 00 | 00 |
| 5 | | | 00 | | 00 | 00 | 0 0 |
| 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 | osite tax participar | nts, attach a statement with the sar | 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 |



241T0601



2024 Montana Form PTE Schedule VI – Reporting of Special Transactions

2024v1 5/2024

00

Name Test Partnership 2 LLC

FEIN 2 0 2 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
- 4 The entity filed federal Form 8886 Reportable Transaction Disclosure Statement with the IRS
- 5 For S corporations only: The S corporation filed federal Form 8023 Elections Under Section 338 for Corporations Making Qualified Stock Purchases with the IRS

Complete this section if the PTE is a partnership.

- 6 The partnership filed one or more of the following forms in 2024 Provide a copy of each form with your tax return.
 - · Federal Form 8985, Pass-Through Statement Transmittal/Partnership Adjustment Tracking Report
 - Federal Form 8986, Partner's Share of Adjustment(s) to Partnership-Related Items(s)
 - · Federal Form 8082, Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)
- 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)

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

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

| A | В | C |
|------|------|-------------------|
| Name | FEIN | Amount of Payment |
| | | 00 |
| | | 00 |
| | | 00 |
| | | 00 |
| | | 0 0 |
| | | 0 0 |
| | | 0 0 |
| | | 0 0 |
| | | 00 |
| | | 00 |
| | | 00 |
| | | 00 |
| | | 00 |
| | | |



8

| MONTANA DEPARTMENT OF REVENUE | | 2024 Montan List of | a Form PT Disregarde | E Scl ed Er | hedule ntities | e VII – | | | 2024v1 5/2024 |
|-------------------------------------|---------------|------------------------|--|----------------|-------------------|---------------------------------------|---|---------------------------------------|---|
| | nership 2 LLC | | | | | | | FEIN 2 | 0 2 2 2 2 2 2 2 2 |
| | A Name | B FEIN | C Montana SOS Registration Number | D ЦС | E Q Sub | F If Q Sub, Enter Election Date | G DE has Multistate Activities | H DE is a Segment of the PTE | I Montana Source Income from DE's Own Activities |
| 1 Test DE 1 | | 987654321 | D654321 | × | | | × | | 1627 00 |
| 2 Test DE 2 | | 192837645 | C162534 | | | | | × | 00 |
| 3 | | | | | | | | | 00 |
| 4 | | | | | | | | | 00 |
| 5 | | | | | | | | | 00 |
| | | | | | | | | | |
| 6 | | | | | | | | | 00 |
| 7 | | | | | | | | | 00 |
| 8 | | | | | | | | | 00 |
| 9 | | | | | | | | | 00 |
| 10 | | | | | | | | | 00 |
| 11 | | | | | | | | | 00 |
| | | | | | | | | | |
| 12 | | | | | | | | | 00 |
| 13 | | | | | | | | | 00 |
| 14 | | | | | | | | | 00 |
| | | | | | | | | 15 Total | 1627 00 |



2024 Montana Form DTE Schodulo VII





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

| Name Test Partnership 2 LLC File this schedule for all disregarded entities that must report Montana source income. | | F | EIN 2 | 0 2 2 2 2 2 2 2 2 |
|--|----------|------------------------------------|----------|-------------------|
| Do not file this schedule for disregarded entities that only receive flow-through income or are consi | idered | seaments (See instructions) | | |
| Complete the Everywhere Column first. If the income reported on line 17 includes apportionable in | | | annortio | ment factor |
| Use the apportionment factor to calculate your Montana source income. If line 17 includes nor | | | | |
| Disregarded Entity Name Test DE 1 | | | | |
| Disregarded Entity FEIN 9 8 7 6 5 4 3 2 1 | | Α | | В |
| Business Income and Deductions | | Everywhere | | Montana |
| 1a Gross income | 1a | 12500 00 | | Montana |
| 1b Returns and allowances | 1b | 450 00 | | |
| 1c Balance, Subtract line 1b from line 1a, | 1c | 12050 00 | | |
| 1d Cost of goods sold (provide statement) | 1d | 6000 00 | | |
| 1e Gross profit. Subtract line 1d from line 1c. | 1e | 6050 00 | | |
| | le 1f | | | |
| 1f Other income including gains (provide statement) | | 300 00 | | |
| 1g Add lines 1e and 1f. This is your total income. | 1g | 6350 00 | | |
| 1h Wages | 1h | 1300 00 | | |
| 1i Rent | 1i | 1100 00 | | |
| 1j Other deductions (provide statement) | 1j | 500 00 | | |
| 1k Add lines 1h through 1j.This is your total deductions. | 1k | 2900 00 | | |
| 1 Subtract line 1k from line 1g. This is your total income from trade or business. | 1 | 3450 00 | | 1627 00 |
| Other Income | | | | |
| 2 Net rental real estate income (loss) | 2 | 00 | | 00 |
| 3 Other net rental income (loss) | 3 | 00 | | 00 |
| 4 Guaranteed payments (partnerships only) | 4 | 00 | | 00 |
| 5 Interest income | 5 | 00 | | 00 |
| 6 Ordinary dividends | 6 | 00 | | 00 |
| 7 Royalties | 7 | 00 | | 00 |
| 8 Net short-term capital gain (loss) (include federal Schedule D) | 8 | 00 | | 00 |
| 9 Net long-term capital gain (loss) (include federal Schedule D) | 9 | 00 | | 00 |
| 10 Net section 1231 gain (loss) (include federal Form 4797) | 10 | 00 | | 00 |
| 11 Other income (loss) (include detailed statement) | 11 | 00 | | 00 |
| 12 Section 179 deduction (include federal Form 4562) | 12 | 00 | | 00 |
| 13 Other deductions (include detailed statement) | 13 | 00 | | 00 |
| 14 Add lines 1 through 11, then subtract lines 12 and 13 | 14 | 3450 00 | | 1627 00 |
| 15 Montana additions to income | 15 | 00 | | 00 |
| 16 Montana additions to meeting | 16 | 00 | | 00 |
| 17 Add lines 14 and 15, then subtract line 16. | 10 | 00 | | 00 |
| Mark this box if some income is apportionable. | 17 | 3450 00 | | 1627 00 |
| Apportionment Factor | " | 3430 00 | | 102700 |
| | 1a | 2742 00 | | |
| 1a Everywhere property | Id | | | 1114.00 |
| 1b Montana property | | 1b | | 1114 00 |
| 1 Divide line 1b by line 1a. | 0- | This is your Property factor. 1 | | 40.6273 % |
| 2a Everywhere payroll | 2a | 6713 00 | | |
| 2b Montana payroll | | 2b | | 1700 00 |
| 2 Divide line 2b by line 2a. | | This is your Payroll factor. 2 | | 25.3240 % |
| 3a Everywhere receipts | 3a | 8536 00 | | |
| 3b Montana receipts | | 3b | | 5234 00 |
| 3 Divide line 3b by line 3a. | | This is your Receipts factor. 3 | | 61.3168 % |
| 4 Enter the amount reported on line 3 | | 4 | | 61.3168 % |
| 5 Add the percentages from lines 1, 2, 3, and 4. | • | This is the sum of your factors. 5 | | 188.5849 % |
| 6 Divide the total percentage from line 5 by the number of factors that can be included in the calc | | | | |
| reaspiret factor is 0%, it is included in the coloulation for line 6 if there is a value in the "Eventeth | oro" C | olumn | | |

receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the "Everywhere" Column.

This is your Apportionment factor. 6

47.1462 %





2024 Montana Form PTE – Montana Adjustments Worksheet

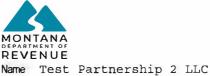


Name Test Partnership 2 LLC

FEIN 202222222

| Montana Adjustments to Every | | ne A | В | С | D | Е |
|-------------------------------|----------|---------------------|-------------------------|------------------------|---------------------------|-----------------------------|
| 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 |
| Dividends | AA | 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 | 0.0 |
| | | 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 |
| Adjustments to Montana Sourc | e Income | Α | 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 |
| Dividends | AA | 5355 00 | 00 | 00 | 00 | 5355 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 0.0 | 00 | 00 |
| | Total | 5355 00 | 00 | 00 | 00 | 5355 00 |
| 4 Montana Source Subtractions | | | | | | |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 00 | 0.0 | 00 |
| | | 00 | 00 | 00 | 0.0 | 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | 00 | 00 | 00 | 00 | - 00 |
| | | 00 | 00 | 00 | 00 | 00 |
| | | | | | | |





2024 Montana Form PTE – Montana Source Income Schedule



FEIN 2 0 2 2 2 2 2 2 2 2 в С D E A Montana Source Income Montana Source Income Montana Source Income Montana Source Income Total of from PTE's from from Columns A through D Sum of Montana source income from Montana Schedules K-1 Schedules DE Nonapportionable Income **Apportionable Activities** per item of income (loss) and deduction. 1627 00 00 00 138793 00 140420 00 1 Ordinary business income (loss) 1 00 00 00 00 2 Net rental real estate income (loss) 2 00 3 00 00 00 3 Other net rental income (loss) 00 00 5750 00 4a Guaranteed payments: services 4a 00 00 00 5750 00 00 4b Guaranteed payments: capital 4b 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 00 00 00 9 Net long-term capital gain (loss) 00 00 10 00 00 00 00 00 10 Net §1231 gain (loss) 00 11 Other income (loss). 11 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 00 and/or allocable to Montana 13 00 00 40250 00 40250 00 00 14 Total Montana Source Income 14 1627 00 5750 00 169978 00 177355 00







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 | | E Children and A | |
| Name Test Partnership 2 LLC | | FEIN 2 (| 22222222 |
| Mailing Address 736 Lambda Ave APT H | | | |
| City Lykos Part II. Owner Information | State M S ZIP Code 72016 | | |
| Name Owner One | | FEIN | |
| Mailing Address 755 Bellona Blvd. | | | 0000001 |
| City Olympia | State WAZIPCode 98501 | Beneficial Owner FEIN | , |
| | | or SSN | |
| Owner Type I Resident | X Nonresident | Profit and loss percentage | 30.0000 |
| Special Allocations (See instructions) X The owner is included in a PTET election | | Capital/Ownership | 30.0000 |
| Resident owner PTET election (See instructions) | | Capital/Ownership | 30.0000 |
| The owner is included in a composite income tax retu | | | |
| The owner is included in a composite income tax retu | 11 | Α | В |
| Part III. Montana Adjustments (See workshe | eet on page 9) E | | Iontana |
| 1 Additions | 1 | 4590 00 | 1606 00 |
| 2 Subtractions | 2 | 00 | 00 |
| Part IV. Distributive Share of Montana Sour | rce 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 | rPTE | |
| 1 PTET paid on behalf of owner. (See instructions) | | 1 | 3234 00 |
| 2 Montana composite income tax paid on behalf of owner | | 2 | 00 |
| 3a Montana income tax withheld on behalf of owner. (See in | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-throug | | 3b | 00 |
| 3c Add lines 3a and 3b. | This is your total Montana income tax with | nheld 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 | Amou | Int of Credit |
| 1 | | | 00 00 |
| Part VII. Montana Adjustments Detail: Enter 1 | the amount and code of each adjustment entered | on Part 3. (See instructions) | 00 |
| 1 Code 1AA 4590 00 | 2 Code 2AA 16060 | | 00 |
| 4 Code 00 | | 0 6 Code | 00 |
| | | | 00 |
| | 11 | | |
| | | | |
| | | *24TT1201* | |







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

| | 2024, or tax year beginning $0 = 0 = 0$ | |
|--|---|--|
| Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information | | a de la comunicación de la comunica |
| Name Test Partnership 2 LLC | | FEIN 20222222 |
| Mailing Address 736 Lambda Ave AP | | |
| City Lykos | State M S ZIP Code 72016 | |
| Part II. Owner Information | | the life been entitled by the option |
| Name Owner Two | | FEIN |
| Mailing Address 755 Bellona Blvd. | | or SSN 2000000 |
| City Helena | State M T ZIPCode 59602 | Beneficial Owner FEIN or SSN |
| Owner Type I X Reside | ent 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 | ix return | and the second |
| | | A B |
| Part III. Montana Adjustments (See work | | verywhere Montana |
| 1 Additions | 1 | 4590 00 1606 C |
| 2 Subtractions | 2 | 00 C |
| Part IV. Distributive Share of Montana S | | |
| 1 Ordinary business income (loss) | 1 | 120000 00 42126 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 | 1725 00 1725 d |
| 4b Guaranteed payments: capital | 4b | 1230 00 431 0 |
| 5 Interest income | 5 | 55500 00 19425 0 |
| 6 Ordinary dividends | 6 | 4500 00 1575 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 | 00 0 |
| 12 Section 179 expense deduction | 12 | 00 0 |
| 13 Other expense deductions | 13 | 34500 00 12075 0 |
| 14 Total distributive share (See instructions) | 14 | 153045 00 54813 0 |
| Part V. Supplemental Information | | |
| The owner filed Form PT-AGR Year | The owner is a Domestic 2nd tier | PTE |
| 1 PTET paid on behalf of owner. (See instructions) | | 1 9030 0 |
| 2 Montana composite income tax paid on behalf of or | wner | 2 0 |
| 3a Montana income tax withheld on behalf of owner. (S | See instructions) | 3a 0 |
| 3b Montana income tax withheld by a lower tier pass-ti | through entity | 3b 0 |
| 3c Add lines 3a and 3b. | This is your total Montana income tax with | held 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 | Amount of Credit |
| 1 | | 0 |
| 2 | | 0 |
| Part VII. Montana Adjustments Detail: Er | inter the amount and code of each adjustment entered of | on Part 3. (See instructions) |
| 1 Code 1AA 4590 00 | 2 Code 2AA 1606 00 | |
| 4 Code 00 | 5 Code 00 | 0 6 Code 0 |
| | | |
| | | |
| | | |
| | 1188 | *24TT1201* |

24TT1201

| MONTANA DEPARTMENT OF REVENUE | |
|-------------------------------------|--|



2024v1 5/2024

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

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

| Mark applicable boxes: Amended Schedule K-1 | Final | Schedule | e K-1 | | | | |
|--|----------|-----------|---------------|----------|------------------|---------------------------------|------------------|
| Part I. Pass-through Entity Information | | | | | | | |
| Name Test Partnership 2 LLC | | | | | | FEIN | 20222222 |
| Mailing Address 736 Lambda Ave APT H3 | | | | | | | |
| City Lykos | State | MS | ZIP Code | 72 | 016 | | |
| Part II. Owner Information | | | | | | | |
| Name Owner Three | | | | | | FEIN | |
| Mailing Address 755 Bellona Blvd. | | | | | | or SSN | 20000000 |
| City Olympia | State | ΜA | ZIP Code | 98 | 501 | Beneficial Owner FEIN or SSN | |
| Dwner Type I Resident | \times | Nonresid | ent | | | | |
| Special Allocations (See instructions) | | | | | | Profit and loss percenta | ge 17.5000 |
| X The owner is included in a PTET election | | | | | | Capital/Owners | nip 17.5000 |
| Resident owner PTET election (See instructions) | | | | | | | |
| The owner is included in a composite income tax return | | | | | | | |
| | | | | | A | | В |
| Part III. Montana Adjustments (See worksheet | on pag | e 9) | | | Everyw | vhere | Montana |
| 1 Additions | | | | 1 | | 2677 00 | 937 0 |
| 2 Subtractions | | | | 2 | | 00 | 0 |
| Part IV. Distributive Share of Montana Source | Incom | e (Los | s) | | | | |
| 1 Ordinary business income (loss) | | | -, | 1 | | 70000 00 | 24573 00 |
| 2 Net rental real estate income (loss) | | | | 2 | | 00 | 0(|
| 3 Other net rental income (loss) | | | | 3 | | 00 | 0(|
| 4a Guaranteed payments: services | | | | 4a | | 1006 00 | 1006 00 |
| 4b Guaranteed payments: capital | | | | 4b | | 718 00 | 251 00 |
| 5 Interest income | | | | 4D 5 | | 32375 00 | 11331 00 |
| 6 Ordinary dividends | | | | 6 | | 2625 00 | 919 00 |
| | | | | 7 | | | |
| 7 Royalities | | | | | | 00 | 00 |
| 8 Net short-term capital gain (loss) | | | | 8 | | 00 | 00 |
| 9 Net long-term capital gain (loss) | | | | 9 | | 00 | 00 |
| 10 Net section 1231 gain (loss) | | | | 10 | | 00 | 00 |
| 11 Other income (loss) (include detailed statement) | | | | 11 | | 00 | 00 |
| 12 Section 179 expense deduction | | | | 12 | | 00 | 00 |
| 13 Other expense deductions | | | | 13 | | 20125 00 | 7044 00 |
| 14 Total distributive share (See instructions) | | | | 14 | | 8927600 | 31973 00 |
| Part V. Supplemental Information | | | | | | | |
| The owner filed Form PT-AGR Year | | Т | he owner is a | Domes | tic 2nd tier PTE | | |
| 1 PTET paid on behalf of owner. (See instructions) | | | | | | 1 | 1886 00 |
| 2 Montana composite income tax paid on behalf of owner | | | | | | 2 | 0 0 |
| 3a Montana income tax withheld on behalf of owner. (See instru | uctions) | | | | | 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 1 | total Montan | a incom | e tax withheld o | on your behalf. 3c | 00 |
| 4 Montana mineral royalty tax withheld | | - | | | | 4 | 00 |
| 5 Other information. List type | | an | d amount | 5 | | 00 | 00 |
| Part VI. Tax Credits | | | | | | | |
| | redit Au | uthoriza | tion Numb | er | | | Amount of Credit |
| 1 | | | | | | | 00 |
| 2 | | | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter the | amount | and code | of each adi | ustmen | tentered on Pa | rt 3 (See instructions) | 00 |
| | 2 Code | | | astricti | 937 00 | 3 Code | 00 |
| | 5 Code | | - | | 00 | 6 Code | 00 |
| | | | | | ()() | | |





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 S | Scheduk | : K-1 | | | | |
|---|----------|-----------|---------------|----------|------------------|---------------------------------|-----------------|
| Name Test Partnership 2 LLC | | | | 1 | | FEIN | 20222222 |
| Mailing Address 736 Lambda Ave APT H3 | | | | | | | |
| City Lykos | State | MS | ZIP Code | 7 2 | 016 | | |
| Part II. Owner Information | Oldio | | | , 2 | 010 | | |
| Name Owner Four | | | | | | FEIN | 20000000 |
| Mailing Address 755 Bellona Blvd. | | | | | | or SSN | |
| City Olympia | State | WΑ | ZIP Code | 98 | 501 | Beneficial Owner FEIN or SSN | |
| Dwner Type P Resident | N | lonreside | ent | | | | |
| Special Allocations (See instructions) | | | | | | Profit and loss percentage | |
| 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 | | | | | | | |
| | | • | | | _ A | | В |
| Part III. Montana Adjustments (See worksheet | on page | e 9) | | | Every | | Montana |
| 1 Additions | | | | 1 | | 2295 00 | 803 00 |
| 2 Subtractions | | | | 2 | | 00 | 00 |
| Part IV. Distributive Share of Montana Source | Incom | e (Los | s) | | | | |
| 1 Ordinary business income (loss) | | | | 1 | | 6000000 | 21063 00 |
| 2 Net rental real estate income (loss) | | | | 2 | | 00 | 00 |
| 3 Other net rental income (loss) | | | | 3 | | 00 | 00 |
| 4a Guaranteed payments: services | | | | 4a | | 863 00 | 1294 00 |
| 4b Guaranteed payments: capital | | | | 4b | | 615 00 | 215 00 |
| 5 Interest income | | | | 5 | | 27750 00 | 9713 00 |
| 6 Ordinary dividends | | | | 6 | | 2250 00 | 788 00 |
| 7 Royalties | | | | 7 | | 00 | 00 |
| 8 Net short-term capital gain (loss) | | | | 8 | | 00 | 00 |
| 9 Net long-term capital gain (loss) | | | | 9 | | 00 | 00 |
| 10 Net section 1231 gain (loss) | | | | 10 | | 00 | 00 |
| 11 Other income (loss) (include detailed statement) | | | | 11 | | 00 | 00 |
| 12 Section 179 expense deduction | | | | 12 | | 00 | 00 |
| 13 Other expense deductions | | | | 13 | | 17250 00 | 6038 00 |
| 14 Total distributive share (See instructions) | | | | 14 | | 7652 300 | 27838 00 |
| Part V. Supplemental Information | | | | | | | |
| The owner filed Form PT-AGR Year | | | he owner is a | a Domes | tic 2nd tier PTE | 2 | |
| 1 PTET paid on behalf of owner. (See instructions) | | | | | | 1 | 1642 00 |
| 2 Montana composite income tax paid on behalf of owner | | | | | | 2 | 00 |
| 3a Montana income tax withheld on behalf of owner. (See instru- | ' | | | | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through e | | | | | | 3b | 00 |
| 3c Add lines 3a and 3b. | This | is your t | otal Montan | na incom | e tax withheld o | on your behalf. 3c | 00 |
| 4 Montana mineral royalty tax withheld | | | | _ | | 4 | 00 |
| 5 Other information. List type | | and | d amount | 5 | | 00 | 00 |
| Part VI. Tax Credits | | | | | | | |
| Code C | redit Au | thoriza | tion Numb | per | | Ar | nount of Credit |
| 1 | | | | | | | 00 |
| 2 | | | | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter the | | | | justment | | | |
| | 2 Code | | Ŧ | | 803 00 | 3 Code | 00 |
| 4 Code 00 | 5 Code | | | | 00 | 6 Code | 00 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | 2 | |
|------|---|------|
| DEPA | | T OF |

Clear Form

2024v1 5/2024

| | · / | |
|-------------------------|-------------------|------------------|
| Owner's Share of Income | (Loss), Deduction | s. Credits. etc. |

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

| For the calendar year 2024 | , or tax year beginning | 01012024 | | , 2 1 |
|---|-------------------------|----------------------------|----------------------------|---|
| Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information | Final Schedule K-1 | | | |
| Name Test Partnership 2 LLC | | | FEIN 2 | 202222222 |
| Mailing Address 736 Lambda Ave APT H | 3 | | | |
| City Lykos | State M S ZIP Co | de 72016 | | |
| Part II. Owner Information | | | | |
| Name Owner Five | | | FEIN 2 | 200000005 |
| Mailing Address 755 Bellona Blvd. | | | or SSN | |
| City Olympia | State W A ZIP Co | de 98 501 | Beneficial Owner FEIN | |
| | | | or SSN | |
| Owner Type F Resident | Nonresident | | | |
| Special Allocations (See instructions) | | | Profit and loss percentage | 7.5000 % |
| The owner is included in a PTET election | | | Capital/Ownership | 7.5000 % |
| Resident owner PTET election (See instructions) | | | | |
| X The owner is included in a composite income tax retur | n | | | |
| | | | 4 | В |
| Part III. Montana Adjustments (See workshee | et on page 9) | Every | where | Montana |
| 1 Additions | | 1 | 1147 00 | 402 00 |
| 2 Subtractions | | 2 | 00 | 00 |
| Part IV. Distributive Share of Montana Source | ce Income (Loss) | | | |
| 1 Ordinary business income (loss) | | 1 | 30000 00 | 10531 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 | 431 00 | 00 |
| 4b Guaranteed payments: capital | | 4b | 308 00 | 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) | | 11 | 00 | 00 |
| 12 Section 179 expense deduction | | 12 | 00 | 00 |
| 13 Other expense deductions | | 13 | 8625 00 | 301900 |
| 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) | | | 1 | 00 |
| 2 Montana composite income tax paid on behalf of owner | | | 2 | 00 |
| 3a Montana income tax withheld on behalf of owner. (See ins | , | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier pass-through | n entity | | 3b | 00 |
| 3c Add lines 3a and 3b. | This is your total Mon | tana 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 Nu | mber | Am | ount of Credit |
| 1 | | | | 00 |
| 2 | | | | 00 |
| Part VII. Montana Adjustments Detail: Enter th | | | | and the second se |
| 1 Code 1AA 1147 00 | 2 Code 2 A A | 402 00 | 3 Code | 00 |
| 4 Code 00 | 5 Code | 00 | 6 Code | 00 |
| | | | *24TT1201* | |

Apportionable Income Worksheet

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

| | A | B (line 16b) | C (line 16c) | D (line | E | F | G |
|--|------------|------------------|--------------|----------|-----------------|--------------------|----------------|
| | Federal | Federal Schs K-1 | DREs | 16d) | Apportionable | Apportionment | Income |
| | Schedule K | | | Nonappor | Income | factor from Sch I, | apportioned to |
| | | | | tionable | (A - B - C - D) | Line 5 | MT (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) | \$ - | | | | \$ - | 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) | \$ - | P | | | \$ - | 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 | | z; | | \$ 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 |
| | |
| FFIN | 20-3333333 |

| 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 \times

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Form PTE

| | For calendar yea | ar 2024 or tax year beç | jinning 01012024 | and ending | 123120 | 24 |
|-------------------------|--------------------------------|---|---|-----------------------|-------------------------------|-----------------|
| Mark all that apply: | Name | | | | FEIN | 2 0 3 3 3 3 3 3 |
| Initial return | Test S-corp 1 | Inc | | Federal Business | Code/NAICS | 3 3 3 3 2 0 |
| X Final return | Mailing Address | | | MT Secretary | of State ID # | T 0 4 0 1 2 4 6 |
| Amended return | 246 Nipcopper | Close | | Date of Registratio | on in Montana | 09042020 |
| Refund return | City | State | ZIP Code + 4 | State formed in | NY on | 10012006 |
| PTP | Tortall | N Y | 10611200 | 9 | | |
| PTET | | | | | | |
| Resident PTET | Enter Number of: | Schedules K-1 Included 2 Resident Owners | 2 Nonresident Own Other Types of Own | | Schedules DE Schedules K-1 | |
| Owners' Distribu | tive Share of Incor | ne Items (federal Sche | edule K) | | | |
| 1 Ordinary business | | | | | 1 | 5000 0 |
| | te income (loss) (include fe | ederal Form 8825) | | × | 2 | -5000 0 |
| | ental income (loss) | , | 3a | -3000 00 |) | |
| | n other rental activities (inc | dude detailed statement) | 3b | 00 |) | |
| 3 Subtract line 3b fro | | | This is your other net | rental income or loss | . 3 | -3000 0 |
| 4a Guaranteed p | ayments: Services | | 4a | 00 | | |
| 4b Guaranteed p | | | 4b | 00 | | |
| 4 Add lines 4a and 4 | | | | juaranteed payments | | 0 |
| 5 Interest income | - | | The let year tetal | jaanan tooo paj monto | 5 | 0 |
| 6 Ordinary dividends | | | | | 6 | 250 0 |
| 7 Royalties | | | | | 7 | 4984 0 |
| | tal gain (loss) (include fede | eral Schedule D) | | | 8 | C |
| | al gain (loss) (include feder | | | | 9 | 0 |
| | ain (loss) (include federal F | | | | 10 | 0 |
| |) (include detailed stateme | | | | 10 | 0 |
| 2 Add lines 1 through | | ily il | This is your total fe | ederal income or loss | | 2234 0 |
| - | | ction Items - Montan | a Source Income (include | | | |
| | eduction (include federal F | | 13a | 150 00 | | |
| 13b Contributions | | | 13b | 150 00 | | |
| 13c Investment int | erestevnense | | 13c | 00 | | |
| | 2) expenditures (include de | etailed statement) | 13d | 00 | | |
| | ons (include detailed staten | | 13e | 100 00 | | |
| | gh 13e and enter result. | neny | | federal deductions. | | 250 0 |
| 4 Subtract line 13 from | | | This is your federal incor | | | 1984 0 |
| | to the PTE's apportionable | activities | | ne nomai sources. | 15 | 0 1904 |
| | actions from the PTE's ap | | 16a | 00 | | 0 |
| | ere income (loss) from fede | | 16b | 00 | | |
| | ere income (loss) from disr | | 16c | 00 | | |
| | . , | om the PTE's own activities | 16d | 00 | | |
| 6 Add lines 16a throu | | | your deductions including nona | | | 0 |
| | | 11115 | your deductions including none | | 17 | 1984 0 |
| | 5, then subtract line 16. | tivity or optor your opportionme | at factor | | 17 | 1984 0 |
| | | tivity or enter your apportionme | | dervline 17 | 10 | 10040 |
| X 100% Monta | | | 0.0000 % Apportionment fac | uur x line 17 | 18 | 1984 0 |
| | source income received fr | | 10 | | | |
| (iviontana soui | | dules K-1 issued to this entity) | 19a | 00 | | |
| AOL Take March | source income from Sche | dules VII | 19b | 00 | | |
| | A 1 - 1 | | 10 | | | |
| | able income allocated to M | | 19c nonapportionable income (loss) | 00 | | 0 |



| Name Test S-corp 1 Inc | FEIN | 2 0 | 33 | 3 3 | 33 | 33 | |
|--|--|--|--|--|--|--|-------------------------------------|
| Prepayments | | | | | | | |
| 21 2024 payments Mark this box if you | I made estimated payments using the annualization method (See instructions) | 21 | | | | | 00 |
| 22 2023 overpayment applied to 2024 | | 22 | | | | | 00 |
| 23 Add lines 21 and 22. | Total prepayments | 23 | | | | | 00 |
| Pass-through Entity Tax, Composite Tax | x, 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 | | | | | 0 |
| 25 Total pass-through entity tax from all owners' MT So | | 25 | | | | | 0 |
| 26 Flow-Through Payments Schedule, Column A, line | | 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 | | | | | 0 |
| 29 Flow-Through Payments Schedule, Column B, line | 12 | 29 | | | | | 0 |
| 30 Add lines 27 and 28, then subtract line 29. | Composite tax and pass-through entity tax due or (overpayment). | 30 | | | | | 0 |
| 31 Interest on underpayment of estimated tax (see inst | | 31 | | | | | 0 |
| 32 Total pass-through withholding from all owners' MT | | 32 | | | | | 0 |
| 33 PTE's tax liability resulting from an adjustment to pa | | 33 | | | | | 0 |
| 34 Flow-Through Payments Schedule, Column C, line | | 34 | | | | | 0 |
| | ass-through withholding and other partnership liability due or (overpayment). | 35 | | | | | 0 |
| 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. | | | | | | 0 |
| Amended Return | | 01 | | | | | 0 |
| 38 For amended returns only - previously issued refun | de | 38 | | | | | 0 |
| 39 For amended returns only - payments made with or | | 39 | | | | | 0 |
| 40 Add lines 37 and 38, then subtract line 39. | 5 | 40 | | | | | 0 |
| Penalty and Interest | | -10 | | | | | 0 |
| | | 41 | | | | | 0 |
| 41 Late payment penalty 42 Interest | | 42 | | | | | 0 |
| 43 Add lines 40 through 42. | | | | | | | 0 |
| | Total tax, penalties, and interest. | 40 | | | | | 0 |
| Amount Owed or Refund 44 If line 43 is more than zero, enter the amount here. | This is the amount you awa | 44 | | | | | 00 |
| | This is the amount you owe. | | | | | | 00 |
| 45 If line 43 is less than zero, enter the amount here. | This is your overpayment. | 45 | | | | | 0 |
| 46 Enter the amount from line 45 that you want applied47 Subtract line 46 from line 45. | ··· /··· | | | | | | 0 |
| 47 Subtract line 46 from line 45. | This is your refund. | 47 | | | | | 01 |
| Direct Deposit Your Refund Comp | lete 1 2 and 3 (See instructions) | | | | | | |
| 1 Routing Number | | | | | | | |
| 2 Account Number | Checking | Savin | as | | | | |
| | ount that is located outside of the United States or its territories. | Guvin | 90 | | | | |
| | xamined this return, including accompanying schedules and statements, and to the | bostofi | mu kn | awlode | hac or | boliof | it ic |
| | camined this return, inviduing accompanying screedles and statements, and to the | 0001011 | | Junicuy | je anu | DCIICI | 11.10 |
| | | | | | | | |
| true, correct, and complete. | | | | | | | 2 |
| Officer | Date | Signed | 0 | 8 1 | a . | | |
| Officer Signature x | | Signed | | | | | |
| Officer Signature x Printed Name Rebakah Cooper | | Signed Phone | | | | | |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer | | Phone | 4 0 |) 6 2 | 230 | 20 |) 1 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature | Date | Phone Signed | 4 0 0 |) 6 2 8 1 | 230 92 | 2 0 2 0 |) 1 2 4 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce | Date | Phone Signed Phone | 4 0 0 6 3 |)62 81 398 | 230 92 351 |) 2 (2 0 1 6 7 |) 1 2 4 7 3 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce ★ Mark this box if you allow the DOR to discuss this | Date | Phone Signed Phone | 4 0 0 6 3 |)62 81 398 | 230 92 |) 2 (2 0 1 6 7 |) 1 2 7 3 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce ➤ Mark this box if you allow the DOR to discuss this Tax Preparation Firm | Date tax return with your tax preparer. | Phone Signed Phone PTIN | 4 0 0 6 3 P 8 |) 6 2 8 1 3 9 8 3 4 2 | 2 3 0 9 2 3 5 1 2 3 5 | 2 0 2 0 1 6 7 5 9 7 |) 1 2 7 3 7 5 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce X Mark this box if you allow the DOR to discuss this Tax Preparation Firm Firm Name Provost Guard | Date tax return with your tax preparer. | Phone Signed Phone | 4 0 0 6 3 P 8 |) 6 2 8 1 3 9 8 3 4 2 | 2 3 0 9 2 3 5 1 2 3 5 | 2 0 2 0 1 6 7 5 9 7 |) 1 2 7 3 7 5 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce ➤ Mark this box if you allow the DOR to discuss this Tax Preparation Firm | Date tax return with your tax preparer. Firm's l | Phone Signed Phone PTIN | 4 0 0 6 3 P 8 |) 6 2 8 1 3 9 8 3 4 2 | 2 3 0 9 2 3 5 1 2 3 5 | 2 0 2 0 1 6 7 5 9 7 |) 1 2 7 3 7 5 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce Mark this box if you allow the DOR to discuss this Tax Preparation Firm Firm Name Provost Guard | Date tax return with your tax preparer. | Phone Signed Phone PTIN | 4 0 0 6 3 P 8 |) 6 2 8 1 3 9 8 3 4 2 | 2 3 0 9 2 3 5 1 2 3 5 | 2 0 2 0 1 6 7 5 9 7 |) 1 2 7 3 7 5 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce X Mark this box if you allow the DOR to discuss this Tax Preparation Firm Firm Name Provost Guard Mailing Address 2 Jane Street City Corus | Date tax return with your tax preparer. Firm's l | Phone Signed Phone PTIN FEIN | 4 0 0 6 3 P 8 1 2 |) 6 2 8 1 3 9 8 3 4 2 2 7 2 | 2 3 0 9 2 3 5 1 2 3 5 2 4 3 | 2 0 2 0 1 6 7 5 9 7 8 2 4 |) 1 2 7 3 7 5 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce X Mark this box if you allow the DOR to discuss this Tax Preparation Firm Firm Name Provost Guard Mailing Address 2 Jane Street City Corus | Date tax return with your tax preparer. Firm's f State א צ ZIP 106112009 | Phone Signed Phone PTIN FEIN | 4 0 0 6 3 P 8 1 2 e ins |) 6 2 8 1 3 9 8 3 4 2 2 7 2 struc | 2 3 0 9 2 3 5 1 2 3 5 2 4 3 |) 2 (2 0 1 6 1 5 9 7 3 2 4 1 5) |) 1 ; 2 4 7 3 7 5 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce Mark this box if you allow the DOR to discuss this Tax Preparation Firm Firm Name Provost Guard Mailing Address 2 Jane Street City Corus Pass-Through Entity Tax Authorized | Date tax return with your tax preparer. Firm's State א Y ZIP 106112009 d Representative: Required if making a PTET Election | Phone Signed Phone PTIN FEIN | 4 0 0 6 3 P 8 1 2 e ins Telep | 8 1 8 9 8 3 4 2 2 7 2 struc | 2 3 0 9 2 3 5 1 2 3 5 2 4 3 ction |) 2 (2 0 1 6 7 5 9 7 3 2 4 ns) er |) 1 : 2 4 7 3 1 7 5 8 9 |
| Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce Mark this box if you allow the DOR to discuss this Tax Preparation Firm Firm Name Provost Guard Mailing Address 2 Jane Street City Corus Pass-Through Entity Tax Authorized Name Pounce Hestaka | Date tax return with your tax preparer. Firm's I State א Y ZIP 106112009 d Representative: Required if making a PTET Election Title | Phone Signed Phone PTIN FEIN | 4 0 0 6 3 P 8 1 2 e ins Telep | 8 1 8 9 8 3 4 2 2 7 2 struc | 2 3 0 9 2 3 5 1 2 3 5 2 4 3 ction |) 2 (2 0 1 6 7 5 9 7 3 2 4 ns) er |) 1 2 4 7 3 7 5 8 9 |



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2024 Montana Form PTE – Flow-Through Payments Schedule

2024v1 5/2024

Name Test S-corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3 3

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

| Entity Name | FEIN | A Mineral Royalty Withholding Received | B Pass-Through Withholding Received | C Pass-Through Entity Tax Received |
|---------------|----------|--|---|--|
| 1 Royalty PTR | 12000001 | 117 00 | 00 | 00 |
| 2 | | 00 | 00 | 00 |
| 3 | | 00 | 00 | 00 |
| 4 | | 00 | 00 | 00 |
| | 5 Totals | 117 00 | 00 | 00 |

| Part II. Flow-through payment allocations (See instructions) | | Schedules K-1 subject to: | | | | |
|---|----|---------------------------|---------------|------------|--|--|
| | | Α | В | С | | |
| | Pa | ss-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 | | 1000 C 1000 | 00 | | |
| 4 Enter Column A, line 2 and Column B, line 2. | | | | | | |
| Subtract Column C, line 3 from Column C, line 2. | | | | | | |
| Balance of mineral royalty withholding the PTE can claim as a credit. | 4 | 00 | 00 | 00 | | |
| 5 Multiply total in Part I, Column B by percentage on line 1 for each Column | 5 | 00 | 00 | 00 | | |
| 6 Pass-through withholding passed to owners | 6 | | | 00 | | |
| 7 Enter Column A, line 5 and Column B, line 5. | | | | | | |
| Subtract Column C, line 6 from Column C, line 5. | | | | | | |
| Balance of pass-through withholding the PTE can claim as a credit. | 7 | 00 | 00 | 00 | | |
| 8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C | 8 | 00 | | | | |
| 9 If Column A, line 1 is 0%, multiply the total in Part I, Column C | | | | | | |
| by Columns B and C, line 1 | 9 | | 00 | 00 | | |
| 10 Total pass-through entity tax passed to owners | 10 | | | 00 | | |
| 11 Enter Column B, line 9. | | | | | | |
| Subtract Column C, line 10 from line 9. | | | | | | |
| Credit balance for PTE not electing to pay PTET. | 11 | | 00 | 00 | | |
| 12 Add lines 4, 7, 8, and 11 in each Column. | | | | | | |
| Total payments the PTE can claim as a credit. | 12 | 00 | 00 | 00 | | |
| | | | | | | |





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

2024v1 5/2024

| Name Test S-corp 1 Inc | | FEIN | 2033333 | 33 |
|---|-----------------------|--|-----------------|----|
| Enter amounts in Columns A and B. Enter percentages in Co | olumn C. | A B | С | |
| 1 Property Factor: Use average value for real and tangible personal pro | | Everywhere Montana | 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 by 1 | 00. | This is your property fa | ctor. 1 | % |
| 2 Payroll Factor: | | and the state of the state of the state | | |
| 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 1 | 00. | This is your payroll fa | ctor. 2 | % |
| 3 Gross Receipts Factor: | | the second s | | |
| 3a Gross Receipts, less returns and allowances | 3a | 00 | | |
| 3b Receipts delivered or shipped to Montana purchasers: | | | | |
| (1)Shipped from outside Montana | | 3b(1) | 00 | |
| (2)Shipped from within Montana | | 3b(2) | 00 | |
| 3c Receipts shipped from Montana to: | | | | |
| (1)United States government | | 3c(1) | 00 | |
| (2)Purchasers in a state where the taxpayer is not taxable | | 3c(2) | 00 | |
| 3d Receipts other than receipts of tangible personal property (e.g., service | income) | 3d | 00 | |
| 3e Net gains reported on federal Schedule D and Form 4797 | 3e | 00 | 00 | |
| 3f Other gross receipts (rents, royalties, interest, etc.) | 3f | 00 | 00 | |
| 3g Total Receipts Value. Add lines 3a through 3f. | 3g | 00 | 00 | |
| Divide the total in Column B by the total in Column A. Multiply the result by 1 | 00. | This is your receipts fac | ctor. 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 fact | t ors. 5 | % |
| 6 Divide the total percentage from line 5, Column C, by the number of factors | that can be includ | ded in the calculation. | | |
| If a property, payroll, or receipts factor is 0%, it is included in the calculation f | or line 6 if there is | s a value in Column A (See instructions). | | |

If a property, payroll, or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in Column A (See instructions).

This is your apportionment factor. 6 100.0000 %





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.

| А | В | С |
|-------------|-----------------------------|------------------|
| 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



00

00

FEIN 2 0 3 3 3 3 3 3 3 3

Part I. Eligible Participating Owners

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

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

| 1 | Total Montana source income from page 1, line 20 |
|---|---|
| 2 | Multiply Part II, line 2 by the apportionment factor from |
| | Schodulo I, lino 6 |

Part III. Composite Tax Ratio

| | Composite tax ratio | 4 | | |
|---|--|---|----|---|
| 4 | Divide line 3 by Part II, line 5. (Do not enter more than 1.000000). | | | |
| 3 | Subtract line 2 from line 1. Adjusted Montana source income | 3 | 0 | 0 |
| | Scheoule I, line o | 2 | 01 | U |

1

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 participar | nts, attach a statement with the sa | me information a | and report the total composite tax from | n those statements here. 11 | 00 |
| | 12 | Add Column H, lines 1 throug | h 11. This is your to | tal composite tax liability. Transfer | the amounts from | m Column H to each owner's Schedu | ule K-1, Part V, line 2 12 | 00 |



24TT0601



2024 Montana Form PTE Schedule VI – Reporting of Special Transactions

| 2024v1 | |
|--------|---|
| 5/2024 | 1 |

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

Complete this section if the PTE is a partnership.

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

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

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

| Α | ВС |
|------|------------------------|
| Name | FEIN Amount of Payment |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | 0 0 |
| | 00 |
| | 00 |
| | 00 |
| | 00 |
| | |
| | |



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00



2024 Montana Form PTE – Montana Adjustments Worksheet



FEIN Name Test S-corp 1 Inc Montana Adjustments to Everywhere Income в С D Ε A PTE's Apportionable Nonapportionable From MT Schedules K-1. From Schedules DE. **Total Everywhere** Montana Additions Activities Income Part 3, Column A Column A, Lines 15 and 16 Adjustments to Everywhere Income Code Montana Subtractions Total from Everywhere Income Total С Ε Adjustments to Montana Source Income В D A PTE's Apportionable Nonapportionable Income From MT Schedules K-1, From Schedules DE, **Total Montana Source** Activities Part 3, Column B Column B, Lines 15 and 16 Income Adjustments **Montana Source Additions** Code Total Montana Source Subtractions Total



Form PTE - Page 10 - 2024



2024 Montana Form PTE – Montana Source Income Schedule



| KEVENOE | | | | | | |
|---|----|-----------------------|-----------------------|-------------------------|--------------------------|---------------------|
| Name Test S-corp 1 Inc | | | | | FEIN | 2 0 3 3 3 3 3 3 3 |
| | | A | В | С | D | E |
| | | Montana Source Income | Montana Source Income | Montana Source Income | Montana Source Income | Total of |
| Sum of Montana source income | | from | from | from | from PTE's | Columns A through D |
| per item of income (loss) and deduction. | | Montana Schedules K-1 | Schedules DE | Nonapportionable Income | Apportionable Activities | |
| 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 |
| | | | | | | |



| MONTANA | Montana Sch | | | 2024v1 5/2024 |
|---|--|----------------------------|----------------------------|------------------|
| | Owner's Share of Income (Loss | | ts. etc. | 5/2024 |
| | | 0 1 0 1 2 0 2 4 | | 24 |
| i or the calendar ye | ar 2024, or lax year beginning | | and onling | |
| Mark applicable boxes: Amended Schedule Part I. Pass-through Entity Informati | | | | |
| Name Test S-corp 1 Inc | | | FEIN 2 | 03333333 |
| Mailing Address 246 Nipcopper Cl | ose | | | |
| City Corus | State N Y ZIP Coo | e 1061120 | 09 | |
| Part II. Owner Information | | | | |
| Name Owner One | | | FEIN | |
| Mailing Address 1 Court Street | | | | 00000001 |
| City Dancing Dove | State N Y ZIP Coo | e 9002116 | 0 1 Beneficial Owner FEIN | |
| , | | | or SSN | |
| Owner Type I Res | sident X Nonresident | | | |
| Special Allocations (See instructions) | | | Profit and loss percentage | 50.0000 |
| The owner is included in a PTET election | | | Capital/Ownership | 50.0000 |
| Resident owner PTET election (See instructi | ons) | | ouplian of more inp | 50.0000 |
| The owner is included in a composite income | | | | |
| The owner is molded in a composite mean | | 2002/02/02 | Ą | В |
| Part III. Montana Adjustments (See w | orksheet on nade 9) | | | Montana |
| 1 Additions | onsheet on page of | 1 | 00 | 00 |
| 2 Subtractions | | 2 | 00 | 00 |
| Part IV. Distributive Share of Montan | Source Income (Loss) | 2 | 00 | 00 |
| 1 Ordinary business income (loss) | a Source income (Loss) | 1 | 2500 00 | 2500 00 |
| 2 Net rental real estate income (loss) | | 2 | -2500 00 | -2500 00 |
| 3 Other net rental income (loss) | | 2 3 | -1500 00 | -1500 00 |
| 4a Guaranteed payments: services | | | -1500 00 | -1500 00 |
| | | 4a 4b | 00 | 00 |
| 4b Guaranteed payments: capital 5 Interest income | | | 00 | 00 |
| | | 5 | | |
| 6 Ordinary dividends | | 6 | 12500 | 125 00 |
| 7 Royalties | | 7 | 249200 | 249200 |
| 8 Net short-term capital gain (loss) | | 8 | 00 | 00 |
| 9 Net long-term capital gain (loss) | | 9 | 00 | 00 |
| 10 Net section 1231 gain (loss) | | 10 | 00 | 00 |
| 11 Other income (loss) (include detailed statement |) | 11 | 00 | 00 |
| 12 Section 179 expense deduction | | 12 | 75 00 | 75 00 |
| 13 Other expense deductions | | 13 | 50 00 | 50 00 |
| 14 Total distributive share (See instructions) | | 14 | 992 00 | 992 00 |
| Part V. Supplemental Information | Read and the second sec | | | |
| The owner filed Form PT-AGR Year | | is a Domestic 2nd tier PTE | W. | |
| 1 PTET paid on behalf of owner. (See instructions | | | 1 | 00 |
| 2 Montana composite income tax paid on behalf of | | | 2 | 00 |
| 3a Montana income tax withheld on behalf of owne | | | 3a | 00 |
| 3b Montana income tax withheld by a lower tier part | | | 3b | 00 |
| 3c Add lines 3a and 3b. | This is your total Mont | ana 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 Nur | nber | Amou | int of Credit |
| 1 | | | | 00 |
| 2 | | | | 00 |
| Part VII. Montana Adjustments Detail | Enter the amount and code of each | adjustment entered on P | art 3. (See instructions) | |
| | 0 2 Code | . 00 | 3 Code | 00 |
| | 0 5 Code | 00 | 6 Code | 00 |
| | | | | 0 |
| | | | | |
| | | | | |
| | | | | |

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| (PTE) s Share of Income (Loss), , or tax year beginning 0 X Final Schedule K-1 | Deductions, Credita | | 5/2024 |
|---|---|--|--|
| , or tax year beginning 0 | | | 2 4 |
| , | 1012024 | and ending 1231202 | 24 |
| X Final Schedule K-1 | | | |
| | | | |
| | | | |
| | | FEIN 2 0 | 3333333 |
| | | | |
| State N Y ZIP Code | 1061120 | 09 | |
| | | | |
| | | FEIN | |
| | | or SSN 3 0 | 000002 |
| State N Y ZIP Code | 9002116 | 0 1 Beneficial Owner FEIN | |
| | | or SSN | |
| X Nonresident | | | |
| | | Profit and loss percentage | 50.0000 |
| | | Capital/Ownership | 50.0000 |
| | | | |
| n | | | |
| | | | В |
| et on page 9) | Every | | lontana |
| | 1 | | 00 |
| | 2 | 00 | 00 |
| ce income (Loss) | | 0500.00 | |
| | 2 3 | | 2500 00 |
| | | | -2500 00 -1500 00 |
| | | | -1500 00 |
| | | | 00 |
| | | | 00 |
| | | | 125 00 |
| | | | 2492 00 |
| | | | 2492 00 |
| | | | 00 |
| | | | . 00 |
| | 11 | 00 | 00 |
| | 12 | 75 00 | 75 00 |
| | 13 | 50 00 | 50 00 |
| | 14 | 992 00 | 992 00 |
| | | | |
| The owner is a | a Domestic 2nd tier PTE | | |
| | | 1 | 00 |
| | | 2 | 00 |
| structions) | | 3a | 00 |
| n entity | | 3b | 00 |
| This is your total Montan | a income tax withheld o | on your behalf. 3c | 00 |
| | | 4 | 00 |
| and amount | 5 | 00 | 00 |
| | | | |
| Credit Authorization Number | ber | Amou | nt of Credit |
| | | | 00 |
| | | | 00 |
| | | | and solutions. |
| 2 Code | 00 | | 00 |
| 5 Code | 00 | 6 Code | 00 |
| | | | |
| | | | |
| | | | |
| | Nonresident N Nonresident N Nonresident N N N N N N N N N N N N N N N N N N N | X Nonresident A to on page 9) Ce Income (Loss) Ce Income (Loss) | or SSN 3 0 State N Y ZIP Code 9 0 0 2 1 1 6 0 1 Beneficial Owner FEIN or SSN Nonresident Profit and loss percentage Capital/Ownership n A et on page 9) 1 00 2 00 3 00 1 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.

| | A | B (line 16b) | C (line 16c) | D (line 16d) | F | F | G |
|--|------------|------------------|--------------|-----------------|-----------------|----------------------|----------------|
| | | Federal Schs K-1 | DREs | Nonapportionabl | Apportionable | Apportionment factor | Income |
| | | | Dites | e income | Income | from Sch I, Line 5 | apportioned to |
| | | | | e meome | (A - B - C - D) | from sen i, ente s | MT (E x F) |
| 1 Ordinary buiness income (loss) | \$ 5,000 | | \$ - | \$ - | \$ 5,000 | 100.0000% | |
| 2 Net rental real estate income (loss) | \$ (5,000) | | \$ - | · • | \$ (5,000) | | |
| 3 Other net rental income (loss) | \$ (3,000) | | \$ - | 0 | \$ (3,000) | | |
| | \$ (5,000) | | \$ - | | \$ (3,000) | | |
| 4a Guaranteed Payments - Services | \$ - | | <u>^</u> | | <u> </u> | 100.0000% | - |
| 4b Guaranteed Payments - Capital | \$ - | | \$ - | | \$ - | 100.0000% | |
| 5 Interest income | \$ - | | \$ - | | Ş - | 100.0000% | |
| 6 Ordinary dividends | \$ 250 | | \$ - | | \$ 250 | 100.0000% | |
| 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 | | | | | | | |
| | 4.50 | | | | 4 150 | 100 00000 | ¢ |
| apportionable and/or allocable to MT | \$ 150 | | \$ - | | \$ 150 | 100.0000% | \$ 150 |
| 13 Other expense deductions | | | | | | | |
| apportionable and/or allocable to MT | \$ 100 | | \$ - | | \$ 100 | 100.0000% | \$ 100 |
| 14 Total | \$ 1,984 | \$ - | \$ - | \$ - | \$ 1,984 | 100.0000% | |