

2025 Montana Income Tax Return for Estates and Trusts Form FID-3

Include a complete copy of the federal Form 1041 and all related forms and schedules.

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5/2025

For the year Jan 1 – Dec 31, 2025, or the tax year beginning and ending **FEIN** Name of Estate or Trust Mark all that apply. Initial return **Date Entity Created** Final return Name and Title of Fiduciary Enter number of: Amended return Schedules K-1 included Refund return Current mailing address Estate or filing Resident beneficiaries State ZIP Code + 4 Nonresident beneficiaries trust made a City Other types of beneficiaries Section 645 election Entity Type, Mark all that apply Residency Status Decedent's Estate Pooled income fund Resident Resident part-year Qualified disability trust Nonresident State moved to Simple trust Grantor type trust Complex trust Bankruptcy estate (Ch. 7) Qualified funeral trust State moved from **QSST** Bankruptcy estate (Ch. 11) Other Date of change Taxable Income 1 Federal adjusted total income or (loss) from Form 1041, line 17 00 1 2 2 Montana adjustments to federal total income from Schedule I, Column A, Line 3 00 3a Federal tentative Income Distribution Deduction based on Distributable Net Income from Form 1041, Schedule B, Line 14 00 За 3b Montana adjustments to Distributable Net Income from Schedule I, Column B, Line 3 3b 00 3c Net tax-exempt income included on line 3b 3с 00 3 Add lines 3a and 3b. Then subtract line 3c. This is your Montana Income Distribution Deduction based on Distributable Net Income. 3 00 4a Federal tentative Income Distribution Deduction based on distribution requirements from Form 1041, Schedule B. Line 13 4a 00 4b Montana adjustments to Income Distribution Deduction from Schedule I, Column C, Line 3 4b 00 4c Net tax-exempt income included on line 4b 00 4c 4 Add lines 4a and 4b. Then subtract line 4c. This is your Montana Income Distribution Deduction based on requirements. 4 00 5 Enter the lesser of line 3 or line 4. This is your Montana Income Distribution Deduction 00 6 Montana estate or generation skipping transfer tax deduction Mark the box if this deduction is different for Montana tax purposes 6 00 7 Add lines 1 and 2. Then subtract lines 5 and 6.

This is your Fiduciary Montana Adjusted Total Income. 7

This is your Fiduciary Montana taxable income. 9

8 Federal exemption from Form 1041, line 21

9 Subtract line 8 from line 7.

Name	FEIN	I	
Credits and Payments			
10a Total Montana income tax withheld. Include federal			
Forms W-2 and 1099.		00	
10b Montana income tax withheld allocated to beneficiaries	10b	00	
10 Subtract line 10b from line 10a.		- 40	0.0
This is the Montana income tax withheld allo	ocated to the trust or estate	9. 10	00
11a Total Montana pass-through entity withholding from	110	00	
Montana Schedules K-1 (PTE), Part V, line 3c	11a	J	
11b Montana pass-through entity withholding allocated to beneficiaries	11b	00	
11 Subtract line 11b from line 11a.	TID	70	
This is the Montana pass-through entity withholding a	allocated to the estate or true	+ 11	00
12a Total Montana mineral royalty tax withheld from	inocated to the estate of trus	L. 11	00
federal Forms 1099 or Montana Schedules K-1 (PTE),			
Part V, line 4		00	
12b Mineral royalty tax withheld allocated to beneficiaries		00	
12 Subtract line 12b from line 12a.	120	, ,	
This is the mineral royalty tax withheld allo	ocated to the estate or trus	t 12	00
13a Total Montana pass-through entity tax from Montana	ocated to the coluce of that	u 12	0 0
Schedules K-1 (PTE), Part V, line 1	13a (00	
13b Pass-through entity tax allocated to beneficiaries		00	
13 Subtract line 13b from line 13a.		•	
This is the pass-through entity tax allo	ocated to the estate or trus	t. 13	00
14 2025 estimated tax payments		14	00
15 Overpayment applied from 2024 return		15	00
16 Extension payments		16	00
17 If filing an amended return, payments made with original ret	turn	17	00
18 Unlocking public lands credit		18	00
19 If filing an amended return, enter overpayments already refu	unded or applied to 2026.	19	00
20 Add lines 10 through 18, then subtract line 19.	• •		
This is your total payme	ents and refundable credits	s. 20	00
21 Tax liability from page 3, line 19		21	00
22 If line 20 is less than line 21, subtract line 20 from line 21.	This is your tax due	e. 22	00
23 If line 20 is more than line 21, subtract line 21 from line 20.	This is your tax overpaid	d. 23	00
24 Interest on underpayment of estimated taxes (See instruction	ons)	24	00
25 Late filing and late payment penalties and interest (See inst	ructions)	25	00
26 Other penalties (See instructions)		26	00
	total penalties and interes	t. 27	00
28 If line 22 is more than zero, add lines 22 and 27.			
Or, if line 23 is more than zero and less than line 27, subtract li			
	tax the estate or trust owes	s. 28	00
29 If line 23 is more than zero, and greater than line 27, subtra			
	This is your overpaymen	t. 29	00
Why not e-pay? See your opt		/ENILIE	
If writing a check, make it payable to MONT			0.0
30 Enter the amount from line 29 that the estate or trust wants ap	•		0.0
31 Subtract line 30 from line 29.	This is your refund	J. 31	00



1 Total Montana taxable income from page 1, line 9 2 Enter your net long-term capital gains (See instructions) 3 Enter the lesser of line 1 or line 2 3 Schier the lesser of line 1 or line 2 4 Subtract line 3 from line 1 5 Net long-term capital gain fiduciary bracket 5 Subtract line 4 from line 5. If zero or less, enter zero 6 Subtract line 4 from line 5. If zero or less, enter zero 7 Enter the lesser of line 3 or line 6 7 Multiply line 7 by 3% (0.03) 9 Subtract line 6 from line 3. If zero or less, enter zero 9 00 10 Multiply line 9 by 4.1% (0.041) 11 Add lines 8 and 10. This is your Montana net long-term capital gains tax. 11 12 Figure your tax on the amount on line 4 using the Montana Ordinary Income Tax Table. This is your Montana ordinary income tax. 12 13 Residents add lines 11 and 12. Nonresidents and part-year residents report the tax from Schedule II, Column B, line 18 here. This is your Montana income tax liability before nonrefundable credits. 13 14 Credit for income taxes paid to another state or country (See instructions) 15 Other nonrefundable tax credits. Enter name and identifying number (See instructions) 16 Add lines 14 and 15, then subtract from 13. This is your income tax after nonrefundable credits. 16 17 Lump-sum and recapture taxes (See instructions) 18 ESBT Tax Llability from Schedule IV, line 25 19 Add lines 16, 17, and 18. This is your total tax liability. 19 Direct Deposit Your Refund Complete 1, 2, and 3. (See instructions) 1 Routing Number 2 Account Number 3 Mark this box if this refund is going to an account that is located outside of the United States or its territories. REQUIRED — Signature, Paid Preparer, and Third-Party Designee Under penalties of false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.	Name	FEIN		
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Account Number	Direct Deposit Your Refund Complete 1, 2, and 3. (See instructions)		
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Phone Tax Preparer Signature Print Name Phone	Under penalties of false swearing, I declare that I have examined	this return, including accomp	ee panying schedules and	
Signature Date Print Name Phone	Signature ^X			
Signature Date Print Name Phone	Tay Proparer			
Print Name Phone			Date	





2025 Montana Form FID-3 Schedule I – Adjustments to Everywhere Income and Montana Source Income

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		FEIN		
	Α	В	С	
	Net Adjustments to	Adjustments to Distributable	Adjustments to	
	Federal Income	Net Income	Actual Distribution	
1	00	00	00	
2	00	00	00	
3	00	00	00	
4	00	00	00	
5	00	00	00	
6	00	00	00	
	3 4 5	Net Adjustments to Federal Income 1 00 2 00 3 00 4 00 5 00	A Net Adjustments to Federal Income 1 00 00 2 00 3 00 4 00 5 00 00 00 00 00 00 00 00 00 00 00 00 00	

2025 Montana Form FID-3 Schedule II – Tax on Montana Source Income

Name		FEIN			
		Α	В		
		Montana Everywhere Income of the Fiduciary	Montana Source Income of the Fiduciary		
1 Interest income	1	00	00		
2 Ordinary dividends	2	00	00		
3 Net short-term capital gains	3	00	00		
4 Unrecaptured section 1250 gains	4	00	00		
5 Other portfolio and nonbusiness income	5	00	00		
6 Ordinary business income	6	00	00		
7 Net rental real estate income	7	00	00		
8 Other rental income	8	00	00		
9 Montana source adjustments to income (See instructions)	9	00	00		
10 Add lines 1 through 9.					
This is your Total Ordinary Income for Montana.	10	00	00		
11 Divide Column B, line 10 by Column A, line 10.					
This is your Montana sou	rce d	ordinary income ratio. 1	1		
12 Montana ordinary income tax from page 3, line 12 (See instru	uction	ns) 1	2 00		
13 Multiply line 11 by line 12. This is your Montana so	ource	ordinary income tax. 1	3 00		
14 Net long-term capital gains (See instructions)	14	00	00		
15 Divide Column B, line 14 by Column A, line 14.					
This is your Montana source net lor	ng-te	rm capital gains ratio. 1	5		
16 Montana net long-term capital gains tax from page 3, line 11	6 00				
17 Multiply line 15 by line 16. This is your Montana source net	•	7 00			
18 Add lines 13 and 17. Enter here and on page 3, line 13.	·				
	n Mo	ntana source income. 1	8 00		



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2025 Montana Form FID-3 Schedule III – Credit for Income Taxes Paid to Another State or Country

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	FEIN	
Montana Ordinary Income Tax		
1 Enter your income sourced and taxable to another state or country that is included in		
your Montana taxable income or in your Montana source income if a part-year resident,	4	0.0
excluding any net long-term capital gains. (See instructions)	1	00
2 Enter all income sourced and taxable to the other state or country.		0.0
Enter State's abbreviation:	2	00
3 Income sourced and taxable to Montana excluding your net long-term capital gains		
(See instructions)		
3a If a full-year resident, enter Form 1041, line 9,		
excluding your net long-term capital gains 3a 0	0	
3b If a full-year resident, enter expenses related to		
sourced and taxable income 3b 0	0	
Full-year residents subtract line 3b from line 3a.		
Part-year residents, enter Schedule II, Column A, line 10	3	00
4 Enter your total tax liability paid to the other state or country	4	00
5 Enter your Montana ordinary income tax (See instructions)	5	00
6 Divide line 1 by line 2. Round to 6 decimal places and do not enter more than 1.000000.	6	
7 Multiply line 4 by line 6	7	00
8 Divide line 1 by line 3. Round to 6 decimal places and do not enter more than 1.000000.	8	
9 Multiply line 5 by line 8	9	00
10 Enter the lesser of the amounts on lines 4, 7, or 9 here. This is your credit for income	e	
tax paid to another state or country for Montana ordinary income tax	. 10	00
Montana Net Long-Term Capital Gains Tax		
11 Enter your net long-term capital gain sourced and taxable to another state or country		
that is included in your Montana taxable income or in your Montana source income if a		
part-year resident. (See instructions)	11	00
12 Enter all income sourced and taxable to the other state or country		
Enter state's abbreviation:	12	00
13 If a full-year resident, enter page 3, line 2.		
Part-year residents, enter Schedule II, Column A, line 14.	13	00
14 Enter your income tax liability paid to the other state or country (See instructions)	14	00
15 Enter your Montana net long-term capital gains tax (See instructions)	15	00
16 Divide line 11 by line 12. Round to 6 decimal places and do not enter more than 1.000000.	16	
17 Multiply line 14 by line 16	17	00
18 Divide line 11 by line 13. Round to 6 decimal places and do not enter more than 1.000000.	18	
19 Multiply line 15 by line 18	19	00
20 Enter the lesser of the amounts on lines 14, 17, or 19 here.		
This is your credit for income tax paid to another state or country for	r	
Montana net long-term capital gains tax		00
Total Credit for Income Taxes Paid to Another State or Country		
21 Add lines 10 and 20. Enter the total here and on page 3, line 14. If more than one Schedule III		
was completed, enter the total of all schedules.	21	00



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2025 Montana Form FID-3 Schedule IV – ESBT S Portion Income Tax Calculation

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Name	FEIN	
1 Total federal adjusted ESBT income (See instructions and include federal computation)	1	00
2 Montana additions to ESBT income (Include statement)	2	00
3 Montana subtractions from ESBT income (Include statement)	3	00
4 Add lines 1 and 2. Then subtract line 3. This is the S portion taxable income.	4	00
5 Enter your net long-term capital gains from the federal Schedules K-1 received	5	00
6 Enter the lesser of line 4 or line 5	6	00
7 Subtract line 6 from line 4. This is the S portion amount of ordinary income.	7	00
8 Subtract line 7 from \$21,100. If zero or less enter zero	8	00
9 Enter the lesser of line 6 or line 8	9	00
10 Multiply line 9 by 3% (0.03)	10	00
11 Subtract line 8 from line 6. If zero or less, enter zero	11	00
12 Multiply line 11 by 4.1% (0.041)	12	00
13 Add lines 10 and 12.		
This is your Montana net long-term capital gains tax if the trust is a resident.	13	00
14 Montana source net long-term capital gains from Montana Schedule K-1 (PTE),		
Column B, line 9	14	00
15 Nonresidents and part-year residents divide line 14 by line 5	15	
16 Multiply line 13 by line 15. This is your Montana net long-term capital gains tax		
if the trust is a nonresident or part -year resident.	16	00
17 Figure your tax on the amount on line 7 using the Montana Ordinary Income Tax Table.		
This is your Montana ordinary income tax if the trust is a resident.	17	00
18 Enter Montana Schedule K-1 (PTE), Column B, line 14	18	00
19 Subtract line 14 from line 18. If less than zero, enter zero.	19	00
20 Divide line 19 by line 7	20	
21 Multiply line 20 by line 17. This is your Montana ordinary income tax		
if the trust is a nonresident or part-year resident.	21	00
22 Residents add lines 13 and 17. Nonresidents and part-year residents add lines 16 and 21	22	00
23 Nonrefundable tax credits (See instructions)	23	00
24 Endowment Credit recapture tax	24	00
25 Add lines 22 and 24. Then subtract line 23. Enter here and on page 3, line 18.		
This is the total ESBT liability.	25	00



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Name

2025 Montana Form FID-3 Schedule V – Reporting of Special Transactions and Amended Return Information

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FEIN

Part I. Reporting of Special Transactions Complete this part only if the estate or trust filed any of the federal income tax forms described below. Mark the appropriate box indicating which form the estate or trust filed with the Internal Revenue Service for this tax year. 1 The estate or trust filed federal Form 8918 - Material Advisor Disclosure Statement with the Internal Yes Revenue Service. Material advisors are required to file Form 8918 for any reportable transactions. 2 The estate or trust filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service. Yes Note: Mark the box if the like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property. Use Form 8824 to report each exchange of business or investment property for property of a like kind. 3 The estate or trust filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Yes Partnerships with the Internal Revenue Service. Use Form 8865 to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest). 4 The estate or trust filed federal Form 8886 - Reportable Transaction Disclosure Statement with the Yes Internal Revenue Service. Use Form 8886 to disclose information for each reportable transaction in which the estate or trust participated. Part II. Amended Return Information Mark the appropriate box. In the table below, indicate the reasons for the changes you made to your Montana tax return. a NOL carryback Α В C b Federal audit Form or Schedule Line or Box Reason c Amended federal return d Filing status e Other





4 Code

Montana Schedule K-1 (FID-3) Beneficiary's Share of Income (Loss), Deductions, Credits, etc.

5/2025

For calendar year 2025 or tax year beginning

Part I. Estate or Trust II	ntormation						
Mark applicable boxes:	Final Schedule K-1	Amen	ided Schedule K-1				
Name of Estate or Trust					FEIN		
Fiduciary's Name							
Mailing Address							
City		State	ZIP Code				
Part II. Beneficiary Info	rmation						
Name					FEIN		
Mailing Address					or SSN		
City		State	ZIP Code				
What type of entity is this b	eneficiary?						
If beneficiary is an individual		neficiary is a: [t ∐Part-yea A	ar resident	☐ Nonres	ident
Part III. Montana Adjus	tments (See instruc	tions)		where		Montana	
1 Additions	anonto (oco mondo		1	00			00
2 Subtractions			2	00			0.0
Part IV. Beneficiary's S	hare of Montana So	ource Incor		0.0			0 0
1 Interest income	naro or montana o		1	00			00
2 Ordinary dividends			2	00			0.0
3 Net short-term capital	naine		3	00			00
4 Unrecaptured section	_		4	00			00
5 Other portfolio and no			5	00			00
6 Ordinary business inco			6	00			00
7 Net rental real estate i			7	00			00
8 Other rental income	ncome		8	00			00
	doductions		9	00			00
9 Directly apportionable			10	00			00
10 Net long-term capital of			10	00			00
Part V. Supplemental Ir		and 1000 (C	oo inatruationa)		1		0.0
1 Montana income tax w		,	,		1		00
2 Montana pass-through			eliciary		2 3		00
3 Mineral royalty tax with		eliciary			ა 4		00
4 Pass-through entity ta			_		•		
5 Other information. List	туре		а	and amount.	5		00
Part VI. Tax Credits	0	A 41	M		A		ı
Code	Credi	Authorization I	Number		Amo	ount of credit	
1							00
2					D (0 (0		0.0
Part VII. Montana Adjus			•		on Part 3. (S	ee instruction	,
1 Code	00 2 C d		00	3 Code			00
4 Code	00 5 C d	ode	0.0	6 Code			00

5 Code



6 Code

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