



2024 Montana Pass-Through Entity Tax Return

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

Partnership S corporation

Form PTE

2024v1

5/2024

For calendar year 2024 or tax year beginning and ending

Mark all that apply:	Name	FEIN	<input type="text"/>
<input type="checkbox"/>	Initial return	Federal Business Code/NAICS	<input type="text"/>
<input type="checkbox"/>	Final return	Mailing Address	MT Secretary of State ID # <input type="text"/>
<input type="checkbox"/>	Amended return	Date of Registration in Montana	<input type="text" value="MMDDYYYY"/>
<input type="checkbox"/>	Refund return	City	State ZIP Code + 4
<input type="checkbox"/>	PTP	State formed in	on <input type="text" value="MMDDYYYY"/>
<input type="checkbox"/>	PTET		
<input type="checkbox"/>	Resident PTET	Enter Number of:	Schedules K-1 Included <input type="text"/> Nonresident Owners <input type="text"/> Schedules DE Included <input type="text"/>
			Resident Owners <input type="text"/> Other Types of Owners <input type="text"/> Schedules K-1 Received <input type="text"/>

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

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

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

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



24TT0101

Name [] FEIN []

Prepayments

Table with 3 columns: Description, Line Number, Amount. Rows include 2024 payments, 2023 overpayment, and Total prepayments.

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

Table with 3 columns: Description, Line Number, Amount. Rows include Total taxable income, Total pass-through entity tax, Composite tax, and Total PTE taxes.

Amended Return

Table with 3 columns: Description, Line Number, Amount. Rows include For amended returns only - previously issued refunds and For amended returns only - payments made with original return.

Penalty and Interest

Table with 3 columns: Description, Line Number, Amount. Rows include Late payment penalty, Interest, and Total tax, penalties, and interest.

Amount Owed or Refund

Table with 3 columns: Description, Line Number, Amount. Rows include If line 43 is more than zero, If line 43 is less than zero, and This is your refund.

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

Form with fields for Routing Number, Account Number, and checkboxes for Checking and Savings.

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

Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Officer

Form with fields for Signature, Printed Name, Date Signed, and Phone.

Tax Preparer

Form with fields for Signature, Print Name, Date Signed, Phone, and PTIN.

Tax Preparation Firm

Form with fields for Firm Name, Mailing Address, City, State, ZIP, and Firm's FEIN.

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

Form with fields for Name, Title, Telephone Number, and Email.



24TT0201



2024 Montana Form PTE – Flow-Through Payments Schedule

2024v1
5/2024

Name FEIN

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			00	00	00
2			00	00	00
3			00	00	00
4			00	00	00
5 Totals			00	00	00

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

		Schedules K-1 subject to:		
		A Pass-Through Entity Tax	B Composite Tax	C Other
1	Sum of profit and loss percentage of all MT Schedules K-1 subject to applicable Column(s) A, B, and C	1	%	%
2	Multiply total in Part I, Column A by percentage on line 1 for each Column	2	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
5	Multiply total in Part I, Column B by percentage on line 1 for each Column	5	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
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
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
12	Add lines 4, 7, 8, and 11 in each Column. Total payments the PTE can claim as a credit.	12	00	00



24TT0301



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

2024v1
5/2024

Name		A	B	C
Enter amounts in Columns A and B. Enter percentages in Column C.		Everywhere	Montana	Factor
1 Property Factor: Use average value for real and tangible personal property				
1a Land	1a	00		00
1b Buildings	1b	00		00
1c Machinery	1c	00		00
1d Equipment	1d	00		00
1e Furniture and fixtures	1e	00		00
1f Leases and leased property	1f	00		00
1g Inventories	1g	00		00
1h Depletable assets	1h	00		00
1i Supplies and other	1i	00		00
1j Multiply amount of rents by 8 and enter result	1j	00		00
1k Total Property Value. add lines 1a through 1j	1k	00		00
Divide the total in Column B by the total in Column A. Multiply the result by 100.		This is your property factor. 1 <input style="width: 50px;" type="text"/> %		
2 Payroll Factor:				
2a Compensation of officers	2a	00		00
2b Salaries and wages	2b	00		00
Payroll included in:				
2c Costs of goods sold	2c	00		00
2d Other expenses and deductions	2d	00		00
2e Total Property Value. Add lines 2a through 2d.	2e	00		00
Divide the total in Column B by the total in Column A. Multiply the result by 100.		This is your payroll factor. 2 <input style="width: 50px;" type="text"/> %		
3 Gross Receipts Factor:				
3a Gross Receipts, less returns and allowances	3a	00		
3b Receipts delivered or shipped to Montana purchasers:				
(1) Shipped from outside Montana		3b(1)	<input style="width: 50px;" type="text"/>	00
(2) Shipped from within Montana		3b(2)	<input style="width: 50px;" type="text"/>	00
3c Receipts shipped from Montana to:				
(1) United States government		3c(1)	<input style="width: 50px;" type="text"/>	00
(2) Purchasers in a state where the taxpayer is not taxable		3c(2)	<input style="width: 50px;" type="text"/>	00
3d Receipts other than receipts of tangible personal property (e.g., service income)		3d	<input style="width: 50px;" type="text"/>	00
3e Net gains reported on federal Schedule D and Form 4797	3e	00		00
3f Other gross receipts (rents, royalties, interest, etc.)	3f	00		00
3g Total Receipts Value. Add lines 3a through 3f.	3g	00		00
Divide the total in Column B by the total in Column A. Multiply the result by 100.		This is your receipts factor. 3 <input style="width: 50px;" type="text"/> %		
4 Enter the amount reported on line 3				4 <input style="width: 50px;" type="text"/> %
5 Add the percentages from lines 1, 2, 3, and 4 in Column C.		This is the sum of your factors. 5 <input style="width: 50px;" type="text"/> %		
6 Divide the total percentage from line 5, Column C, by the number of factors that can be included in the calculation.		This is your apportionment factor. 6 <input style="width: 50px;" type="text"/> %		
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).				



24TT0401



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

2024v1
5/2024

Name FEIN

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

	A	B	C
	Credit Code	Credit Authorization Number	Amount of Credit
1	<input type="text"/>	<input type="text"/>	<input type="text"/> 00
2	<input type="text"/>	<input type="text"/>	<input type="text"/> 00
3	<input type="text"/>	<input type="text"/>	<input type="text"/> 00
4	<input type="text"/>	<input type="text"/>	<input type="text"/> 00
5	<input type="text"/>	<input type="text"/>	<input type="text"/> 00



24TT0501



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

2024v1
5/2024

Name FEIN

Part I. Eligible Participating Owners

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

Part II. Adjusted Federal Income

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

Part III. Composite Tax Ratio

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

Part IV. Composite Tax

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

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



24TT0601



2024 Montana Form PTE Schedule VI – Reporting of Special Transactions

2024v1 5/2024

Name [] FEIN []

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

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

Complete this section if the PTE is a partnership.

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

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

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

Table with 3 columns: A Name, B FEIN, C Amount of Payment. Includes a grid for recording payments.



24TT0701



2024 Montana Form PTE Schedule VII – List of Disregarded Entities

2024v1
5/2024

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



24TT0801



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

2024v1
5/2024

Name FEIN

File this schedule for all disregarded entities that must report Montana source income.
Do not file this schedule for disregarded entities that only receive flow-through income or are considered segments. (See instructions.)
Complete the Everywhere Column first. If the income reported on line 17 includes apportionable income, then mark the box and calculate the apportionment factor.
Use the apportionment factor to calculate your Montana source income. If line 17 includes nonapportionable income, report it on the applicable line in the Montana Column.

Disregarded Entity Name

Disregarded Entity FEIN

Business Income and Deductions

		A Everywhere	B Montana
1a Gross income	1a	00	
1b Returns and allowances	1b	00	
1c Balance. Subtract line 1b from line 1a.	1c	00	
1d Cost of goods sold (provide statement)	1d	00	
1e Gross profit. Subtract line 1d from line 1c.	1e	00	
1f Other income including gains (provide statement)	1f	00	
1g Add lines 1e and 1f. This is your total income.	1g	00	
1h Wages	1h	00	
1i Rent	1i	00	
1j Other deductions (provide statement)	1j	00	
1k Add lines 1h through 1j. This is your total deductions.	1k	00	
1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	00	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	00	00
15 Montana additions to income	15	00	00
16 Montana subtractions from income	16	00	00
17 Add lines 14 and 15, then subtract line 16.	17	00	00

Mark this box if some income is apportionable.

Apportionment Factor

1a Everywhere property	1a	00	
1b Montana property	1b		00
1 Divide line 1b by line 1a. This is your Property factor.	1		%
2a Everywhere payroll	2a	00	
2b Montana payroll	2b		00
2 Divide line 2b by line 2a. This is your Payroll factor.	2		%
3a Everywhere receipts	3a	00	
3b Montana receipts	3b		00
3 Divide line 3b by line 3a. This is your Receipts factor.	3		%
4 Enter the amount reported on line 3	4		%
5 Add the percentages from lines 1, 2, 3, and 4. This is the sum of your factors.	5		%
6 Divide the total percentage from line 5 by the number of factors that can be included in the calculation. If a property, payroll, or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the "Everywhere" Column. This is your Apportionment factor.	6		%



24TT0901



2024 Montana Form PTE – Montana Adjustments Worksheet

2024v1
5/2024

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



24TT1001



2024 Montana Form PTE – Montana Source Income Schedule

2024v1
5/2024

								FEIN		
Name		A	B	C	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	00	00	00	00			00	00	
2 Net rental real estate income (loss)	2	00	00	00	00			00	00	
3 Other net rental income (loss)	3	00	00	00	00			00	00	
4a Guaranteed payments: services	4a	00	00	00	00			00	00	
4b Guaranteed payments: capital	4b	00	00	00	00			00	00	
5 Interest income	5	00	00	00	00			00	00	
6 Ordinary dividends	6	00	00	00	00			00	00	
7 Royalties	7	00	00	00	00			00	00	
8 Net short-term capital gain (loss)	8	00	00	00	00			00	00	
9 Net long-term capital gain (loss)	9	00	00	00	00			00	00	
10 Net §1231 gain (loss)	10	00	00	00	00			00	00	
11 Other income (loss).	11	00	00	00	00			00	00	
12 §179 expense deduction apportionable and/or allocable to Montana	12	00	00	00	00			00	00	
13 Other expense deductions apportionable and/or allocable to Montana	13	00	00	00	00			00	00	
14 Total Montana Source Income	14	00	00	00	00			00	00	



24TT1101



Montana Schedule K-1 (PTE)

2024v1
5/2024

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

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

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

Part I. Pass-through Entity Information

Name FEIN

Mailing Address

City State ZIP Code

Part II. Owner Information

Name FEIN

Mailing Address or SSN

City State ZIP Code Beneficial Owner FEIN or SSN

Owner Type Resident Nonresident

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

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

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

1 Ordinary business income (loss)	1	00		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	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)	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	00		00
14 Total distributive share (See instructions)	14	00		00

Part V. Supplemental Information

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

1 PTET paid on behalf of owner. (See instructions) 1 00

2 Montana composite income tax paid on behalf of owner 2 00

3a Montana income tax withheld on behalf of owner. (See instructions) 3a 00

3b Montana income tax withheld by a lower tier pass-through entity 3b 00

3c Add lines 3a and 3b. **This is your total Montana income tax withheld on your behalf.** 3c 00

4 Montana mineral royalty tax withheld 4 00

5 Other information. List type and amount 5 00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

1 Code <input type="text"/>	00	2 Code <input type="text"/>	00	3 Code <input type="text"/>	00
4 Code <input type="text"/>	00	5 Code <input type="text"/>	00	6 Code <input type="text"/>	00



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