

MeF ATS Testing Instructions

and Scenario Criteria

Montana Pass-Through Entity Tax

2024

December 11, 2024

v1.9



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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-apportio nable 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 (calculation being used is the Regular Method)

Required Attachments:

 Example PDF attachment (PDF stating "Attachment Example")

Taxpayer Information:	Test Partnership 1 LLC 1793 Legendborn Way Helena, MT 59602
FEIN:	20-1111111
State Formed in:	Montana

20-1111111	Date Formed:	09/15/2020
Montana	Federal Business Code/NAICS:	813410
L5446082	Date registered in MT:	09/15/2020
0	Schedules K-1 Received:	1
	Montana	MontanaFederal Business Code/NAICS:L5446082Date registered in MT:

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	L	1 :	1	1	
Prepayments	and characteristics and the d (Case instructions)	14								0
21 2024 payments Mark this box if you made estimated payments using the a		21 22								0
22 2023 overpayment applied to 2024 23 Add lines 21 and 22.										
	Total prepayments 2	23								0
Pass-through Entity Tax, Composite Tax, and Pass-Through Withho		4								0
24 Total taxable income subject to pass-through entity tax from all owners' MT Schedules K-1		24								0
25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1		25								0
26 Flow-Through Payments Schedule, Column A, line 12		26								0
	through entity tax due or (overpayment). 2					-			-0	C
28 Total composite tax from Schedule IV, Column H		28				32			70	
29 Flow-Through Payments Schedule, Column B, line 12	2								50	
	through entity tax due or (overpayment). 3								20 0	
31 Interest on underpayment of estimated tax (see instructions)		81							7 C	
32 Total pass-through withholding from all owners' MT Schedules K-1, Part V, line 3a		2				2	/4.	38	47	
33 PTEs tax liability resulting from an adjustment to partnership income (see instructions)	3									(
34 Flow-Through Payments Schedule, Column C, line 12	3									C
	artnership liability due or (overpayment). 3					2	/4	99	97	
36 PTE information return late filing penalty	3	-								0
	al PTE taxes with interest and/or penalty. 3	7				61	14(56	64 ()(
Amended Return	and the second se									
38 For amended returns only - previously issued refunds	3									(
39 For amended returns only - payments made with original return	39									(
40 Add lines 37 and 38, then subtract line 39.	40	0				61	4(056	64 ()(
Penalty and Interest										
41 Late payment penalty	4									(
42 Interest	42	-								(
43 Add lines 40 through 42.	Total tax, penalties, and interest. 43	3				61	L4(056	64 ()
mount Owed or Refund										
44 If line 43 is more than zero, enter the amount here.	This is the amount you owe. 44					61	4(56	64 ()(
45 If line 43 is less than zero, enter the amount here.	This is your overpayment. 4	5								С
46 Enter the amount from line 45 that you want applied to your 2025 tax	46	-								C
47 Subtract line 46 from line 45.	This is your refund. 47	7								С
Direct Deposit Your Refund Complete 1, 2, and 3. (See instruct	ions)									
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 United	•									
REQUIRED – Signature, Paid Preparer, and Third-Party Desig										
nder penalties of false swearing, I declare that I have examined this return, including accompa		estofn	ny kr	now	edq	ea	nd t	pelie	ef, it	is
ue, correct, and complete.										
Officer										
Signature x	Date S	Signed	0	8	1	9	2	0	2	
Printed Name Bree Matthews		Phone								
ax Preparer										
Signature	Date S	lianed	0	8	1	9	2	0	2	
Print Name Tracy Deonn		Phone								
		PTIN								
X Mark this box if you allow the DOR to discuss this tax return with your tax preparer			-		-	U	Ŭ	-	-	Í
× Mark this box if you allow the DOR to discuss this tax return with your tax preparer.			1	21	1	1	1	1	1	1
ax Preparation Firm	Firm's F	FIN		<u> </u>	· -	-	+	-	1	-
ax Preparation Firm Firm Name Knights of the Round Table	Firm's Fi	EIN								
ax Preparation Firm Firm Name Knights of the Round Table Mailing Address 1 Order Way		EIN								
Ax Preparation Firm Firm Name Knights of the Round Table Mailing Address 1 Order Way City Scion State N C ZIP	27514			-		.		. \		
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	2 7 5 1 4 ed if making a PTET Election	(See	e in					-		
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 Jame	27514 ed if making a PTET Election Title	(See	e in Tele	pho	ne N	Nun	nbe		1	2
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	27514 ed if making a PTET Election Tite Kingsmage	(See	e in Tele		ne N	Nun	nbe		1	3





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:	I have been been been been been been been be			
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 0 0
		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	where 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
Small bus Contribs	SK	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	00	425000 00
Adjustments to Montana Source	e Income	Α	В	С	D	E
		DTEL A ALLALA	March 1 March 1 March 1	From MT Oak adulas 1/4	From Schedules DE.	Total Montana Source
		PTE's Apportionable	Nonapportionable Income	From MT Schedules K-1,	From Schedules DE,	Iotal montana Source
3 Montana Source Additions	Code	PTE's Apportionable Activities		Part 3, Column B	Column B, Lines 15 and 16	Income Adjustments
3 Montana Source Additions Dividends	Code A A		Nonapportionable income		Column B, Lines 15 and 16	
		Activities		Part 3, Column B	Column B, Lines 15 and 16 00	Income Adjustments
		Activities 375000 00	00	Part 3, Column B	Column B, Lines 15 and 16 00 00	Income Adjustments 375000 00
		Activities 375000 00 00	00	Part 3, Column B 00 00	Column B, Lines 15 and 16 00 00 00	Income Adjustments 375000 00 00
		Activities 375000 00 00 00	00 00 00	Part 3, Column B 00 00 00	Column B, Lines 15 and 16 00 00 00 00	Income Adjustments 375000 00 00 00
		Activities 375000 00 00 00 00	00 00 00 00	Part 3, Column B 00 00 00 00 00	Column B, Lines 15 and 16 00 00 00 00 00 00	Income Adjustments 375000 00 00 00 00
		Activities 375000 00 00 00 00 00	00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00	Column B, Lines 15 and 16 00 00 00 00 00 00 00 00	Income Adjustments 375000 00 00 00 00 00
	ΑΑ	Activities 375000 00 00 00 00 00 00	00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00	Column B, Lines 15 and 16 00 00 00 00 00 00 00 00	Income Adjustments 375000 00 00 00 00 00 00
Dividends	ΑΑ	Activities 375000 00 00 00 00 00 00	00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00	Column B, Lines 15 and 16 00 00 00 00 00 00 00 00	Income Adjustments 375000 00 00 00 00 00 00
Dividends 4 Montana Source Subtractions	A A Total	Activities 375000 00 00 00 00 00 375000 00	00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00	Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 00	Income Adjustments 375000 00 00 00 00 00 375000 00
Dividends 4 Montana Source Subtractions	A A Total	Activities 375000 00 00 00 00 00 375000 00 425000 00	00 00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00 00 00	Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00	Income Adjustments 375000 00 00 00 00 375000 00 425000 00
Dividends 4 Montana Source Subtractions	A A Total	Activities 375000 00 00 00 00 00 375000 00 425000 00 00	00 00 00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00	Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00	Income Adjustments 375000 00 00 00 00 00 375000 00 425000 00 00
Dividends 4 Mortana Source Subtractions	A A Total	Activities 375000 00 00 00 00 00 375000 00 425000 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00	Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00	Income Adjustments 375000 00 00 00 00 375000 00 425000 00 00 00 00 00 00 00 00 00
Dividends 4 Montana Source Subtractions	A A Total	Activities 375000 00 00 00 00 00 375000 00 425000 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00	Column B, Lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00	Income Adjustments 375000 00 00 00 00 375000 00 425000 00 00 00 00 00 00 00 00 00





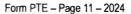
2024 Montana Form PTE – Montana Source Income Schedule



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	00
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

~



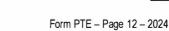




2024v1 5/2024

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	20111111
City Helena	State M T	ZIP Code	59602		
Part II. Owner Information					
Name Owner Two				FEIN	
Mailing Address 2 Lancelot Lane				or SSN	10000002
City Pendragon	State P A	ZIP Code	15237	Beneficial Owner FEIN or SSN	
Owner Type I Resident	× Nonreside	nt			
Special Allocations (See instructions) The owner is included in a PTET election				Profit and loss percentage Capital/Ownershi	2
Resident owner PTET etection (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 o)		1	11250 00	11250 00
2 Subtractions			2	12750 00	12750 00
Part IV. Distributive Share of Montana Source	Income (Loss	5)	-	12/50 00	12750 00
1 Ordinary business 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			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				aban an a	
The owner filed Form PT-AGR Year	١T	ne owner is a D	Oomestic 2nd tier PT		
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 instru	uctions)			3a	265345 00
3b Montana income tax withheld by a lower tier pass-through e				3b	00
3c Add lines 3a and 3b.		otal Montana	ncome tax withheld	i on your behalf. 3c	265345 00
4 Montana mineral royalty tax withheld				4	00
5 Other information. List type	and	amount	5	00	00
Part VI. Tax Credits					
Code C	redit Authorizat	tion Numbe	r	Ar	mount of Credit
1 2					00 00
Part VII. Montana Adjustments Detail: Enter the	amount and code	of each adjust	stment entered on F	Part 3. (See instructions)	
1 Code 1AA 11250 00	2 Code 2AA		11250 00	3 Code 1SK	12750 00
4 Code 2 S K 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

	-				
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 Helena	State M	T ZIP Code	59602		
Part II. Owner Information					
Name Owner Three				FEIN	
Mailing Address 2 Lancelot Lane				or SSN	10000003
City Pendragon	State P	A ZIP Code	15237	Beneficial Owner FEIN	
· _				or SSN	
Owner Type I Resident	X Non	resident			
Special Allocations (See instructions)				Profit and loss percenta	ge 3.0000
The owner is included in a PTET election				Capital/Owners	hip 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	rywhere	Montana
1 Additions			1	11250 00	11250 00
2 Subtractions			2	12750 00	12750 00
Part IV. Distributive Share of Montana Source	Income ((Loss)			
1 Ordinary business income (loss)			1	4500000 00	450000000
2 Net rental real estate income (loss)			2	00	00
3 Other net rental income (loss)			3	00	00
4a Guaranteed payments: services			4a	00	00
4b Guaranteed payments: capital			4b	4666 00	4666 00
5 Interest income			5	1050 00	1050 00
6 Ordinary dividends			6	1500 00	1500 00
7 Royalties			7	00	00
8 Net short-term capital gain (loss)			8	00	00
9 Net long-term capital gain (loss)			9	00	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	450499600	4504996 00
Part V. Supplemental Information				A CONTRACTOR OF	
X The owner filed Form PT-AGR Year 2 0 1	9	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	uctions)			3a	00
3b Montana income tax withheld by a lower tier pass-through e	,			3b	00
3c Add lines 3a and 3b.		our total Montar	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		and arround	- and the second second		
	redit Autho	orization Num	ner .		Amount of Credit
1					00
2					00
Part VII. Montana Adjustments Detail: Enter the	amount and	code of each an	liustment entered on	Part 3. (See instructions)	50
	2 Code 2		11250 00	3 Code 1 S K	12750 00
	5 Code		00	6 Code 13 K	12/50 00
	5 0006		00		00
	5 0000				

24TT1201





2024v1 5/2024

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

0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4.0000 4.0000
4.0000
4.0000
4.0000
в
В
В
Montana
15000 00
17000 00
600000000
6000000000
00
00
6222 00
1400 00
2000 00 00
00
00
660 00
00
1620 00
6006662 00
0.0
00
353286 00
00
00
00
00
00
ount of Credit
00
00
17000 00
00





2024v1 5/2024

(PTE)

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

Nark applicable boxes: Amended Schedule K-1	Final Schedule K-1			
Part I. Pass-through Entity Information				
Name Test Partnership 1 LLC			FEIN	201111111
Mailing Address 1793 Legendborn Way	State M T ZIP Code	59602		
City Helena Part II. Owner Information	State M T ZIP Code	99602		
Name Owner Five			FEIN	
Mailing Address 2 Lancelot Lane			or SSN	100000005
City Pendragon	State P A ZIP Code	15237	Beneficial Owner FEIN	
			or SSN	
Owner Type E Resident	× Nonresident			
Special Allocations (See instructions)			Profit and loss percentage	4.0000
The owner is included in a PTET election			Capital/Ownership	4.0000
Resident owner PTET election (See instructions)				
The owner is included in a composite income tax return				
art III. Montana Adjustmenta (See workshoe)		Evo	A	B Montana
Part III. Montana Adjustments (See workshee) 1 Additions	r on page a)	1	rywhere 15000 00	15000 00
2 Subtractions		2	17000 00	17000 00
Part IV. Distributive Share of Montana Source	e Income (Loss)	-	17000 00	17000 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	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) art V. Supplemental Information		14	6006662 00	6006662 00
The owner filed Form PT-AGR Year	The owner is	a Domestic 2nd tier P	F	
1 PTET paid on behalf of owner. (See instructions)	The owner is		1	00
2 Montana composite income tax paid on behalf of owner			2	00
Ba Montana income tax withheld on behalf of owner. (See inst	ructions)		3a	353793 00
Bb Montana income tax withheld by a lower tier pass-through			3b	00
Bc Add lines 3a and 3b.	This is your total Monta	na income tax withhe	ld on your behalf. 3c	353793 00
4 Montana mineral royalty tax withheld			4	00
5 Other information. List type	and amount	5	00	00
art VI. Tax Credits				
	Credit Authorization Num	ber	An	nount of Credit
1				00
2 art VII. Montone Adjustmente Detail: Ester the	amount and adda of each a	divetment entered on	Dot 2 (Cap instructions)	00
				17000 00
art VII. Montana Adjustments Detail: Enter the	2 Code 2 A A			
1 Code 1 A A 15000 00 4 Code 2 SK 17000 00	2 Code 2 A A 5 Code	15000 00 00	3 Code 1SK 6 Code	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: Amended Schedule K-1 Part I. Pass-through Entity Information	Final S	Schedule	: K-1				
						FEIN	20111111
Name Test Partnership 1 LLC							20111111
Mailing Address 1793 Legendborn Way	Ctoto	M	ZIP Code	59602			
City Helena	State	МТ	ZIP Code	59602			
Part II. Owner Information						FEIN	
Name Owner Six						FEIN	1 0 0 0 0 0 0 0
Mailing Address 2 Lancelot Lane	01.1			1 5 0 0 5	D (or SSN	10000000
City Pendragon	State	ΡΑ	ZIP Code	15237	Bener	icial Owner FEIN	
Owner Type E Resident	ΧN	onreside	ont			or SSN	
Special Allocations (See instructions)		Unieside	5111		Drofit o	nd loss percentage	2 0000
The owner is included in a PTET election					FIUIL a		
Resident owner PTET election (See instructions)						Capital/Ownership	3.0000
The owner is included in a composite income tax return							В
art III Mantana Adjustmente (Coowerkahoot		0)			A		Montana
Part III. Montana Adjustments (See worksheet	on page	3 9)		E	verywhere	0.0	
1 Additions				1	11250		11250 00
2 Subtractions				2	12750	00	12750 00
art IV. Distributive Share of Montana Source	Income	e (Los	S)				
1 Ordinary business income (loss)				1	4500000		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		4666 00
5 Interest income				5	1050		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
 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
art V. Supplemental Information							
X The owner filed Form PT-AGR Year 2 0 2	2	Т	he 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
Ba Montana income tax withheld on behalf of owner. (See instru	uctions)					3a	00
Bb Montana income tax withheld by a lower tier pass-through e	ntity					3b	00
Bc Add lines 3a and 3b.	This i	s your t	otal Montana	income tax with	held on your beha	alf. 3c	00
4 Montana mineral royalty tax withheld						4	00
5 Other information. List type		and	d amount	5		00	00
art VI. Tax Credits							
Code C	redit Aut	thoriza	tion Numb	er		Ar	mount of Credit
1							00
2							00
art VII. Montana Adjustments Detail: Enter the	amount a	nd code	of each adi	ustment entered	on Part 3. (See in	structions)	00
	2 Code			11250 0		de 1SK	12750 00
	5 Code			0 01212			12/50/00
				U	J U U	00	00





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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	e 59602		
Part II. Owner Information				
Name Owner Seven			FEI	N
Mailing Address 2 Lancelot Lane			or SSI	N 10000000'
City Pendragon	State P A ZIP Code	e 15237	Beneficial Owner FEI or SSI	
Dwner Type T Resident	X Nonresident			
Special Allocations (See instructions) The owner is included in a PTET election			Profit and loss percen Capital/Owne	
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	on page 9)	Even	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	450000000	4500000 00
2 Net rental real estate income (loss)		2	00	00
3 Other net rental income (loss)		3	00	00
4a Guaranteed payments: services		4a	00	00
4b Guaranteed payments: capital		4b	4666 00	4666 00
5 Interest income		5	1050 00	1050 00
6 Ordinary dividends		6	1500 00	1500 00
7 Royalties		7	00	00
8 Net short-term capital gain (loss)		8	00	00
9 Net long-term capital gain (loss)		9	00	00
10 Net section 1231 gain (loss)		10	00	00
11 Other income (loss) (include detailed statement)		11	495 00	495 00
12 Section 179 expense deduction		12	00	00
13 Other expense deductions		13	1215 00	1215 00
14 Total distributive share (See instructions)		14	4504996 00	4504996 00
Part V. Supplemental Information				
The owner filed Form PT-AGR Year	The owner is	s 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			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			3b	00
3c Add lines 3a and 3b.	This is your total Monta	ana income tax withheld		00
4 Montana mineral royalty tax withheld		_	4	00
5 Other information. List type	and amount	5	00	00
Part VI. Tax Credits				
	redit Authorization Nun	nber		Amount of Credit
1				00
				00
Part VII. Montana Adjustments Detail: Enter the				
	2 Code 2AA	11250 00	3 Code 1 SK	12750 00
	5 Code	00	6 Code	00







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

Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information	Final S	Schedule	K-1					
Name Test Partnership 1 LLC							FEIN 2	01111111
Mailing Address 1793 Legendborn Way							. 2.1.1	
City Helena	State	МΤ	ZIP Code	5960	2			
Part II. Owner Information	Otale		211 0000	5500	and the			
Name Owner Eight							FEIN	
Mailing Address 2 Lancelot Lane								0000008
City Pendragon	State	ΡA	ZIP Code	1523	7	Beneficial Owr		
							or SSN	
Dwner Type T Resident	XNO	onreside	ent			Desferred		5 0000
Special Allocations (See instructions) The owner is included in a PTET election Resident owner PTET election (See instructions)						Profit and loss Capital	percentage (Ownership	5.0000 5.0000
The owner is included in a composite income tax return								в
Part III Mantana Adjustmenta (Sas workshoot		0)			A Everywh			Montana
Part III. Montana Adjustments (See worksheet 1 Additions	un page	: 9)				18750 00		18750 00
2 Subtractions				1 2		21250 00		21250 00
Part IV. Distributive Share of Montana Source	Income	11 00	c)	2		21250 00		21250 00
1 Ordinary business income (loss)	meome	e (LUS	5)	1	75	0000000		7500000 00
2 Net rental real estate income (loss)				2	15	00 00000		00
3 Other net rental income (loss)				2		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	75	0832700		750832700
Part V. Supplemental Information								
The owner filed Form PT-AGR Year		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 inst	ructions)					За		442241 00
3b Montana income tax withheld by a lower tier pass-through	entity					3b		00
3c Add lines 3a and 3b.	This i	s your t	otal Montan	a income tax	withheld on	our behalf. 3c		442241 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 Aut	thoriza	tion Numb	ær			Amo	ount of Credit
1								00
2								00
Part VII. Montana Adjustments Detail: Enter the				justment ente	red on Part 3	 See instruction 	ns)	
1 Code 1AA 1875000	2 Code	2 A A	ł	18750	00 0	3 Code 1	SK	21250 00
4 Code 2 S K 21250 00	5 Code				00	6 Code		00





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

			•			
Mark applicable boxes: Amended Schedule K-1	Final	Schedule	K-1			
Part I. Pass-through Entity Information						
Name Test Partnership 1 LLC					FEIN	201111111
Mailing Address 1793 Legendborn Way						
City Helana	State	МТ	ZIP Code	59602		
Part II. Owner Information						
Name Owner Nine					FEIN	
Mailing Address 2 Lancelot Lane					or SSN	10000009
City Pendragon	State	ΡA	ZIP Code	15237	Beneficial Owner FEIN	
	× .				or SSN	
Owner Type T Resident	X	Vonreside	ent		De Stand lass and the	
Special Allocations (See instructions) The owner is included in a PTET election					Profit and loss percentage Capital/Ownership	
Resident owner PTET election (See instructions)					Capital/Ownership	3.0000
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 workshee	t on nan	e 9)		F	verywhere	Montana
1 Additions	t on pag	00)		1	11250 00	11250 00
2 Subtractions				2	12750 00	12750 00
Part IV. Distributive Share of Montana Source	e Incom	e (Los	s)			12,50
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	0 0	00
8 Net short-term capital gain (loss)				8	0 0	00
9 Net long-term capital gain (loss)				9	0 0	00
10 Net section 1231 gain (loss)				10	0 0	00
11 Other income (loss) (include detailed statement)				11	495 00	495 00
12 Section 179 expense deduction				12	0 0	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	Т	he owner is a	a Domestic 2nd tie	r 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					3a	00
3b Montana income tax withheld by a lower tier pass-through					3b	00
3c Addlines 3a and 3b.	This	is your t	otal Montan	a income tax with	held on your behalf. 3c	00
4 Montana mineral royalty tax withheld			4	-	4	00
5 Other information. List type		and	d amount	5	00	00
Part VI. Tax Credits	Condit A	****	tion Numb			mount of Credit
Code (Greattau	ICHONZA		Jei	A	
2						00
Part VII. Montana Adjustments Detail: Enter the	amount	and code	of each ad	iustment entered	on Part 3 (See instructions)	00
1 Code 1AA 11250 00	2 Code			11250 (12750 00
4 Code 2 SK 12750 00	5 Code		-		0 6 Code	12/50/00
	5 0006	,		C		00
					24TT1201	





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

Mark applicable boxes: Amended Schedule K-1	Final Sch	edule K-1			
Part I. Pass-through Entity Information					
Name Test Partnership 1 LLC				FEIN	201111111
Mailing Address 1793 Legendborn Way	У				
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 Reside	nt Non	resident		0/ 00/1	
Special Allocations (See instructions)				Profit and loss percentage	je 5.0000
The owner is included in a PTET election				Capital/Ownersh	ip 5.0000
Resident owner PTET election (See instructions)			E.		
X The owner is included in a composite income tax	return				
				Α	В
Part III. Montana Adjustments (See work	sheet on page S	9)	Eve	erywhere	Montana
1 Additions			1	18750 00	18750 00
2 Subtractions		1	2	21250 00	21250 00
Part IV. Distributive Share of Montana S	ource income (Loss	1	750000000	7500000 00
 Ordinary business income (loss) Net rental real estate income (loss) 			2	7500000 00 00	7500000 00 00
3 Other net rental income (loss)			3	00	00
4a Guaranteed payments: services			4a	00	00
4b Guaranteed payments: capital			4a 4b	7777 00	7777 00
5 Interest income			5	1750 00	1750 00
6 Ordinary dividends			6	2500 00	2500 00
7 Royalties			7	2500 00	2300 00
8 Net short-term capital gain (loss)			8	00	00
9 Net long-term capital gain (loss)			9	00	00
10 Net section 1231 gain (loss)			10	00	00
11 Other income (loss) (include detailed statement)			11	825 00	825 00
12 Section 179 expense deduction			12	00	00
13 Other expense deductions			13	2025 00	2025 00
14 Total distributive share (See instructions)			14	750832700	7508327 00
Part V. Supplemental Information					
The owner filed Form PT-AGR Year		The owner is	a Domestic 2nd tier P	TE	
1 PTET paid on behalf of owner. (See instructions)				1	00
2 Montana composite income tax paid on behalf of ov	vner			2	44188400
3a Montana income tax withheld on behalf of owner. (S	See instructions)			3a	00
3b Montana income tax withheld by a lower tier pass-th	rough entity			3b	00
3c Add lines 3a and 3b.	This is y	our total Montan	a income tax withhe	eld on your behaif. 3c	00
4 Montana mineral royalty tax withheld				4	00
5 Other information. List type		and amount	5	00	00
Part VI. Tax Credits				21.25 A 10 - 10 -	
Code	Credit Autho	orization Numb	ber	A	mount of Credit
1					00
2 Part VII. Montana Adjustments Dotail: Er	tor the emount and	and of each and	instmont ontored	Dart 2 (Soc instructions)	00
Part VII. Montana Adjustments Detail: Er 1 Code 1AA 18750 00	2 Code		18750 00		21250.00
4 Code 2 S K 21250 00	2 Code 4 5 Code	4 A A		3 Code 1SK 6 Code	21250 00
+ COUE 2 B IC 21250 00	5 Code		00	o code	00
			1 10011	*24TT1201*	

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(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

Mark applicable boxes: Amended Schedule K-1	Fina	Schedule	e K-1			
Part I. Pass-through Entity Information					551	
Name Test Partnership 1 LLC					FEIN	201111111
Mailing Address 1793 Legendborn Way	01-1-	M m		F 0 6 0 0		
City Helena	State	МТ	ZIP Code	59602		
Part II. Owner Information						
Name Owner Eleven						IN 100000011
Mailing Address 2 Lancelot Lane			700		or St	
City Pendragon	State	ΡA	ZIP Code	15237	Beneficial Owner FE or SS	
Owner Type C Resident		Nonreside	ent			
Special Allocations (See instructions)					Profit and loss perce	ntage 3.0000
The owner is included in a PTET election					Capital/Own	ership 3.0000
Resident owner PTET election (See instructions)						
The owner is included in a composite income tax re	eturn					
					Α	В
Part III. Montana Adjustments (See works)	heet on page	ge 9)		Eve	erywhere	Montana
1 Additions				1	11250 00	11250 00
2 Subtractions				2	12750 00	12750 00
Part IV. Distributive Share of Montana So	urce Incor	ne (Los	s)			
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		Т	he 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 own	er				2	00
3a Montana income tax withheld on behalf of owner, (See					3a	265795 00
3b Montana income tax withheld by a lower tier pass-thro					3b	00
3c Add lines 3a and 3b.		s is your t	total Montana	a income tax withh	eld on your behalf. 3c	265795 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 A	uthoriza	tion Numb	er		Amount of Credit
1						00
2						00
Part VII. Montana Adjustments Detail: Ente	r the amount	and code	e of each adi	ustment entered or	Part 3. (See instructions)	
						10050.00
1 Code 1AA 11250 00	2 Cod	e ZAP	-7	11250.00	3 CODE ISK	12750.00
1 Code 1AA 11250 00 4 Code 2SK 12750 00	2 Cod 5 Cod	e 2A/ e	4	11250 00 00		12750 00 00





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

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

		i, er tak jear beginnin	5		
FT	mended Schedule K-1	Final Schedule K-1			
Part I. Pass-through Ent	tity Information		1.		
Name Test Partner				FEIN	201111111
Mailing Address 1793 Le	gendborn Way				
City Helena		State M T ZIF	Code 5960	2	
Part II. Owner Information					
Name Owner Twelve	9			FEIN	10000012
Mailing Address 2 Lance	lot Lane			or SSN	
City Pendragon		State P A ZIF	Code 1523		
	Resident	Managidant		or SSN	
Owner Type F		Nonresident		Draft and loss persents	
Special Allocations (See in The owner is included in a				Profit and loss percenta	-
Resident owner PTET ele				Capital/Owners	iip 2.0000 %
X The owner is included in a		10			
	r composite income tax reti	111			В
Part III. Montana Adjustr	ments (See workshi	(Pener no name		A Everywhere	Montana
1 Additions	nenta (dee workand	set on page 5/	1	7500 00	7500 00
2 Subtractions			2	8500 00	8500 00
Part IV. Distributive Sha	re of Montana Sou	rce Income (Loss)	2	8300 00	8300 00
1 Ordinary business income (lo			1	3000000 00	3000000 00
2 Net rental real estate income			2	00	00
3 Other net rental income (loss			3	00	00
4a Guaranteed payments: service			4a	00	00
4b Guaranteed payments: capita			4b	3111 00	3111 00
5 Interest income	21		4D 5	700 00	700 00
6 Ordinary dividends			6	1000 00	1000 00
7 Royalties			7	00	00 0001
8 Net short-term capital gain (lo	nee)		8	00	00
9 Net long-term capital gain (los			9	00	00
10 Net section 1231 gain (loss)	55)		10	00	00
11 Other income (loss) (include of	(tramatete balicted		10	330 00	330 00
12 Section 179 expense deducti			12	00	00
13 Other expense deductions			13	810 00	810 00
14 Total distributive share (See in	nstructions)		13	300333100	3003331 00
Part V. Supplemental Inf			14	300333100	3003331 00
The owner filed Form PT-		The o	wner is a Domestic 2nd	tior DTF	
1 PTET paid on behalf of owne		The of		1	00
2 Montana composite income t				2	17608 9 00
3a Montana income tax withheld				2 3a	00
3b Montana income tax withheld				3b	00
3c Add lines 3a and 3b.	by a lower lier pass-li il ou		Montana income tax y	vithheld on your behalf. 3c	00
4 Montana mineral royalty tax v	withbold	This is your total		4	00
5 Other information. List type		and am	ount 5	00	00
Part VI. Tax Credits			June J	00	00
Code		Credit Authorization	Number		Amount of Credit
1		oredit Authorization	Namber		00
2					00
Part VII. Montana Adjust	ments Detail: Enter	the amount and code of e	ach adjustment enter	ed on Part 3 (See instructions)	00
1 Code 1AA	7500 00	2 Code 2 A A	7500		8500 00
4 Code 2 SK	8500 00	5 Code	/500	00 6 Code	00
4 0000 2 5 1	0500 00	J CODE			00
			1		
			I	199119 11911 91911991 11991 91 11919 111 *24tt1201*	
				24111201	





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(PTE)

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

	er tak your beginning	0	
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		2	
City Helena	State M T ZIP Code 5960	2	
Part II. Owner Information			
Name Owner Thirteen		FEIN	10000013
Mailing Address 2 Lancelot Lane		or SSN	
City Pendragon	State P A ZIP Code 1523		
		or SSN	
Owner Type F Resident	Nonresident		
Special Allocations (See instructions)		Profit and loss percenta	•
The owner is included in a PTET election		Capital/Owners	hip 6.0000
Residentowner PTET election (See instructions)			
The owner is included in a composite income tax return			-
Part III. Montana Adjustments (See workshee		A Everywhere	B Montana
1 Additions	1	22500 00	22500 00
2 Subtractions	2	25500 00	25500 00
Part IV. Distributive Share of Montana Source		200000	25500 00
1 Ordinary business income (loss)	1	900000000	9000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4a 4b	9332 00	9332 00
5 Interest income	5	2100 00	2100 00
6 Ordinary dividends	6	3000 00	3000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	990 00	990 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	12	2430 00	2430 00
14 Total distributive share (See instructions)	13	9009992 00	9009992 00
Part V. Supplemental Information	14	900999200	900999200
The owner filed Form PT-AGR Year	The owner is a Domestic 2nd	tior DTE	
1 PTET paid on behalf of owner. (See instructions)	The owner is a comestic zric	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	ructions)	2 3a	531590 00
3b Montana income tax withheld by a lower tier pass-through		3b	00
3c Add lines 3a and 3b.	This is your total Montana income tax		531590 00
4 Montana mineral royalty tax withheld	This is your total montana moone tax		00
	and amount 5	400	00
5 Other information. List type Part VI. Tax Credits		00	00
	Credit Authorization Number		Amount of Credit
1			00
2			00
2 Part VII. Montana Adjustments Detail: Enter the	amount and code of each adjustment enter	red on Part 3 (See instructions)	00
	2 Code 2AA 2250		25500 00
	2 0000 21111 2230		25500 00
1 Code 1AA 22500 00 4 Code 2SK 25500 00	5 Code	00 6 Code	00



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

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

2	FEIN J or SSN Beneficial Owner FEIN or SSN Profit and loss percentage Capital/Ownership	2 0 1 1 1 1 1 1 1 1 1 1 0 0 0 0 0 0 0 1 4 3.0000 3.0000 B Montana 11250 00 12750 00
L 5 2 3 7 A Everyw 1 2 1 4 2	FEIN J or SSN Beneficial Owner FEIN or SSN Profit and loss percentage Capital/Ownership	3.0000 3.0000 B Montana 11250 00
L 5 2 3 7 A Everyw 1 2 1 4 2	FEIN J or SSN Beneficial Owner FEIN or SSN Profit and loss percentage Capital/Ownership	3.0000 3.0000 B Montana 11250 00
L 5 2 3 7 A Everyw 1 2 1 4 2	or SSN Beneficial Owner FEIN or SSN Profit and loss percentage Capital/Ownership Nere 11250 00 12750 00	3.0000 3.0000 B Montana 11250 00
L 5 2 3 7 A Everyw 1 2 1 4 2	or SSN Beneficial Owner FEIN or SSN Profit and loss percentage Capital/Ownership Nere 11250 00 12750 00	3.0000 3.0000 B Montana 11250 00
A Everyw 1 2 1 4 2	or SSN Beneficial Owner FEIN or SSN Profit and loss percentage Capital/Ownership Nere 11250 00 12750 00	3.0000 3.0000 B Montana 11250 00
A Everyw 1 2 1 4 2	or SSN Beneficial Owner FEIN or SSN Profit and loss percentage Capital/Ownership Nere 11250 00 12750 00	3.0000 3.0000 B Montana 11250 00
A Everyw 1 2 1 4 2	Beneficial Owner FEIN or SSN Profit and loss percentage Capital/Ownership /here 11250 00 12750 00	3 . 0000 - B Montana 11250 00
A Everyw 1 2 1 4 2	or SSN Profit and loss percentage Capital/Ownership /here 11250 00 12750 00	3 . 0000 - B Montana 11250 00
Everyw 1 2 1 4 2	Profit and loss percentage Capital/Ownership /here 11250 00 12750 00	3 . 0000 - B Montana 11250 00
Everyw 1 2 1 4 2	Capital/Ownership /here 11250 00 12750 00	3 . 0000 - B Montana 11250 00
Everyw 1 2 1 4 2	Capital/Ownership /here 11250 00 12750 00	3 . 0000 - B Montana 11250 00
Everyw 1 2 1 4 2	where 11250 00 12750 00	B Montana 11250 00
Everyw 1 2 1 4 2	/here 11250 00 12750 00	Montana 11250 00
Everyw 1 2 1 4 2	/here 11250 00 12750 00	Montana 11250 00
Everyw 1 2 1 4 2	/here 11250 00 12750 00	Montana 11250 00
1 2 1 4 2	11250 00 12750 00	11250 00
1 4 2	12750 00	
1 4 2	12750 00	
2	50000000	
2	50000000	
2		4500000 00
	00	00
3	00	00
а	00	00
	4666 00	4666 00
		1050 00
		1500 00
		00
		00
		00
		00
		495 00
		00
		1215 00
		4504996 00
	504550 00	4904990 00
mostic 2nd tior PTE		
	1	00
	2	00
		00
		00
como tax withhold o		00
	A	00
	00	00
	00	00
	٨٣	ount of Credit
	AIII	
		00
mont optorod on D-	t 3 (Soo instructions)	00
		10050.00
		12750 00
00	o Code	00
	3 a b 5 6 7 8 9 0 1 2 3 4 4 4 mestic 2nd tier PTE come tax withheld of 5 ment entered on Par 11250 00 00	3 00 4 00 5 1050 00 5 1050 00 6 1500 00 7 00 8 00 9 00 1 495 00 2 00 3 1215 00 4 4504996 00 mestic 2nd tier PTE 1 2 3a 3b come tax withheld on your behalf. 3c 4 5 00 Amment entered on Part 3. (See instructions) 11250 00 3 Code 1 S K





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(PTE)

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

	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	Oracity and	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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(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

	, or tax your boginning		5	
Mark applicable boxes: Amended Schedule K-1	Final Schedule K-1			
Part I. Pass-through Entity Information				
Name Test Partnership 1 LLC			FEIN	201111111
Mailing Address 1793 Legendborn Way				
City Helena	State M T ZIP Code	59602		
Part II. Owner Information				
Name Owner Sixteen			FEIN	100000016
Mailing Address 2 Lancelot Lane			or SSN	
City Pendragon	State P A ZIP Code	15237	Beneficial Owner FEIN	
			or SSN	
Owner Type T E Resident	Nonresident		De Chard I anno 1	
Special Allocations (See instructions)			Profit and loss percentage	
The owner is included in a PTET election			Capital/Ownership	4.0000 %
Resident owner PTET election (See instructions)				
The owner is included in a composite income tax return	11		A	В
Part III. Montana Adjustments (See workshee	et on nace 9)		where	Montana
1 Additions	et on page 9/	1	15000 00	15000 00
2 Subtractions		2	17000 00	17000 00
Part IV. Distributive Share of Montana Source	no income (l oss)	2	17000 00	17000 00
1 Ordinary business income (loss)	te income (Loss)	1	6000000000	6000000 00
2 Net rental real estate income (loss)		2	00	00
3 Other net rental income (loss)		3	00	00
4a Guaranteed payments: services		4a	00	00
4b Guaranteed payments: capital		4b	6222 00	6222 00
5 Interest income		5	1400 00	1400 00
6 Ordinary dividends		6	2000 00	2000 00
7 Royalties		7	00	00
8 Net short-term capital gain (loss)		8	00	00
9 Net long-term capital gain (loss)		9	00	00
10 Net section 1231 gain (loss)		10	00	00
11 Other income (loss) (include detailed statement)		11	660 00	660 00
12 Section 179 expense deduction		12	00	00
13 Other expense deductions		13	1620 00	1620 00
14 Total distributive share (See instructions)		14	6006662 00	600666200
Part V. Supplemental Information				
The owner filed Form PT-AGR Year	The owner is	a 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	structions)		3a	354393 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 Montai	na income tax withheld	on your behalf. 3c	354393 00
4 Montana mineral royalty tax withheld			4	00
5 Other information. List type	and amount	5	00	00
Part VI. Tax Credits				
Code	Credit Authorization Num	ber	An	ount of Credit
1				00
2				00
Part VII. Montana Adjustments Detail: Enter th		djustment entered on P	art 3. (See instructions)	
1 Code 1AA 1500000	2 Code 2AA	15000 00	3 Code 1SK	17000 00
4 Code 2 S K 17000 00	5 Code	00	6 Code	00
_				
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(PTE)

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

Mark applicable boxes: Ame	nded Schedule K-1	Final	Schedule K-1			
Part I. Pass-through Entit	y Information					
Name Test Partners	hip 1 LLC				FEIN	20111111
Mailing Address 1793 Lege	endborn Way					
City Helena		State	M T ZIPC	ode 59602		
Part II. Owner Information						
Name Owner Sevente					FEIN	10000017
Mailing Address 2 Lancelo	ot Lane				or SSN	
City Pendragon		State	PA ZIPC	Code 15237	Beneficial Owner FEIN or SSN	
Owner Type T E	Resident	1	Vonresident			
Special Allocations (See instr	ructions)				Profit and loss percentag	e 3.0000
The owner is included in a P	TET election				Capital/Ownershi	p 3.0000
Resident owner PTET election	on (See instructions)					
The owner is included in a co	omposite income tax ret	urn				
					Α	В
Part III. Montana Adjustme	ents (See worksho	eet on pag	je 9)	e de la composition de	verywhere	Montana
1 Additions				1	11250 00	11250 00
2 Subtractions				2	12750 00	12750 00
Part IV. Distributive Share		rce Incom	ie (Loss)			
1 Ordinary business income (loss	,			1	450000000	4500000 00
2 Net rental real estate income (lo	oss)			2	00	00
3 Other net rental income (loss)				3	00	00
4a Guaranteed payments: services	5			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 det				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 inst				14	450499600	4504996 00
Part V. Supplemental Infor			-			
The owner filed Form PT-A		21	I ne own	er is a Domestic 2nd tie		0.0
1 PTET paid on behalf of owner.	,				1	00
2 Montana composite income tax					2	00
3a Montana income tax withheld or					3a 25	00
3b Montana income tax withheld by 3c Add lines 3a and 3b.	a lower tier pass-through	-		ntone income tou with	3b	00
	hold	INS	is your total Mo	ontana income tax with	held on your behalf. 3c	00
 4 Montana mineral royalty tax with 5 Other information. List type 			and amount	ot E	4 00	00 00
			and amour	nt 5	00	00
Part VI. Tax Credits Code		Crodit A.	uthorization N	umber	A.	mount of Credit
1		Great At			A	nount of Credit
2						00
2 Part VII. Montana Adjustm	ente Detail: Entor	the amount	and onde of eac	h adjustment entered	on Part 3 (See instructions)	00
1 Code 1AA	11250 00			11250 (12750.00
4 Code 2 S K	12750 00	5 Code			0 5 Code ISK	12750 00
	12/30 00	J CODE		Ĺ		00
				1 181		
				1 101	*24TT1201*	

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(PTE)

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

Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information	Final Schedule K-1		
		FEIN 2	0111111:
Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way			
City Helena	State M T ZIP Code 59602		
Part II. Owner Information	Sidle M I ZIFCOULE 55002		
Name Owner Eightteen		FEIN 1	00000018
5		or SSN	00000010
Mailing Address 2 Lancelot Lane	State PAZIPCode 15237	Beneficial Owner FEIN	
City Pendragon	State P A ZIP Code 1 5 2 3 7	or SSN	
Owner Type P Resident	Nonresident	01 5511	
Special Allocations (See instructions)	Nonesident	Draft and less parageters	6 0000
The owner is included in a PTET election		Profit and loss percentage	6.0000
		Capital/Ownership	6.0000
Resident owner PTET election (See instructions)	at un		
X The owner is included in a composite income tax re	elum	•	В
Part III. Montana Adjustments (See works	heet on nage 9) Ev	A erywhere	Montana
1 Additions	1	22500 00	22500 00
2 Subtractions	2	25500 00	25500 00
Part IV. Distributive Share of Montana So		23300 00	25500 00
1 Ordinary business income (loss)	1	9000000 00	9000000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	9332 00	9332 00
5 Interest income	5	2100 00	2100 00
6 Ordinary dividends	6	3000 00	3000 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	990 00	990 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	2430 00	2430 00
14 Total distributive share (See instructions)	14	9009992 00	9009992 00
Part V. Supplemental Information			
The owner filed Form PT-AGR Year	The owner is a Domestic 2nd tier F	PTE	
1 PTET paid on behalf of owner. (See instructions)		1	00
2 Montana composite income tax paid on behalf of own	ner	2	530482 00
3a Montana income tax withheld on behalf of owner. (See		3a	00
3b Montana income tax withheld by a lower tier pass-thro		3b	00
3c Add lines 3a and 3b.	This is your total Montana income tax withh	eld 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	Am	ount of Credit
1			00
2			00
Part VII. Montana Adjustments Detail: Ente	er the amount and code of each adjustment entered o	n Part 3. (See instructions)	
1 Code 1AA 2250000	2 Code 2AA 22500 00		25500 00
4 Code 2 SK 25500 00	5 Code 00) 6 Code	00

	Montana Sche	dulo K-1	Clear 1	2024v1
MONTANA	(PTE)			5/2024
REVENUE Owner	s Share of Income (Loss)	, Deductions, Credi	its, etc.	
For the calendar year 2024	, or tax year beginning 0	1012024	and ending 1 2 3 1	2 0 2 4
Mark applicable boxes: Amended Schedule K-1	Final Schedule K-1			
Part I. Pass-through Entity Information Name Test Partnership 1 LLC			FEIN	201111111
Mailing Address 1793 Legendborn Way				
City Helena	State M T ZIP Code	59602		
Part II. Owner Information				
Name Owner Nineteen			FEI	N 100000019
Mailing Address 2 Lancelot Lane			or SSI	N
City Pendragon	State P A ZIP Code	15237	Beneficial Owner FEI	N
			or SSI	N
Owner Type P Resident	Nonresident		Des férend la service	
Special Allocations (See instructions) The owner is included in a PTET election			Profit and loss percen	-
Resident owner PTET election (See instructions)			Capital/Owne	rship 2.0000 %
The owner is included in a composite income tax retur	n			
			Α	В
Part III. Montana Adjustments (See workshe	et on page 9)	Even	where	Montana
1 Additions		-	7500 00	7500 00
2 Subtractions		2	8500 00	8500 00
Part IV. Distributive Share of Montana Sour	ce Income (Loss)			
1 Ordinary business income (loss)			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 4b Guaranteed payments: capital		4a 4b	00 3111 00	00 3111 00
5 Interest income		40 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	The surger in	a Domestic 2nd tier PTE	-	
1 PTET paid on behalf of owner. (See instructions)	The owner is		- -	00
2 Montana composite income tax paid on behalf of owner			2	00
3a Montana income tax withheld on behalf of owner. (See in	structions)		- 3a	176897 00
3b Montana income tax withheld by a lower tier pass-throug			3b	00
3c Add lines 3a and 3b.	This is your total Montar	na income tax withheld	l 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	Credit Authorization Num	ber		Amount of Credit
1 2				00
2 Part VII. Montana Adjustments Detail: Enter th	a amount and code of each or	diustment entered on C	Part 3 (See instructions)	00
1 Code 1AA 7500 00	2 Code 2 A A	7500 00	3 Code 1 SK	8500 00
4 Code 2 SK 8500 00	5 Code	1000 00	6 Code	
-				
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(PTE) Owner's Share of Income (Loss), Deductions, Credits, etc.

		5	5				
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	59	602		
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	onreside	nt				
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							B
Dant III Mantana Adiustraanta (Caa watkabaat		- 0)			E.u.	A	B Montana
Part III. Montana Adjustments (See worksheet	t on page	39)		4	Eve	rywhere	
1 Additions 2 Subtractions				1		15000 00	15000 00
		. (1	-	2		17000 00	17000 00
Part IV. Distributive Share of Montana Source	e income	e (Los	5)	4		600000000	6000000000
1 Ordinary business income (loss) 2 Net rental real estate income (loss)				1 2			00 00000000000000000000000000000000000
3 Other net rental income (loss)				2		00	00
4a Guaranteed payments: services				4a		00	00
4a Guaranteed payments: capital				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		00	200000
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		T	ne owner is a	a Domes	tic 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 inst	tructions)					3a	00
3b Montana income tax withheld by a lower tier pass-through	entity					3b	00
3c Add lines 3a and 3b.	Thisi	is yourto	otai Montan	incorr	e 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							
Code C	Credit Aut	thorizat	tion Numb	ber			Amount of Credit
1							00
2							00
Part VII. Montana Adjustments Detail: Enter the				justmen	t entered on	Part 3. (See instructions)	
1 Code 1AA 1500000	2 Code	2 A A	1	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)

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

		boginning		J	
Mark applicable boxes: Amended Schedule K-1 Part I. Pass-through Entity Information	Final Sc	hedule K-1			
Name Test Partnership 1 LLC				FEIN 2	201111111
Mailing Address 1793 Legendborn Way					
City Helena	State I	м т ZIP Code	59602		
Part II. Owner Information					
Name Owner Twenty-One					.00000021
Mailing Address 2 Lancelot Lane				or SSN	
City Pendragon	State	PAZIPCode	15237	Beneficial Owner FEIN or SSN	
Owner Type P T P Resident	i No	nresident			
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 n	return			Profit and loss percentage Capital/Ownership	4.0000
The owner is included in a composite moorne tax in	cium			Α	в
Part III. Montana Adjustments (See works	heet on name	Q)		/where	Montana
1 Additions	neet on page	5)	1	15000 00	15000 00
2 Subtractions			2	17000 00	17000 00
Part IV. Distributive Share of Montana So	urce Income	(1 066)	2	17000 00	17000 00
1 Ordinary business income (loss)	urce income	(2033)	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	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	600666200	6006662 00
Part V. Supplemental Information				00000200	0000002 00
The owner filed Form PT-AGR Year		The owner is	a Domestic 2nd tier PTE		
1 PTET paid on behalf of owner. (See instructions)				1	00
 Montana composite income tax paid on behalf of own 	hor	,		2	00
3a Montana income tax withheld on behalf of owner. (Se				3a	00
3b Montana income tax withheld by a lower tier pass-thro				3b	00
3c Add lines 3a and 3b.		vour total Montar	na income tax withheld		00
4 Montana mineral royalty tax withheld	111313	your total montal		A	00
5 Other information. List type		and amount	5	00	00
Part VI. Tax Credits		and amount		00	00
Code	Credit Aut	norization Num	ber	Am	ount of Credit
1	oroutrut				00
Part VII. Montana Adjustments Detail: Ente	er the amount an	d code of each ac	diustment entered on F	Part 3. (See instructions)	
1 Code 1AA 1500000	2 Code		15000 00	3 Code 1 SK	17000 00
4 Code 2 SK 17000 00	5 Code		00	6 Code	00

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(PTE)

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

Mark applicable boxes: Amended Schedule K-1	Final	Schedu	le K-1					
Part I. Pass-through Entity Information	T Inda	Concaa					- 10	
Name Test Partnership 1 LLC						FEI	N 2	01111111
Mailing Address 1793 Legendborn Way								
City Helena	State	МТ	ZIP Code	5960	2			
Part II. Owner Information								
Name Owner Twenty-Two						F	EIN 1	0000022
Mailing Address 2 Lancelot Lane						or S		
City Pendragon	State	ΡA	ZIP Code	1523	7	Beneficial Owner F or S		
Owner Type S Resident		Nonresid	dent					
Special Allocations (See instructions)						Profit and loss perc	entage	4.0000
The owner is included in a PTET election						Capital/Ow	nership	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	on pag	ge 9)			Everywh			Montana
1 Additions				1		15000 00		15000 00
2 Subtractions				2		17000 00		17000 00
Part IV. Distributive Share of Montana Source	Incon	ne (Lo	ss)					
1 Ordinary business income (loss)				1	60	0000000		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		
4b Guaranteed payments: capital				4b 5		622200 140000		6222 00 1400 00
5 Interest income				5 6		2000 00		2000 00
6 Ordinary dividends 7 Royalties				7		2000 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 inst	ructions)					3a		00
3b Montana income tax withheld by a lower tier pass-through	entity					3b		00
3c Add lines 3a and 3b.	This	s is your	total Montar	na income tax	withheld on y	our behalf. 3c		00
4 Montana mineral royalty tax withheld						4		00
5 Other information. List type		а	nd amount	5		00		00
Part VI. Tax Credits								
Code	Credit A	uthoriz	ation Num	ber			Amo	unt of Credit
1								00
								00
Part VII. Montana Adjustments Detail: Enter the								10000 00
1 Code 1AA 15000 00	2 Cod		A	1500		3 Code 1 S K		17000 00
4 Code 2 S K 17000 00	5 Cod	е			00	6 Code		00
				1				
				I		*2ATT1201	₩ 080 80	





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: Arnended Schedule K-1	Final Schedule	K-1			
Part I. Pass-through Entity Information					
Name Test Partnership 1 LLC Mailing Address 1793 Legendborn Way				FEIN 2	01111111
City Helena	State M T	ZIP Code	9602		
Part II. Owner Information		2.1 0000	1.		
Name Owner Twenty-Three				FEIN 1	00000023
Mailing Address 2 Lancelot Lane				or SSN	
City Pendragon	State P A	ZIP Code 1	5237	Beneficial Owner FEIN or SSN	
Owner Type S Resident	Nonreside	nt			
Special Allocations (See instructions) The owner is included in a PTET election Resident owner PTET election (See instructions)				Profit and loss percentage Capital/Ownership	4.0000 % 4.0000 %
The owner is included in a composite income tax return					В
Dert III Mantana Adiustraanta (Casuustushast					Montana
Part III. Montana Adjustments (See worksheet	on page 9)		Every		
1 Additions				15000 00	15000 00
2 Subtractions				17000 00	17000 00
Part IV. Distributive Share of Montana Source	e Income (Loss	5)			
1 Ordinary business income (loss)				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		41		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)		ę		00	00
10 Net section 1231 gain (loss)		10		00	00
11 Other income (loss) (include detailed statement)		11		660 00	660 00
12 Section 179 expense deduction		12		00	00
13 Other expense deductions		13		1620 00	1620 00
14 Total distributive share (See instructions)		14		6006662 00	600666200
Part V. Supplemental Information					
The owner filed Form PT-AGR Year	Th	ne owner is a Doi	nestic 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 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 your to	otal Montana inc	ome tax withheld	on your behalf. 3c	353793 00
4 Montana mineral royalty tax withheld				4	00
5 Other information. List type	and	amount 5		00	00
Part VI. Tax Credits					
Code C	redit Authorizat	tion Number		Am	ount of Credit
1 2					00
Part VII. Montana Adjustments Detail: Enter the	amount and code	of each adjustr	nent entered on Pa	art 3. (See instructions)	
1 Code 1AA 1500000	2 Code 2 A A		15000 00	3 Code 1SK	17000 00
4 Code 2 S K 17000 00	5 Code		00	6 Code	00



		Clear Form	
	Montana Schedule K-1		2024v1
	(PTE) Share of Income (I cool) Deductions Cooditi	t-	5/2024
	s Share of Income (Loss), Deductions, Credits or tax year beginning 0 1 0 1 2 0 2 4 a		24
For the calendar year 2024,	or lax year beginning 010120218		21
Mark applicable boxes: Amended Schedule K-1	Final Schedule K-1		
Part I. Pass-through Entity Information			
Name Test Partnership 1 LLC		FEIN 2	01111111
Mailing Address 1793 Legendborn Way			
City Helena	State M T ZIP Code 59602		
Part II. Owner Information			
Name Owner Twenty-Four Mailing Address 2 Lancelot Lane		FEIN or SSN 1	00000024
City Helena	State M T ZIPCode 59602	Beneficial Owner FEIN	00000024
		or SSN	
Owner Type I 🗙 Resident	Nonresident		
Special Allocations (See instructions)		Profit and loss percentage	1.0000 %
The owner is included in a PTET election		Capital/Ownership	1.0000 %
Resident owner PTET election (See instructions)			
The owner is included in a composite income tax return	1		
	A		В
Part III. Montana Adjustments (See workshee	et on page 9) Everyv		Montana
1 Additions 2 Subtractions	2	3750 00	3750 00
Part IV. Distributive Share of Montana Source		425000	4250 00
1 Ordinary business income (loss)		150000000	1500000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	0 0
4b Guaranteed payments: capital	4b	155500	1555 00
5 Interest income	5	35000	350 00
6 Ordinary dividends	6	500 00	500 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)10 Net section 1231 gain (loss)	9 10	00 00	00
11 Other income (loss) (include detailed statement)	10	165 00	165 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	405 00	405 00
14 Total distributive share (See instructions)	14 1	1501665 00	1501665 00
Part V. Supplemental Information			
The owner filed Form PT-AGR Year	The owner is a Domestic 2nd tier PTE		
1 PTET paid on behalf of owner. (See instructions)		1	00
2 Montana composite income tax paid on behalf of owner		2	00
3a Montana income tax withheld on behalf of owner. (See ins		3a	00
3b Montana income tax withheld by a lower tier pass-through 3c Add lines 3a and 3b.	This is your total Montana income tax withheld o	3b	00
4 Montana mineral royalty tax withheld	This is your total montana income tax withheid o	on your behalf. 3c 4	00
5 Other information. List type	and amount 5	00	00
Part VI. Tax Credits		00	00
	Credit Authorization Number	Amo	unt of Credit
1			00
2			00
Part VII. Montana Adjustments Detail: Enter th			0750.00
1 Code 1AA 3750 00	2 Code 1 SK 4250 00	3 Code 2AA	3750 00
4 Code 2SK 4250 00	5 Code 00		00
	1100110	*24TT1201*	

MONTANA DEPARTMENT OF REVENUE





(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

4 Montanamineral royalty tax withheld	i his is your to	al Montana	income tax within	aid on your benair. 3c 4	00
3c Add lines 3a and 3b.	•	otal Montana	income tax withh	eld on your behalf. 3c	00
3b Montana income tax withheld by a lower tier pass-through e				3b	00
3a Montana income tax withheld on behalf of owner. (See instri	uctions)			- 3a	00
2 Montana composite income tax paid on behalf of owner				2	00
1 PTET paid on behalf of owner. (See instructions)				1	00
The owner filed Form PT-AGR Year	Th	ne owner is a	Domestic 2nd tier F	TE	
Part V. Supplemental Information					
14 Total distributive share (See instructions)			14	1051165800	10511658 00
13 Other expense deductions			13	2835 00	2835 00
12 Section 179 expense deduction			12	00	00
11 Other income (loss) (include detailed statement)			11	1155 00	1155 0 0
10 Net section 1231 gain (loss)			10	00	00
9 Net long-term capital gain (loss)			9	00	00
8 Net short-term capital gain (loss)			8	00	00
7 Royalties			7	00	00
6 Ordinary dividends			6	3500 00	3500 0 0
5 Interest income			5	2450 00	245000
4b Guaranteed payments: capital			4b	10888 00	10888 00
4a Guaranteed payments: services			4a	00	00
3 Other net rental income (loss)			3	00	00
2 Net rental real estate income (loss)			2	00	00
1 Ordinary business income (loss)			1	10500000 00	10500000 00
Part IV. Distributive Share of Montana Source	Income (Loss	5)			
2 Subtractions			2	29750 00	29750 00
1 Additions			1	26250 00	26250 00
Part III. Montana Adjustments (See worksheet	on page 9)		Ev	erywhere	Montana
				Α	В
The owner is included in a composite income tax return					
Resident owner PTET election (See instructions)					
The owner is included in a PTET election				Capital/Owne	rship 7.0000
Special Allocations (See instructions)				Profit and loss percer	ntage 7.0000
Owner Type I X Resident	Nonreside	nt			
				or SS	N
City Helena	State M T	ZIP Code	59602	Beneficial Owner FEI	N
Mailing Address 2 Lancelot Lane				or SS	N 10000029
Name Owner Twenty-Five				FE	N
Part II. Owner Information					
City Helena	State M T	ZIP Code	59602		
Mailing Address 1793 Legendborn Way					
Name Test Partnership 1 LLC				FEIN	20111111

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 K-1			
Part I. Pass-through Entity Information				
Name Test Partnership 1 LLC			FEIN	201111111
Mailing Address 1793 Legendborn Way				
City Helena	State M T ZIP Code	59602		
Part II. Owner Information				
Name Owner Twenty-Six			FEIN	
Mailing Address 2 Lancelot Lane			or SSN	10000026
City Helena	State M T ZIP Code	59602	Beneficial Owner FEIN	
	Manage Mana		or SSN	
Owner Type I X Resident	Nonresident		Draft and loss parameter	с <u>с ооо</u> о
Special Allocations (See instructions) The owner is included in a PTET election			Profit and loss percentag	
			Capital/Ownershi	ip 5.0000
Resident owner PTET election (See instructions)				
The owner is included in a composite income tax return				В
Part III. Montana Adjustments (See worksheet	00 0309 (0)	Evo	A rywhere	Montana
1 Additions	on page 3)	1	18750 00	18750 00
2 Subtractions		2	21250 00	21250 00
Part IV. Distributive Share of Montana Source	Income (Loss)	2	21250 00	21200 00
1 Ordinary business income (loss)	Income (2000)	1	7500000 00	7500000 00
2 Net rental real estate income (loss)		2	00	00
3 Other net rental income (loss)		3	00	00
4a Guaranteed payments: services		4a	00	00
4b Guaranteed payments: capital		4b	7777 00	7777 00
5 Interest income		5	1750 00	1750 00
6 Ordinary dividends		6	2500 00	2500 00
7 Royalties		7	00	00
8 Net short-term capital gain (loss)		8	00	00
9 Net long-term capital gain (loss)		9	00	00
10 Net section 1231 gain (loss)		10	00	00
11 Other income (loss) (include detailed statement)		11	825 00	825 00
12 Section 179 expense deduction		12	00	00
13 Other expense deductions		13	2025 00	2025 00
14 Total distributive share (See instructions)		14	750832700	7508327 00
Part V. Supplemental Information				
The owner filed Form PT-AGR Year	The 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	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 total Montal	na income tax withhe	ld 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	redit Authorization Num	ber	A	mount of Credit
1				00
2				00
Part VII. Montana Adjustments Detail: Enter the	amount and code of each a	djustment entered on	Part 3. (See instructions)	
1 Code 1AA 18750 00	2 Code 1SK	21250 00	3 Code 2AA	18750 00
4 Code 2SK 21250 00	5 Code	00	6 Code	00
4 Code 2SK 21250 00	5 Code			

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 eac	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. 1	735388	735388	735388	735388
2 Divide Part I, line 3a, by four and enter the result in				
each column 2	1388	1388	1388	1388
3 Subtract line 2 from line 1 3	733951	733951	733951	733951
4 Amount of estimated tax paid by the date in each column.				
Include the amount from Part I, line 3b in Column A. 4	0	0	0	0
Complete lines 5 through 11 of one col	umn before go	oing to the nex	kt 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. 6	0	0	0	0
7 Add lines 9 and 10 from the previous column.				
This is your total underpayment to date. 7		733951	1467902	2201852
8 Subtract line 7 from line 6. If zero or less enter 0. 8	0	0	0	0
9 If the amount on line 8 is zero, subtract line 6 from line 7.				
Otherwise, enter 0.				
This is the underpayment from the previous period. 9		733951	1467902	2201852
10 If line 8 is equal to or less than line 3, subtract line 8				
from line 3. If line 8 is greater than line 3, go to line 11.				
This is the current period underpayment.10	733951	733951	733951	733951
11 If line 3 is less than line 8, subtract line 3 from line 8.				
Then go to line 5 in the next column.		0		
This is the overpayment for period. 11	0	0	0	0
Complete lines 12 through 14 of the colum	ns 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	54007		29254	9805
15 Add the amounts on line 14 in each column. Enter here an	nd on Form PTE	E, line 31.		
This is your interes			ated taxes. 15	136947

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

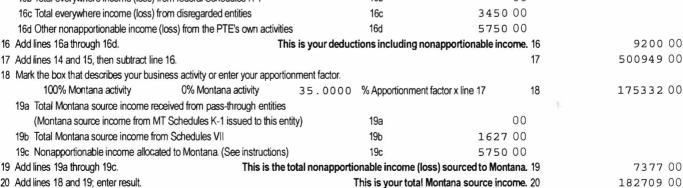
Owners: 5 total owners consisting of 1 Resident Owners, 2 Nonresident Owners, and 2 Other Types of Owners of various types. All Forms and attachments are required to be included in the PDF submission.

Federal:

- Form 1065
- Schedule K



2024 Montana Pass-Through Entity Tax Return Form PTE include a complete copy of all related federal forms and schedules. 2024v1 Partnership X S corporation 5/2024 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 MS 38852 Iuka X PTET X Resident PTET Enter Number of: Schedules K-1 Included Nonresident Owners Schedules DEIncluded 1 5 2 **Resident Owners** 1 Other Types of Owners 2 Schedules K-1 Received Owners' Distributive Share of Income Items (federal Schedule K) 1 Ordinary business income (loss) 1 400000 00 2 Net rental real estate income (loss) (include federal Form 8825) 2 00 3a Other gross rental income (loss) 00 3a 00 3b Expenses from other rental activities (include detailed statement) 3h 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





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 t	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 With	hholding	
24 Total taxable income subject to pass-through entity tax from all owners' MT Schedules	K-1, Part IV, line 14 (see instructions) 24	267669 00
25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1	25	15792 00
26 Flow-Through Payments Schedule, Column A, line 12	26	32950 00
27 Subtract lines 23 and 26 from line 25. Pa	ass-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
	ass-through entity tax due or (overpayment). 30	-22805 00
31 Interest on underpayment of estimated tax (see instructions)	31	00
32 Total pass-through withholding from all owners' MT Schedules K-1, Part V, line 3a	32	00
33 PTE's tax liability resulting from an adjustment to partnership income (see instructions)	33	00
34 Flow-Through Payments Schedule, Column C, line 12	34	00
÷ •	er partnership liability due or (overpayment). 35	00
36 PTE information return late filing penalty	36	00
	Total PTE taxes with interest and/or penalty. 37	-22805 00
Amended Return		
38 For amended returns only - previously issued refunds	38	00
39 For amended returns only - payments made with original return	39	00
40 Add lines 37 and 38, then subtract line 39.	40	-22805 00
Penalty and Interest		22000 00
41 Late payment penalty	41	00
42 Interest	42	00
43 Add lines 40 through 42.	Total tax, penalties, and interest. 43	-22805 00
Amount Owed or Refund		-22000 00
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	22805 00
46 Enter the amount from line 45 that you want applied to your 2025 tax	46	22003 00
47 Subtract line 46 from line 45.	This is your refund. 47	22805 00
		22000 00
Direct Deposit Your Refund Complete 1, 2, and 3. (See instru	uctions)	
1 Routing Number	,	
2 Account Number	Checking Savings	
3 Mark this box if this refund is doing to an account that is located outside of the U	inited States or its territories.	
3 Mark this box if this refund is going to an account that is located outside of the U REQUIRED – Signature, Paid Preparer, and Third-Party De		
REQUIRED – Signature, Paid Preparer, and Third-Party De	signee	knowledge and belief, it is
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including accor	signee	knowledge and belief, it is
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including accor true, correct, and complete.	signee	knowledge and belief, it is
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including accor true, correct, and complete. Officer	signee mpanying schedules and statements, and to the best of my	-
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including accor true, correct, and complete. Officer Signature x	rsignee mpanying schedules and statements, and to the best of my Date Signed	08192024
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including accor true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus	rsignee mpanying schedules and statements, and to the best of my Date Signed	-
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including accor true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer	rsignee mpanying schedules and statements, and to the best of my Date Signed Phone 5	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including accor true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature	rsignee mpanying schedules and statements, and to the best of my Date Signed Phone Date Signed	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including accor true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature Print Name Pierce Brown	Psignee mpanying schedules and statements, and to the best of my Date Signed 0 Phone 5 Date Signed 0 Phone 4	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4 5 8 9 6 1 7 3 2 3
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including according true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature Print Name Pierce Brown X Mark this box if you allow the DOR to discuss this tax return with your tax preparer.	Psignee mpanying schedules and statements, and to the best of my Date Signed 0 Phone 5 Date Signed 0 Phone 4	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including according true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature Print Name Pierce Brown X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. Tax Preparation Firm	Psignee mpanying schedules and statements, and to the best of my Date Signed Phone Date Signed Phone 4 PTIN P	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4 5 8 9 6 1 7 3 2 3
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including accor true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature Print Name Pierce Brown X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. Tax Preparation Firm Firm Name Red Rising	Psignee mpanying schedules and statements, and to the best of my Date Signed 0 Phone 5 Date Signed 0 Phone 4	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4 5 8 9 6 1 7 3 2 3
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including according true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature Print Name Pierce Brown X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. Tax Preparation Firm Firm Name Red Rising Mailing Address 1 0 Reaper Street	Psignee mpanying schedules and statements, and to the best of my Date Signed 0 Phone 5 Date Signed 0 Phone 4 PTIN P Firm's FEIN	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4 5 8 9 6 1 7 3 2 3
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including according true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature Print Name Pierce Brown X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. Tax Preparation Firm Firm Name Red Rising Mailing Address 1 0 Reaper Street City Lykos State M S Zitte	Psignee mpanying schedules and statements, and to the best of my Date Signed 0 Phone 5 Date Signed 0 Phone 4 PTIN P Firm's FEIN	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4 5 8 9 6 1 7 3 2 3 9 1 3 2 4 5 1 0 8
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including according true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature Print Name Pierce Brown X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. Tax Preparation Firm Firm Name Red Rising Mailing Address 1 0 Reaper Street City Lykos State M S Zi Pass-Through Entity Tax Authorized Representative: Requirements	Parsignee mpanying schedules and statements, and to the best of my Date Signed 0 Phone 5 Date Signed 0 Phone 4 PTIN F Firm's FEIN IP 72016 uired if making a PTET Election (See i	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4 5 8 9 6 1 7 3 2 3 9 1 3 2 4 5 1 0 8
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including according true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature Print Name Pierce Brown X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. Tax Preparation Firm Firm Name Red Rising Mailing Address 1 0 Reaper Street City Lykos State M S Zi Pass-Through Entity Tax Authorized Representative: Requirement	mpanying schedules and statements, and to the best of my Date Signed 0 Phone 5 Date Signed 0 Phone 4 PTIN P Firm's FEIN IP 7 2 0 1 6 uired if making a PTET Election (See in Title Te	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4 5 8 9 6 1 7 3 2 3 9 1 3 2 4 5 1 0 8
REQUIRED – Signature, Paid Preparer, and Third-Party De Under penalties of false swearing, I declare that I have examined this return, including according true, correct, and complete. Officer Signature x Printed Name Darrow Au Andromedus Tax Preparer Signature Print Name Pierce Brown X Mark this box if you allow the DOR to discuss this tax return with your tax preparer. Tax Preparation Firm Firm Name Red Rising Mailing Address 1 0 Reaper Street City Lykos State M S Zi Pass-Through Entity Tax Authorized Representative: Requirements	Parsignee mpanying schedules and statements, and to the best of my Date Signed (0 Phone 5 Date Signed (0 Phone 4 PTIN F Firm's FEIN IP 7 2 0 1 6 uired if making a PTET Election (See in Title Te Gold 5	0 8 1 9 2 0 2 4 5 9 7 6 3 4 2 1 9 3 0 8 1 9 2 0 2 4 5 8 9 6 1 7 3 2 3 9 1 3 2 4 5 1 0 8





2024 Montana Form PTE – Flow-Through Payments Schedule

Name Test Partnership 2 LLC

FEIN 2 0 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)	Schedules K-1 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	í.
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.

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



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.

50 00
50 00
9 00
00
9 00

Part IV. Composite Tax

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

FEIN 2 0 2 2 2 2 2 2 2 2

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	2013 00
3 Subtract line 2 from line 1. Adjusted Montana source income	3	180696 00
4 Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).		
Composite tax ratio	4	0.358240

A Name	B Social Security Number or Federal Employer Identification Number	C Total Distributive Share from Owner's Schedule K-1, Column A, Part IV, Line 14	D (Partnerships only) Guaranteed Payments for Services from Owner's Schedule K-1, Column A, Part IV, Line 4a	E Standard Deduction (\$14,600)	F Subtract Columns D and E from Column C Montana Taxable Income	G Tax from Tax Table (See instructions)	H Multiply Column G by composite tax ratio from Part III, Line 4 Montana Composite Income Tax
1 Owner Five	20000005	38261	431 00	14600	23230 00	1125 00	
2			00		00	00	00
3			00		00	00	00
4			00		00	00	00
5			00		00	00	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	posite 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 Schedi		



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
		0 0
		00
		00
		0 0
		0 0
		0 0
		00
		00
		00
		00
		00



8

MONTANA DEPARTMENT OF REVENUE	2024 Montana Form PTE Schedule VII – List of Disregarded Entities						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

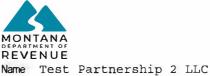


Name Test Partnership 2 LLC

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	00
		00	00	00	00	00
2 Montana Subtractions	Total	15299 00	00	00	00	15299 00
from Everywhere Income						
		00	00	00	00	00
		00	00	00	00	00
		00	00	00	00	00
		00	00	00	00	00
		00	00	00	00	00
		00	00	00	00	00
	Total	00	00	00	00	00
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

Final	Schedule	K-1			
	Controlatio				
				The Street of the source of th	
				FEIN	20222222
			00050		
State	MS	ZIP Code	39852		
O ()			00404		20000000
State	WA	ZIP Code	98101		
×	Nonresid	lent			
				Capital/Ownership	30.0000
1					
t on nac	1e 9)		Ev		B Montana
t on pag	JC 0)		1	•	1606 00
			2		00
e Incon	ne (Los	s)			
••••		,	1	120000 00	42126 00
					00
					00
					1725 00
			4b		431 00
			5		19425 00
			6	4500 00	1575 00
			7	0 0	00
			8	00	00
			9	00	00
			10	00	00
			11	0 0	00
			12	00	00
			13	34500 00	12075 00
			14	15304500	54813 00
	Т	he owner is a	a Domestic 2nd tier F	ΥE	
				1	3234 00
				2	00
tructions)				3a	00
entity				3b	00
This	s is your f	total Montan	a income tax withh	eld on your behalf. 3c	00
				4	00
	an	d amount	5	00	00
Credit A	uthoriza	tion Numb	per	An	nount of Credit
					00
					00
e amount	and code	e of each ad	justment entered o	n Part 3. (See instructions)	
2 Code	e 2A	A	1606 00		0 0
5 Code	е		00	6 Code	00
	e Incon e Incon tructions) entity This Credit A e amount 2 Cod	State M A State W A Nonresid Not on page 9) e Income (Los entity This is your f an Credit Authoriza e amount and code 2 Code 2 A d	State M S ZIP Code State W A ZIP Code Nonresident A ton page 9) e Income (Loss) e Income (Loss) The owner is a tructions) entity This is your total Montan and amount Credit Authorization Nurmat e amount and code of each ad 2 Code 2 A A	State M & ZIP Code 39852 State W A ZIP Code 98101 Nonresident Nonre	State M S ZIP Code 39852 State W A ZIP Code 98101 Beneficial Owner FEIN or SSN X Nonresident Profit and loss percentage Capital/Ownership A A Everywhere 1 1500 00 00 e Income (Loss) 1 120000 00 1 120000 00 00 2 00 00 4a 1725 00 4b 4b 1230 00 5 5 55500 00 6 4b 1230 00 10 5 55500 00 6 4 10 00 10 00 1 11 00 10 12 00 13 13 34500 00 14 14 1530 45 00 14 15 00 3 16 00 3 17 00 3 18 00 10 19 00 15 10 00 15

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

	si tan year begi	inning -		5	
Mark applicable boxes: Amended Schedule K-1	Final Scheduk	e K-1			
Part I. Pass-through Entity Information					
Name Test Partnership 2 LLC				FEIN	202222222
Mailing Address 736 Lambda Ave APTH3					
City luka	State M S	ZIP Code	38852		
Part II. Owner Information					
Name Owner Two				FEIN	
Mailing Address 755 Bellona Blvd.				or SSN	20000002
City Helena	State M T	ZIP Code	59602	Beneficial Owner FEIN	
				or SSN	
Owner Type I X Resident	Nonresid	lent			
Special Allocations (See instructions)				Profit and loss percentage	e 30.0000 %
X The owner is included in a PTET election				Capital/Ownershi	
X Resident owner PTET election (See instructions)				•	
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	4590 00	160700
2 Subtractions			2	00	00
Part IV. Distributive Share of Montana Source	Income (Los	ss)	1.1.1.1.1.1.1.1.1		
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	54814 00
Part V. Supplemental Information			14	100040 00	0101100
The owner filed Form PT-AGR Year	-	The owner is a	Domestic 2nd tier PTE		
1 PTET paid on behalf of owner. (See instructions)				1	9030 00
2 Montana composite income tax paid on behalf of owner				2	00
3a Montana income tax withheld on behalf of owner. (See instr	ructions)			3a	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 withheld		00
4 Montana mineral royalty tax withheld	This is your			A	00
5 Other information. List type	an	nd armount	5	00	00
Part VI. Tax Credits	an		5	00	00
	redit Authoriza	ation Numb	ar.	A.	mount of Credit
1	Heult Authonza		51	A	
2					00
Part VII. Montana Adjustments Detail: Enter the	amount and end	e of each adi	istment entered on D	art 3 (See instructions)	00
	2 Code 2 A		1606700	3 Code	00
		n	1606700	6 Code	00
4 Code 00	5 Code		00	U COUE	00
				n: ()))))	



	Montana Sche (PTE)	edule K-1	Clear Form	2024v1 5/2024
REVENUE Owner	s Share of Income (Loss)	, Deductions, Credit	s, etc.	
For the calendar year 2024	, or tax year beginning 0	1012024	and ending 123120	24
lark applicable boxes: Amended Schedule K-1	Final Schedule K-1			
Part I. Pass-through Entity Information				
Name Test Partnership 2 LLC			FEIN 2 (0 2 2 2 2 2 2 2 2 2
Mailing Address 736 Lambda Ave APT H				
City luka	State M S ZIP Code	38852		
Part II. Owner Information				
Name Owner Three			FEIN	
Mailing Address 755 Bellona Blvd.		0.010.1		0000003
City Seattle	State W A ZIP Code	98101	Beneficial Owner FEIN	
wher Type I Resident			or SSN	
	× Nonresident		Draft and loss persontage	17 5000
Special Allocations (See instructions) X The owner is included in a PTET election			Profit and loss percentage Capital/Ownership	17.5000
Resident owner PTET election (See instructions)			CapitanOwnership	17.5000
The owner is included in a composite income tax retur	n			
		1		В
art III. Montana Adjustments (See workshe	et on page 9)	Every		Montana
1 Additions	st on page of	1	2677 00	937 00
2 Subtractions		2	00	00
art IV. Distributive Share of Montana Source	e Income (Loss)	-	00	
1 Ordinary business income (loss)		1	70000 00	24573 00
2 Net rental real estate income (loss)		2	00	00
3 Other net rental income (loss)		3	00	00
la Guaranteed payments: services		4a	1006 00	1006 00
b Guaranteed payments: capital		4b	71800	251 00
5 Interest income		5	32375 00	11331 00
6 Ordinary dividends		6	2625 00	919 00
7 Royalties		7	00	00
8 Net short-term capital gain (loss)		8	00	00
9 Net long-term capital gain (loss)		9	00	00
0 Net section 1231 gain (loss)		10	00	00
11 Other income (loss) (include detailed statement)		11	0 0	00
2 Section 179 expense deduction		12	00	00
3 Other expense deductions		13	20125 00	7044 00
4 Total distributive share (See instructions)		14	8927600	31973 00
art V. Supplemental Information				
The owner filed Form PT-AGR Year	The owner is	a Domestic 2nd tier PTE		
1 PTET paid on behalf of owner. (See instructions)			1	1886 00
2 Montana composite income tax paid on behalf of owner			2	00
a Montana income tax withheld on behalf of owner. (See in	structions)		3a	00
b Montana income tax withheld by a lower tier pass-through	n entity		3b	00
Bc Add lines 3a and 3b.	This is your total Montai	na 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
art VI. Tax Credits				
Code	Credit Authorization Num	ber	Amou	int of Credit
1				00
2				00
art VII. Montana Adjustments Detail: Enter th				
1 Code 1AA 2677 00	2 Code 2AA	937 00	3 Code	0 0
4 Code 00	5 Code	00	6 Code	00

	2	
DEPA	NTA	TOF



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

	si tax joar boginning		and ononing	
Mark applicable boxes: Amended Schedule K-1	Final Schedule K-1			
Part I. Pass-through Entity Information		The second s		
Name Test Partnership 2 LLC			FEIN	202222222
Mailing Address 736 Lambda Ave APT H3				
City Iuka	State M S ZIP Code	38852		
Part II. Owner Information				
Name Owner Four			FEIN	200000004
Mailing Address 755 Bellona Blvd.			or SSN	
City Seattle	State W A ZIP Code	98101	Beneficial Owner FEIN	
			or SSN	
Owner Type P Resident	Nonresident			
X 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				
Deut III Mandaus A director ante (Das andrehend	0)	A		B
Part III. Montana Adjustments (See worksheet	on page 9)	Every		Montana
1 Additions		1	2295 00	803 00
2 Subtractions	(h (h)	2	00	00
Part IV. Distributive Share of Montana Source	Income (Loss)		<pre>coooo 0.0</pre>	
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) 4a Guaranteed payments: services		3		
		4a 4b	863 00	1294 00
4b Guaranteed payments: capital 5 Interest income		40 5	615 00 27750 00	215 00 9713 00
6 Ordinary dividends		6	2250 00	788 00
7 Royalties		0 7	2250 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		14	1052 500	27050 00
The owner filed Form PT-AGR Year	The owner is	a Domestic 2nd tier PTE		
1 PTET paid on behalf of owner. (See instructions)			1	1642 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	00
3b Montana income tax withheld by a lower tier pass-through e			3b	00
3c Add lines 3a and 3b.	This is your total Montar	a income tax withheld o	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	redit Authorization Numb	per	An	nount of Credit
1				00
2				00
Part VII. Montana Adjustments Detail: Enter the	amount and code of each ad	justment entered on Pa	art 3. (See instructions)	
	2 Code 2AA	803 00	3 Code	00
4 Code 00	5 Code	00	6 Code	00
_				
			24TT1201	

	2	
DEPA	NTA RTMEN	TOF

Clear Form

2024v1 5/2024

(PTE)

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

Mark applicable boxes: Amende	ed Schedule K-1	Final Scheo	tule K-1			
Part I. Pass-through Entity I					CALL AND	Res and the second
Name Test Partnershi					FEIN	202222222
Mailing Address 736 Lambda	Ave APT					
City luka		State M	S ZIP Code	38852		
Part II. Owner Information						
Name Owner Five						200000005
Mailing Address 755 Bellona	a Blvd.				or SSN	
City Seattle		State W.	A ZIP Code	98101	Beneficial Owner FEIN or SSN	
Owner Type F	Resident	Nonre	sident			
X Special Allocations (See inst The owner is included in aPTET Resident owner PTET election (election				Profit and loss percentage Capital/Ownership	
\times The owner is included in a comp		urn				
					A	В
Part III. Montana Adjustment	s (See worksh	eet on page 9)		Even	where	Montana
1 Additions				1	1147 00	402 00
2 Subtractions				2	00	00
Part IV. Distributive Share of	Montana Sou	rce Income (L	oss)			
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	43100	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 detaile	d statement)			10	00	00
12 Section 179 expense deduction	a sidlement)			12	00	00
13 Other expense deductions				13	8625 00	3019 00
14 Total distributive share (See instruct	tions			14	38261 00	13272 00
Part V. Supplemental Informa				14	3020100	1327200
The owner filed Form PT-AGR			The outportio	a Domestic 2nd tier PTE		
			THE OWNER IS		1	0.0
1 PTET paid on behalf of owner. (See					2	00
2 Montana composite income tax pair						
3a Montana income tax withheld on be		,			3a 25	00
3b Montana income tax withheld by a l 3c Add lines 3a and 3b.	ower lier pass-inrou			a in a second second deba da	3b	00
		i nis is yo	ur total Montar	a income tax withheld	i on your behalf. 3c	00
4 Montana mineral royalty tax withhel	d		and amount	E	4	00
5 Other information. List type Part VI. Tax Credits			and amount	5	00	00
Code		Credit Author	ization Numb		A	nount of Credit
		Credit Author	auon num	Jer	AI	
1						00
2 Dart VII. Martana Adiustman	to Details Fata	the emount and a	ada of cash ad	instant optional on F	Dert 2 (Coo instructions)	00
Part VII. Montana Adjustmen						
1 Code 1AA	1147 00	2 Code 2.	AA	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 X

Form PTE 2024v1

5/2024

	For calendar yea	ar 2024 or tax year beginnir	g 01012024	and ending	12312024	
Mark all that apply:	Name		A CONTRACTOR	J	FEIN 203	3 3 3 3 3 3
Initial return	Test S-corp 1	Inc		Federal Business	Code/NAICS 3 3 3	320
X Final return	Mailing Address			MT Secretar	y of State ID # T 0 4	01246
Amended return	246 Nipcopper	Close		Date of Registration	on in Montana 090	42020
Refund return	City	State ZIP C	Code + 4	State formed in	NY on 100	12006
PTP	Tortall	N Y 1 (0 6 1 1 2 0 0 9			
PTET						
Resident PTET	Enter Number of:	Schedules K-1 Included 2 Resident Owners	Nonresident Owners Other Types of Owners		Schedules DE Included Schedules K-1 Received	
Owners' Distribu	itive Share of Incon	ne Items (federal Schedule	K)			
1 Ordinary business					1	17000 00
	ate income (loss) (include fe	ederal Form 8825)	,		2	-5000 00
	ental income (loss)	,	3a	-3000 00		
	m other rental activities (inc	ude detailed statement)	3b	00		
3 Subtract line 3b fro			This is your other net ren	tal income or loss	. 3	-3000 00
	ayments: Services		4a	0(
4b Guaranteed p			4b	00		
4 Add lines 4a and 4			This is your total gua			00
5 Interest income	-		inio io jour total gua		5	00
6 Ordinary dividends					6	250 00
7 Royalties					7	4984 00
	ital gain (loss) (include fede	eral Schedule D)			8	00
	tal gain (loss) (include feder				9	00
• •	ain (loss) (include federal F				10	00
	i) (include detailed stateme				10	00
12 Add lines 1 through		ing in the second se	This is your total fede	ral income or loss		14234 00
-		ction Items – Montana Sou	the second se			14234 00
	eduction (include federal Fe		13a	150 00		
13b Contributions			13b	00		
13c Investment in	orost ovnonso		13c	00		
	(2) expenditures (include de	atailed statement)	13d	00		
	ons (include detailed staten		13e	100 00		
	ugh 13e and enter result.	neny	This is your total fee			250 00
14 Subtract line 13 fro			This is your federal income			13984 00
	to the PTE's apportionable	activities	This is your rederarmeonie	noman sources.	15	13984 00
	ractions from the PTE's ap		16a	00		
	ere income (loss) from fede			00		
	ere income (loss) from disr		16b 16c	00		
	ortionable income (loss) fro		16d	00		
16 Add lines 16a throu 17 Add lines 14 and 1	5, then subtract line 16.	i nis is your d	eductions including nonapp		17	13984 00
		ivity or optor your apportionment fact			17	1330400
		ivity or enter your apportionment factor		v line 17	18	4000400
X 100% Mont			000 % Apportionment factor		10	13984 00
	source income received fr		100	0.0		
		dules K-1 issued to this entity)	19a 10⊳	00		
	source income from Sche		19b	00		
19c Nonapportion 19 Add lines 19a throu	able income allocated to Mo	,	19c	00		
		i nic ic the total nonan	portionable income (loss) so	urced to Montana	. 19	



Name Test S-corp 1 Inc	FEI	IN 20	333	333	3 3	3
Prepayments						
	you made estimated payments using the annualization method (See instructions)	21				0
22 2023 overpayment applied to 2024		22				0
23 Add lines 21 and 22.	Total prepaymen	n ts 23				0
Pass-through Entity Tax, Composite						
	tity 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' M		25				0
26 Flow-Through Payments Schedule, Column A, I		26				0
27 Subtract lines 23 and 26 from line 25.	Pass-through entity tax due or (overpayme					0
 Total composite tax from Schedule IV, Column H Flow-Through Payments Schedule, Column B, I 		28 29				0
30 Add lines 27 and 28, then subtract line 29.	Composite tax and pass-through entity tax due or (overpayme					0
31 Interest on underpayment of estimated tax (see		31				C
32 Total pass-through withholding from all owners' f		32			s	326 0
 33 PTE's tax liability resulting from an adjustment to 		33			L.	0200
34 Flow-Through Payments Schedule, Column C, I		34				C
35 Add lines 32 and 33, then subtract line 34.	Pass-through withholding and other partnership liability due or (overpayme				8	326 C
36 PTE information return late filing penalty		36			5	C 0
37 Add lines 30, 31, 35, and 36.	Total PTE taxes with interest and/or pena				8	26 0
Amended Return						
38 For amended returns only - previously issued re	funds	38				C
39 For amended returns only - payments made with		39				C
40 Add lines 37 and 38, then subtract line 39.		40			8	8 26 0
Penalty and Interest						
41 Late payment penalty		41				C
42 Interest		42				C
43 Add lines 40 through 42.	Total tax, penalties, and inter	rest. 43			8	8 26 0
Amount Owed or Refund						
44 If line 43 is more than zero, enter the amount he	re. This is the amount you o	owe. 44			8	326 0
45 If line 43 is less than zero, enter the amount here	e. This is your overpaym	ent. 45				0
46 Enter the amount from line 45 that you want app	vied to your 2025 tax	46				С
47 Subtract line 46 from line 45.	This is your refu	und. 47				0
Direct Deposit Your Refund Cor	nplete 1, 2, and 3. (See instructions)					
1 Routing Number						
2 Account Number	Checking	Savin	igs			
REQUIRED – Signature, Paid Prep	account that is located outside of the United States or its territories. Darer, and Third-Party Designee e examined this return, including accompanying schedules and statements, and to	the best of	my know	ledae an	d belie	efitis
			,			.,
rue, correct, and complete. Officer					2 0	2
Officer		Date Signed	08	19	2 0	
Officer Signature x		Date Signed Phone	08			υL
Officer Signature x Printed Name Rebakah Cooper		•				0 1
Officer Signature x		•	406	623	02	
Officer Signature x Printed Name Rebakah Cooper Tax Preparer		Phone Date Signed	406	623 19	02 20	2
Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature	[Phone Date Signed Phone	406 08	623 19 985	02 20 16	2 73
Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce ➤ Mark this box if you allow the DOR to discuss	[Phone Date Signed Phone	406 08 639	623 19 985	02 20 16	2 73
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	E this tax return with your tax preparer.	Phone Date Signed Phone	406 08 639 P84	623 19 985 423	02 20 16 59	2 73 75
Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce ➤ Mark this box if you allow the DOR to discuss Tax Preparation Firm Firm Name Provost Guard	E this tax return with your tax preparer.	Phone Date Signed Phone PTIN	406 08 639 P84	623 19 985 423	02 20 16 59	2 73 75
Officer Signature x Printed Name Rebakah Cooper Tax Preparer Signature Print Name Tamora Pierce ➤ Mark this box if you allow the DOR to discuss Tax Preparation Firm Firm Name Provost Guard	E this tax return with your tax preparer.	Phone Date Signed Phone PTIN	406 08 639 P84	623 19 985 423	02 20 16 59	2 73 75
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 Tax Preparation Firm Firm Name Provost Guard Mailing Address 2 Jane Street City Corus	this tax return with your tax preparer. Fir	Phone Date Signed Phone PTIN rm's FEIN	4 0 6 0 8 6 3 9 P 8 4 1 2 7	623 19 985 423 724	02 20 16 59 32	2 73 75
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 Tax Preparation Firm Firm Name Provost Guard Mailing Address 2 Jane Street City Corus	this tax return with your tax preparer. Fir State NY ZIP 106112009	Phone Date Signed Phone PTIN rm's FEIN	4 0 6 0 8 6 3 9 P 8 4 1 2 5	623 19 985 423 724	0 2 2 0 1 6 5 9 3 2 ns)	2 73 75
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 Tax Preparation Firm Fim Name Provost Guard Mailing Address 2 Jane Street City Corus Pass-Through Entity Tax Authoriz	this tax return with your tax preparer. Fir State NY ZIP 106112009 zed Representative: Required if making a PTET Elect	Phone Date Signed Phone PTIN rm's FEIN	4 0 6 0 8 6 3 9 P 8 4 1 2 7 e instr Telepho	6 2 3 1 9 9 8 5 4 2 3 7 2 4 ructio	0 2 2 0 1 6 5 9 3 2 ns)	2 73 75 49



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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 instructio	ns)	Scl	hedules 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



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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				and the second	FEIN	203333333
		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	17000 00	17000 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	13984 00	13984 00



	(PTE)		2024v1 5/2024
EVENUE Owne	r's Share of Income (Loss	•	edits. etc.	
	4, or tax year beginning			2 4
rk applicable boxes: Amended Schedule K-1	X Final Schedule K-1			
art I. Pass-through Entity Information				
ame Test S-corp 1 Inc			FEIN 2	0333333
ailing Address 246 Nipcopper Close	Ctoto NI V ZID Cod	e 10001		
ty New York I rt II. Owner Information	State N Y ZIP Cod	e 10001		
ame Owner One			FEIN	
alling Address 1 Court Street				0000000
ly Dancing Dove	State N Y ZIP Cod	e 14616	Beneficial Owner FEIN	
y ballering bove		6 14010	or SSN	
ner Type I Resident	× Nonresident			
Special Allocations (See instructions)			Profit and loss percentage	50.0000
The owner is included in a PTET election			Capital/Ownership	50.0000
Resident owner PTET election (See instructions)			Capital Children	5010000
The owner is included in a composite income tax retu	Im			
			Α	В
rt III. Montana Adjustments (See workshe	et on page 9)	Eve		Montana
Additions		1	00	00
Subtractions		2	00	00
rt IV. Distributive Share of Montana Sou	rce Income (Loss)			
Ordinary business income (loss)		1	8500 00	8500 00
Net rental real estate income (loss)		2	-2500 00	-250000
Other net rental income (loss)		3	-1500 00	-1500 00
Guaranteed payments: services		4a	00	00
Guaranteed payments: capital		4b	00	0 0
Interestincome		5	00	00
Ordinary dividends		6	12500	125 00
Royalties		7	249200	249200
Net short-term capital gain (loss)		8	00	00
Net long-term capital gain (loss)		9	00	00
Net section 1231 gain (loss)		10	00	00
Other income (loss) (include detailed statement)		11	00	00
Section 179 expense deduction		12	75 00	75 00
Other expense deductions		13	50 00	50 00
Total distributive share (See instructions)		14	6992 00	6992 00
rt V. Supplemental Information				
The owner filed Form PT-AGR Year	The owner i	s a Domestic 2nd tier P	Ϋ́E	
PTET paid on behalf of owner. (See instructions)			1	00
Montana composite income tax paid on behalf of owner			2	00
Montana income tax withheld on behalf of owner. (See i			3a	413 00
Montana income tax withheld by a lower tier pass-throug			3b	00
Add lines 3a and 3b.	This is your total Mont	ana income tax withh		413 00
Montana mineral royalty tax withheld		-	4	00
Other information. List type	and amount	5	00	00
rt VI. Tax Credits				
Code	Credit Authorization Nur	nber	Amo	unt of Credit
				00
		- 1	D-+0 (0 ' + '')	00
rt VII. Montana Adjustments Detail: Enter				
Code 00	2 Code 5 Code	00 00		00
Code 00		()()	D 1000	00

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24TT1201

MONT REVENUE

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

Name Test S-corp 1 Inc			FEIN 2 (3333333
Mailing Address 24 6Nipcopper Close				
City New York	State N Y ZIP Code	10001		
Part II. Owner Information				
Name Owner Two			FEIN	
Mailing Address 1 Court Street			or SSN 3 C	0000002
City Rochester	State N Y ZIP Code	14616	neficial Owner FEIN or SSN	
Dwner Type I Resident	× Nonresident			
Special Allocations (See instructions)			Profit and loss percentage	50.0000
The owner is included in a PTET election			Capital/Ownership	50.0000
Resident owner PTET election (See instructions)				
The owner is included in a composite income tax retur	n			
		A		В
Part III. Montana Adjustments (See workshee	et on page 9)	Everyw		Iontana
1 Additions		1	00	00
2 Subtractions		2	00	00
Part IV. Distributive Share of Montana Source	ce Income (Loss)		0500.00	0500.00
1 Ordinary business income (loss)		1	8500 00	8500 00
2 Net rental real estate income (loss)		2	-250000	-2500 00
3 Other net rental income (loss)		3	-150000	-1500 00
4a Guaranteed payments: services		4a	00	00
4b Guaranteed payments: capital		4b	00	00
5 Interest income		5	00	00
6 Ordinary dividends		6	125 00	125 00
7 Royalties		7	24 9200	2492 00
8 Net short-term capital gain (loss)		8	00	0 0
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	6992 00	6992 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	413 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	413 00
3b Montana income tax withheld by a lower tier pass-through			3b	00
3c Add lines 3a and 3b.	This is your total Monta	na income tax withheld o		00
4 Montana mineral royalty tax withheld		_	4	00
5 Other information. List type	and amount	5	00	00
art VI. Tax Credits		100 m 100	12.7	
	Credit Authorization Num	iber	Amou	int of Credit
1				00
2				00
art VII. Montana Adjustments Detail: Enter th				and solutions
1 Code 00	2 Code	00	3 Code	00
4 Code 00	5 Code	00	6 Code	00

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 Schedule K		DREs	Nonapportionabl	-	Apportionment factor	Income
		Federal Sciis K-1	DRES				
		()		e income	Income	from Sch I, Line 5	apportioned to
					(A - B - C - D)		MT (E x F)
1 Ordinary buiness income (loss)	\$ 17,000		\$	S	\$ 17,000	100.0000%	\$ 17,000
2 Net rental real estate income (loss)	\$ (5,000)		\$ -		\$ (5,000)	100.0000%	\$ (5,000)
3 Other net rental income (loss)	\$ (3,000)		\$ -		\$ (3,000)	100.0000%	\$ (3,000)
4a Guaranteed Payments - Services	\$ -					100.0000%	\$ -
4b Guaranteed Payments - Capital	\$ -		\$ -		\$ -	100.0000%	\$ -
5 Interest income	\$ -		\$ -		\$ -	100.0000%	\$ -
6 Ordinary dividends	\$ 250		\$ -		\$ 250	100.0000%	\$ 250
7 Royalties	\$ 4,984		\$ -		\$ 4,984	100.0000%	\$ 4,984
8 Net short-term capital gain (loss)	\$ -		\$ -		\$ -	100.0000%	\$ -
9 Net long-term capital gain (loss)	\$ -		\$ -		\$ -	100.0000%	\$ -
10 Net §1231 gain (loss)	\$ -		\$ -		\$ -	100.0000%	\$ -
11 Other income (loss)	\$ -		\$ -		\$ -	100.0000%	\$ -
12 §179 expense deduction							
apportionable and/or allocable to MT	\$ 150		\$ -		\$ 150	100.0000%	\$ 150
13 Other expense deductions							
apportionable and/or allocable to MT	\$ 100		\$ -		\$ 100	100.0000%	\$ 100
14 Total	\$ 13,984		\$ -		\$ 13,984	100.0000%	\$ 13,984

Change Log

V4

• Anything prior to V5 was pre-release to Vendors

V5 -

• Case 1, Schedule IV Owner 7 Column C, Typo on value

V6 -

- Case 2, Schedule IV, Part III. Line 2 changed value from 5750 to 2013. This creates calculation change on Part III. Line 3 and Line 4.
 - Results in change on Page 2, And on K-1 Part V, Line 2 for affected owner

V7

- Updated Case 1 Narrative section
- Updated Case 1, Montana Adjustments Worksheet updated Credit Code on the subtraction from SL to SK
- Case 1, Updated all Montana Schedules K-1, Part VII from subtraction code SL to SK
- Case 1, Added Codes to Owners Twenty-four, Twenty-five and Twenty-six Part VII
- Case 2, Schedule IV, Part III, Line 3 value changed from 180697 to 180696
- Case 2, Schedule IV, Part III, Line 4 value changed from 0.358241 to 0.358240
- Case 2, Owner 2, Schedule K-1, Part III, Column B, Line 1 Value changed from 1606 to 1607
- Case 2, Owner 2, Schedule K-1, Part IV, Line 14 value changed from 54813 to 54814
- Case 2, Owner 2, Schedule K-1, Part VII, subtraction value changed from 1606 to 1607

Change Log Cont.

V8

Test Case 1

- Case 1, Page 2, Line 31 value changed from 136946 to 136947
- Case 1, Page 2, Line 37 value changed from 6140563 to 6140564
- Case 1, Page 2, Line 40 value changed from 6140563 to 6140564
- Case 1, Page 2, Line 43 value changed from 6140563 to 6140564
- Case 1, Page 2, Line 43 value changed from 6140563 to 6140564
- Case 1, EST-PTI, Part III, Line 15 Value changed from 136946 to 136947
- Case 1, K-1 Owner Eleven, Part IV, Column B, Line 14 value changed from 4504990 to 4504996

Test Case 2

- Case 2, Page 1, Federal Business Code/NAICS changed to 541190
- Case 2, Page 1, updated City and Zip Code
- Case 2, K-1 Owners Four and Five, Part II, Special Allocation checkbox updated to marked true X
- · Case 2, K-1 Owner One updated Part I and Part II, City and Zip Code
- Case 2, K-1 Owner Two updated Part I, City and Zip Code
- Case 2, K-1 Owner Three updated Part I and Part II, City and Zip Code
- · Case 2, K-1 Owner Four updated Part I and Part II, City and Zip Code

Test Case 3

- Case 3, Page 1, Federal Business Code/NAICS changed to 333200
- Case 3, Page 1, Updated, City and Zipcode
- Case 3, Page 1, Line 1 value changed from 5000 to 17000
- Case 3, Page 1, Line 12 value changed from 2234 to 14234
- Case 3, Page 1, Line 14 value changed from 1984 to 13984
- Case 3, Page 1, Line 17 value changed from 1984 to 13984
- Case 3, Page 1, Line 18 value changed from 1984 to 13984
- Case 3, Page 1, Line 20 value changed from 1984 to 13984
- Case 3, Page 2, Line 32 value changed from 0 to 826
- Case 3, Page 2, Line 35 value changed from 0 to 826
- Case 3, Page 2, Line 37 value changed from 0 to 826
- Case 3, Page 2, Line 40 value changed from 0 to 826
- Case 3, Page 2, Line 43 value changed from 0 to 826
- Case 3, Page 2, Line 44 value changed from 0 to 826
- · Case 3, K-1 Owner One updated Part I and Part II, City and Zip Code
- · Case 3, K-1 Owner Two updated Part I and Part II, City and Zip Code
- Case 3, MTSI, Line 1 Columns D and E changed from 5000 to 17000
- Case 3, MTSI, Line 14 Columns D and E changed from 1984 to 13984
- · Case 3, K-1 owners 1 and 2, Part IV, Line 1, Columns A and B changed from 2500 to 8500
- Case 3, K-1 owners 1 and 2, Part IV, line 14, Columns A and B changed from 992 to 6992
- Case 3, K-1 owners 1 and 2, Part V, lines 3a and 3c changed from 0 to 413

Change Log Cont.

V9

• Case 3, Montana Source Income Schedule, Column D, Line 14 updated to 13984