



MeF ATS Testing Instructions and Scenario Criteria

Pass-Through Entity Tax 2025

November 26, 2025

V1.2



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Introduction

The following pages include 3 ATS test scenarios and a list of the line items to be completed for each test scenario of the PTE. 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, except where specifically noted. Certain fields will not be provided on the test cases - indicated by a highlight - and a calculated value must be provided via your software. 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).**

The MT DOR test environment will be available to developers to submit returns for testing: reject codes, warning messages, communications, acknowledgements, or other development issues.

Testing Deadlines

Initial submissions for PTE testing must be received by end of day **December 16, 2025** and the testing completed by end of day **January 15, 2026**.

Warning Messages

MT DOR has implemented warning messages to be used during the ATS process in conjunction with reject codes. The warning messages are intended to assist in testing prior to sending your test submissions 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 for review.

Submitting ATS test cases

All reject codes and warning messages must be cleared. After the acceptance acknowledgment from MT DOR has been received for each test submission ID, send an email to DORMeFTest@mt.gov with the following information:

- ◆ Montana Form name (PTE - Montana Pass-Through Entity Return)
- ◆ Name of software company
- ◆ Name of software product
- ◆ State submission ids and ATS Test number for the id
- ◆ A pdf return 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.

Submitting ATS test (cont.)

MT DOR will not review any returns until we receive an email at DORMeFTest@mt.gov with all the required information submitted.

- Do not send more than one tax type per email.
- Limitation or exception documentation included with a submission, which does not match the LOI, will require an updated LOI.

Once MT DOR receives the email with the required information, your submission will be reviewed. Reviews can be expected to be completed within 5 - 7 business days.

When the review is complete and successful, DOR eServices will send an approval email to the contacts identified in the LOI.

If the review identifies corrections needed, MT DOR Testing Services will send the submitter a test summary document identifying the needed corrections.

- Make all corrections identified on the Test Summary prior to resubmission. Partial corrections will not be reviewed.
- Only resubmit tests that were identified as needing correction on the Test Summary.
- **Do not send your resubmission email until the all the warning messages and reject codes have been resolved and you have received an acceptance acknowledgment from MT DOR for each of the submission IDs.**

File Transfer Service

In some instances, emails with the test returns will not make it through to the DORMeFTest email box. If you're having trouble with emails, there is the option of sending your files securely through ePass Montana at transfer.mt.gov. Contact the MeF testing coordinator at DORMeFTest@mt.gov for more information.

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.

Case 1: Form PTE (Partnership)

Test Partnership 1 is filing an initial 2025 calendar-year return on March 15, 2026. The Company operates only in Montana with 100% of its gross receipts earned within Montana (see business rules for 100% Montana checkbox). The company's total Montana source income is \$711,540 and consists of both apportionable and non-apportionable income. The company has both composite tax and pass-through withholding owing, and the company has made 1 \$5000 payment. The company is receiving a pass-through Entity Tax (PTET) Credit of \$30,000 and a pass-through withholding credit of \$10,000.

The return ends in a refund position.

****Any field in the following case that is highlighted in Orange requires a calculated value****

Forms Required to be Provided by Vendors:

Montana:

- Apportionable Income Schedule
- Form PTE
- Flow-through Payment Schedule
- Schedule I
- Schedule IV
- Schedule VI
- Montana Adjustments Schedule
- Schedule MTSI
- Montana Schedules K-1

Federal:

- Form 1065
- Schedule K

Required Attachments:

- Example PDF attachment (PDF stating "Attachment Example")

Taxpayer Information: Test Partnership 1 LLC
225 North Roberts
Helena, MT 59601

FEIN:	20-1111111	Date Formed:	01/01/2018
State Formed in:	DE	Federal Business Code/NAICS:	452319
MT Secretary of State ID:	L5446082	Date registered in MT:	01/01/2020
Schedules DE Included:	0	Schedules K-1 Received:	2

Owners: 10 total owners consisting of 1 Resident Owners, 1 Nonresident Owners, and 8 Other Types of Owners of various types. Make note the pass-through withholding needing to be calculated indicated by the Orange highlighted fields are being decreased by the amount of Pass-through Entity Tax distributed. All Forms and attachments are required to be included in the PDF submission.



2025 Montana Pass-Through Entity Tax Return

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

Partnership ☒

S corporation ☐

Form PTE

2025v1

6/2025

For calendar year 2025 or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

Mark all that apply:

☒	Initial return	Name	Test Partnership 1 LLC	FEIN	2 0 1 1 1 1 1 1
☐	Final return	Mailing Address		Federal Business Code/NAICS	4 5 2 3 1 9
☐	Amended return	225 North Roberts		MT Secretary of State ID #	L 5 4 4 6 0 8 2
☒	Refund return	City	Helena	Date of Registration in Montana	0 1 0 1 2 0 2 0
☐	PTP	State	M T	State formed in	D E on 0 1 0 1 2 0 1 8
☐	PTET	ZIP Code + 4	5 9 6 0 1		
☐	Resident PTET	Enter Number of:	Schedules K-1 Included 1 0	Nonresident Owners 1	Schedules DE Included
			Resident Owners 1	Other Types of Owners 8	Schedules K-1 Received 2

☐ Mark this box if your sales are protected under Public Law 86-272

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

1	Ordinary business income (loss)	1	500000	00	
2	Net rental real estate income (loss) (include federal Form 8825)	2		00	
	3a Other gross rental income (loss)	3a	00	00	
	3b Expenses from other rental activities (include detailed statement)	3b	00	00	
3	Subtract line 3b from line 3a.	This is your other net rental income or loss.	3	00	
	4a Guaranteed payments: services	4a	00	00	
	4b Guaranteed payments: capital	4b	155540	00	
4	Add lines 4a and 4b.	This is your total guaranteed payments.	4	155540	00
5	Interest income	5	35000	00	
6	Ordinary dividends	6	50000	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	Other income (loss) (include detailed statement)	11	16500	00	
12	Add lines 1 through 11 and enter result.	This is your total federal income or loss.	12	757040	00

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	13b	25000	00	
13c	Investment interest expense	13c	10000	00	
13d	Section 59(e)(2) expenditures (include detailed statement)	13d	00	00	
13e	Other deductions (include detailed statement)	13e	5500	00	
13	Add lines 13a through 13e and enter result.	This is your total federal deductions.	13	40500	00
14	Subtract line 13 from line 12.	This is your federal income from all sources.	14	716540	00
15	Montana additions to the PTE's apportionable activities	15	37000	00	
16a	Montana subtractions from the PTE's apportionable activities	16a	42000	00	
16b	Total everywhere income (loss) from federal Schedules K-1	16b	222222	00	
16c	Total everywhere income (loss) from disregarded entities	16c	00	00	
16d	Other nonapportionable income (loss) from the PTE's own activities	16d	00	00	
16	Add lines 16a through 16d.	This is your deductions including nonapportionable income.	16	264222	00
17	Add lines 14 and 15, then subtract line 16	17	489318	00	
18	Mark the box that describes your business activity or enter your apportionment factor				
	☒ 100% Montana activity ☐ 0% Montana activity	100.0000 % Receipts factor x line 17	18	489318	00
19a	Total Montana source income (reported on MT Schedules K-1 issued to this entity)	19a	222222	00	
19b	Total Montana source income from Schedules VII	19b	00	00	
19c	Nonapportionable income allocated to Montana. (See instructions)	19c	00	00	
19	Add lines 19a through 19c.	This is the total nonapportionable income (loss) sourced to Montana.	19	222222	00
20	Add lines 18 and 19; enter result.	This is your total Montana source income.	20	711540	00



25TT0101

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1

Prepayments

21 2025 payments ☐ Mark this box if you made estimated payments using the annualization method (see instructions) 21 5 0 0 0 0 0
22 2024 overpayment applied to 2025 22 0 0
23 Add lines 21 and 22. Total prepayments 23 5 0 0 0 0 0

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

24 Total taxable income subject to pass-through entity tax from all owners' MT Schedules K-1, Part IV, line 14 (see instructions) 24 0 0
25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1 25 0 0
26 Flow-Through Payments Schedule, Column A, line 12 26 0 0
27 Subtract lines 23 and 26 from line 25. Pass-through entity tax due or (overpayment). 27 - 5 0 0 0 0 0
28 Total composite tax from Schedule IV, Column H 28 9 1 5 2 0 0
29 Flow-Through Payments Schedule, Column B, line 12 29 1 2 1 0 0 0
30 Add lines 27 and 28, then subtract line 29. Composite tax and pass-through entity tax due or (overpayment). 30 - 7 9 4 8 0 0
31 Interest on underpayment of estimated tax (see instructions) 31 0 0
32 Total pass-through withholding from all owners' MT Schedules K-1, Part V, line 3a 32 1 2 5 4 4 0 0
33 PTE's tax liability resulting from an adjustment to partnership income (see instructions) 33 0 0
34 Flow-Through Payments Schedule, Column C, line 12 34 1 6 9 5 0 0 0
35 Add lines 32 and 33, then subtract line 34. Pass-through withholding and other partnership liability due or (overpayment). 35 - 4 4 0 6 0 0
36 PTE information return late filing penalty 36 0 0
37 Add lines 30, 31, 35, and 36. Total PTE taxes with interest and/or penalty. 37 - 1 2 3 5 4 0 0

Amended Return

38 For amended returns only - previously issued refunds 38 0 0
39 For amended returns only - payments made with original return 39 0 0
40 Add lines 37 and 38, then subtract line 39. 40 - 1 2 3 5 4 0 0

Penalty and Interest

41 Late payment penalty 41 0 0
42 Interest 42 0 0
43 Add lines 40 through 42. Total tax, penalties, and interest. 43 - 1 2 3 5 4 0 0

Amount Owed or Refund

44 If line 43 is more than zero, enter the amount here. This is the amount you owe. 44 0 0
45 If line 43 is less than zero, enter the amount here. This is your overpayment. 45 1 2 3 5 4 0 0
46 Enter the amount from line 45 that you want applied to your 2026 tax 46 0 0
47 Subtract line 46 from line 45. This is your refund. 47 1 2 3 5 4 0 0

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

1 Routing Number
2 Account Number ☐ Checking ☐ Savings
3 ☐ Mark this box if this refund is going to an account that is located outside of the United States or its territories.

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

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

Officer

Signature ☒ Date Signed 0 3 1 5 2 0 2 6
Printed Name John Whit Phone 4 0 6 4 4 4 1 8 0 0

Tax Preparer

Signature Date Signed 0 3 1 5 2 0 2 6
Print Name Doug Preparer Phone 4 0 6 4 4 4 1 8 0 0
☒ Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN 2 0 9 9 9 9 9 9

Tax Preparation Firm

Firm Name Preparer CPAs Firm's FEIN 2 0 1 2 1 2 1 2 1
Mailing Address 20 w 34th st
City New York State N Y ZIP 1 0 0 0 1

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

Name Title Telephone Number
Email



25TT0201



2025 Montana Form PTE – Flow-Through Payments Schedule

2025v1
6/2025

Name Test Partnership 1 LLC

FEIN 201111111

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.

		A		B		C	
Entity Name		Mineral Royalty		Pass-Through		Pass-Through Entity	
		Withholding Received		Withholding Received		Tax Received	
1	FT LLC	1	0 0 0 0 0 0 0 0	00	00	30000	00
2	PTW LLC	1	0 0 0 0 0 0 0 1	00	10000	00	00
3				00	00		00
4				00	00		00
5 Totals				00	10000	00	30000

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

		A		B		C	
		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	0.0000 %	30.2500 %		69.7500 %	
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	3025 00		6975 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	3025 00		6975 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		9075 00		20925 00	
10	Total pass-through entity tax passed to owners	10				10950 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		9075 00		9975 00	
12	Add lines 4, 7, 8, and 11 in each Column. Total payments the PTE can claim as a credit.	12	00	12100 00		16950 00	



25TT0301



2025 Montana Form PTE Schedule I – Receipts Factor for Multistate Pass-Through Entities

2025v1
6/2025

Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1 1

Part I. Receipts Factor

	A		B
	Everywhere		Montana
1a Total receipts, less returns and allowances	1a 00		
1b Receipts delivered or shipped to Montana purchasers from outside Montana		1b	00
1c Receipts delivered or shipped to Montana purchasers from within Montana		1c	00
1d Receipts shipped from Montana to the United States government		1d	00
1e Receipts shipped from Montana to purchasers in a state where the taxpayer is not taxable		1e	00
1f Gross receipts from services		1f	00
2 Taxable dividends	2 00		00
3 Interest income	3 00		00
4 Gross rents, leasing, or licensing of property	4 00		00
5 Royalties	5 00		00
6 Net gains reported on federal Schedule D and federal Form 4797	6 00		00
7 Other gross receipts	7 00		00
8 Add lines 1 through 7 in each column	8 00		00
9 Divide Column B, line 8 by Column A, line 8. Multiply the result by 100. Enter here and on page 1, line 18.		This is your receipts factor. 9	100.0000 %

Part II. General Receipts Questions

Attach additional pages if necessary

- 1 Describe the nature and location of your Montana business activities.

Produces products to sell in a retail setting in Helena, MT.

- 2a ☐ Mark this box if you used a reasonable approximation method to assign receipts reported on Part I, line 1. Attach a statement. (See instructions)
- 2b ☐ Mark this box if you changed your reasonable approximation method from a prior year to assign receipts on this tax return. Attach a statement. (See instructions)



25TT0401



2025 Montana Form PTE Apportionable Income Schedule

2025v1
6/2025

Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1 1

Use this schedule 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)	E	F	G
	Federal Schedule K	Federal Schedule K-1	Disregarded entities	Nonapportionable income	Apportionable Income (A - B - C - D)	Receipts factor from Schedule I, line 9	Income apportioned to Montana (E x F)
1 Ordinary business income (loss)	500000	222222			277778	100	277778
2 Net rental real estate income (loss)							
3 Other net rental income (loss)							
4a Guaranteed payments: services							
4b Guaranteed payments: capital	155540				155540	100	155540
5 Interest income	35000				35000	100	35000
6 Ordinary dividends	50000				50000	100	50000
7 Royalties							
8 Net short-term capital gain (loss)							
9 Net long-term capital gain (loss)							
10 Net section 1231 gain (loss)							
11 Other income (loss)	16500				16500	100	16500
12 Section 179 expense deduction apportionable and/or allocable to Montana							
13 Other expense deductions apportionable and/or allocable to Montana	40500				40500	100	40500
14 Total	716540	222222			494318	100	494318



25TT0501



2025 Montana Form PTE Schedule IV – Montana Composite Income Tax Schedule

2025v1

6/2025

Name Test Partnership 1 LLC

FEIN 2011111111

Part I. Eligible Participating Owners

Enter the number of eligible participating owners. See instructions for more information about eligible participants 3

Part II. Adjusted Federal Income

1	Federal income from all sources from page 1, line 14	1	716540	00
2	Total guaranteed payments for services from page 1, line 4a	2		00
3	Total Everywhere Additions from Montana Adjustments Schedule, Column E, line 1	3	37000	00
4	Total Everywhere Subtractions from Montana Adjustments Schedule, Column E, line 2	4	42000	00
5	Add lines 1 and 3, then subtract lines 2 and 4.			
	Adjusted federal income	5	711540	00

Part III. Composite Tax Ratio

1	Total Montana source income from page 1, line 20	1	711540	00
2	Multiply Part II, line 2 by the receipts factor from Schedule I, line 9	2		00
3	Subtract line 2 from line 1. Adjusted Montana source income	3	711540	00
4	Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).			
	Composite tax ratio	4	1.000000	

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 (\$15,750)	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 One	300000001	94280	00	15750	78530	4380	4380
2	Owner Four	300000004	49808	00	15750	34058	1756	1756
3	Owner Nine	300000009	71154	00	15750	55404	3016	3016
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 composite tax participants, attach a statement with the same information and report the total composite tax from those statements here.							
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							
								9152



25TT0701



2025 Montana Form PTE Schedule VI – Reporting of Special Transactions

2025v1
6/2025

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 2025
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 Item(s)
 - Federal Form 8082, Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)
- 7 ☐ The partnership had Montana source income and paid an imputed underpayment.
If applicable, provide a copy of your federal audit adjustment report. (See instructions)
- 8 Previously unreported Montana source income from federal Form 8082 (See instructions) 8

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

- 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 Name	B FEIN	C Amount of Payment
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00



25TT0801



2025 Montana Form PTE – Montana Adjustments Schedule

2025v1

6/2025

Name Test Partnership 1 LLC

FEIN 2011111111

Montana Adjustments to Everywhere Income		A	B	C	D	E
1	Montana Additions to Everywhere Income	PTE's Apportionable Activities	Nonapportionable Income	From MT Schedules K-1, Part III, Column A	From Schedules DE, Column A, Lines 15 and 16	Total Everywhere Adjustments
	Interest and mutual f	A B	37000 00	00	00	37000 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	37000 00	00	00	37000 00
	Investment for Conser	S A	42000 00	00	00	42000 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	42000 00	00	00	42000 00
Adjustments to Montana Source Income		A	B	C	D	E
3	Montana Source Additions	PTE's Apportionable Activities	Nonapportionable Income	From MT Schedules K-1, Part III, Column B	From Schedules DE, Column B, Lines 15 and 16	Total Montana Source Income Adjustments
	Interest and mutual f	A B	37000 00	00	00	37000 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	37000 00	00	00	37000 00
4	Montana Source Subtractions					
	Investment for Conser	S A	42000 00	00	00	42000 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	42000 00	00	00	42000 00



25TT1101



2025 Montana Form PTE – Montana Source Income Schedule

2025v1

6/2025

Name Test Partnership 1 LLC

FEIN 2 0 1 1 1 1 1 1

		A		B		C		D		E	
		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	
Sum of Montana source income per item of income (loss) and deduction.											
1 Ordinary business income (loss)	1	222222	00		00		00	277778	00	500000	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 section 1231 gain (loss)	10		00		00		00		00		00
11 Other income (loss).	11		00		00		00	16500	00	16500	00
12 Section 179 expense deduction apportionable 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	494318	00	716540	00



25TT1201



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State M T ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 1 FEIN
Mailing Address 8601 Adelphi Rd or SSN 1 0 0 0 0 0 0 1
City College Park State M D ZIP Code 2 0 7 4 0 Beneficial Owner FEIN
or SSN

Owner Type ☒ I ☐ Resident ☒ Nonresident

- ☐ Special Allocations (See instructions)
☐ The owner is included in a PTET election
☐ Resident owner PTET election (See instructions)
☒ The owner is included in a composite income tax return

Profit and loss percentage 13.2500 %
Capital/Ownership 13.2500 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	4903 00	4903 00
2 Subtractions	2	5565 00	5565 00

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

1 Ordinary business income (loss)	1	66250 00	66250 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	20609 00	20609 00
5 Interest income	5	4638 00	4638 00
6 Ordinary dividends	6	6625 00	6625 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	2186 00	2186 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	5366 00	5366 00
14 Total distributive share (See instructions)	14	94280 00	94280 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	4380 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 III. (See instructions)

1 Code 1 A B 4903 00	2 Code 2 A B 4903 00	3 Code 1 S A 5565 00
4 Code 2 S A 5565 00	5 Code 00	6 Code 00



25TT1301



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State M T ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 2 FEIN
or SSN 1 0 0 0 0 0 0 2
Mailing Address 700 W Jefferson ST
City Boise State I D ZIP Code 8 3 7 0 2 Beneficial Owner FEIN
or SSN

Owner Type E ☐ Resident ☒ Nonresident

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

Profit and loss percentage 10.5000 %
Capital/Ownership 10.5000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	3885 00	3885 00
2 Subtractions	2	4410 00	4410 00

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

1 Ordinary business income (loss)	1	52500 00	52500 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	16332 00	16332 00
5 Interest income	5	3675 00	3675 00
6 Ordinary dividends	6	5250 00	5250 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	1733 00	1733 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	4253 00	4253 00
14 Total distributive share (See instructions)	14	74712 00	74712 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	3150 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 III. (See instructions)

1 Code 1 A B 3885 00	2 Code 2 A B 3885 00	3 Code 1 S A 4410 00
4 Code 2 S A 4410 00	5 Code 00	6 Code 00



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Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State M T ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 3 FEIN 1 0 0 0 0 0 0 0 3
Mailing Address 1100 Congress Ave or SSN
City Austin State T X ZIP Code 7 8 7 0 1 Beneficial Owner FEIN
or SSN 1 0 0 0 0 0 0 3 3

Owner Type T ☐ Resident ☒ Nonresident

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

Profit and loss percentage 8.0000 %
Capital/Ownership 8.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	2960 00	2960 00
2 Subtractions	2	3360 00	3360 00

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

1 Ordinary business income (loss)	1	40000 00	40000 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	12443 00	12443 00
5 Interest income	5	2800 00	2800 00
6 Ordinary dividends	6	4000 00	4000 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	1320 00	1320 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	3240 00	3240 00
14 Total distributive share (See instructions)	14	56923 00	56923 00

Part V. Supplemental Information

☒ The owner filed Form PT-AGR Year 2 0 2 0 ☐ The owner is a Domestic 2nd tier PTE

1 PTET paid on behalf of owner (See instructions)	1	2400 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 III. (See instructions)

1 Code 1 A B 2960 00	2 Code 2 A B 2960 00	3 Code 1 S A 3360 00
4 Code 2 S A 3360 00	5 Code 00	6 Code 00



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Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 4 FEIN 1 0 0 0 0 0 0 0 4
Mailing Address 600 E Boulevard ave or SSN
City Bismarck State N D ZIP Code 5 8 5 0 5 Beneficial Owner FEIN or SSN

Owner Type ☒ F ☐ Resident ☐ Nonresident

- ☐ Special Allocations (See instructions)
☐ The owner is included in a PTET election
☐ Resident owner PTET election (See instructions)
☒ The owner is included in a composite income tax return

Profit and loss percentage 7.0000 %
Capital/Ownership 7.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	2590 00	2590 00
2 Subtractions	2	2940 00	2940 00

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

1 Ordinary business income (loss)	1	35000 00	35000 00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	10888 00	10888 00
5 Interest income	5	2450 00	2450 00
6 Ordinary dividends	6	3500 00	3500 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	1155 00	1155 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	2835 00	2835 00
14 Total distributive share (See instructions)	14	49808 00	49808 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	1756 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 III. (See instructions)

1 Code 1 A B 2590 00	2 Code 2 A B 2590 00	3 Code 1 S A 2940 00
4 Code 2 S A 2940 00	5 Code 00	6 Code 00



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Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State M T ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 5 FEIN 1 0 0 0 0 0 0 0 5
Mailing Address 500 E Capitol Ave or SSN
City Pierre State S D ZIP Code 5 7 5 0 1 Beneficial Owner FEIN or SSN

Owner Type ☒ F ☐ Resident ☐ Nonresident

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

Profit and loss percentage 9.0000 %
Capital/Ownership 9.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	3330 00	3330 00
2 Subtractions	2	3780 00	3780 00

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

1 Ordinary business income (loss)	1	45000 00	45000 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	13999 00	13999 00
5 Interest income	5	3150 00	3150 00
6 Ordinary dividends	6	4500 00	4500 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	1485 00	1485 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	3645 00	3645 00
14 Total distributive share (See instructions)	14	64039 00	64039 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 III. (See instructions)

1 Code 1 A B 3330 00	2 Code 2 A B 3330 00	3 Code 1 S A 3780 00
4 Code 2 S A 3780 00	5 Code 00	6 Code 00



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Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State M T ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 6 FEIN 1 0 0 0 0 0 0 0 6
Mailing Address 200 E Colfax Ave or SSN
City Denver State C O ZIP Code 8 0 2 0 3 Beneficial Owner FEIN or SSN

Owner Type F ☐ Resident ☐ Nonresident

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

Profit and loss percentage 13.0000 %
Capital/Ownership 13.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

	A Everywhere	B Montana
1 Additions	4810 00	4810 00
2 Subtractions	5460 00	5460 00

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

	A Everywhere	B Montana
1 Ordinary business income (loss)	65000 00	65000 00
2 Net rental real estate income (loss)	00	00
3 Other net rental income (loss)	00	00
4a Guaranteed payments: services	00	00
4b Guaranteed payments: capital	20220 00	20220 00
5 Interest income	4550 00	4550 00
6 Ordinary dividends	6500 00	6500 00
7 Royalties	00	00
8 Net short-term capital gain (loss)	00	00
9 Net long-term capital gain (loss)	00	00
10 Net section 1231 gain (loss)	00	00
11 Other income (loss) (include detailed statement)	2145 00	2145 00
12 Section 179 expense deduction	00	00
13 Other expense deductions	5265 00	5265 00
14 Total distributive share (See instructions)	92500 00	92500 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 III. (See instructions)

1 Code 1 A B	4810 00	2 Code 2 A B	4810 00	3 Code 1 S A	5460 00
4 Code 2 S A	5460 00	5 Code	00	6 Code	00



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Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State M T ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 7 FEIN 1 0 0 0 0 0 0 7
Mailing Address 200 W 24th ST or SSN
City Cheyenne State W Y ZIP Code 8 2 0 0 1 Beneficial Owner FEIN
or SSN

Owner Type T E ☐ Resident ☐ Nonresident

- ☐ Special Allocations (See instructions) Profit and loss percentage 11.2500 %
☐ The owner is included in a PTET election Capital/Ownership 11.2500 %
☐ 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 Everywhere	B Montana
1 Additions	1	4163 00	4163 00
2 Subtractions	2	4725 00	4725 00

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

1 Ordinary business income (loss)	1	56250 00	56250 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	17498 00	17498 00
5 Interest income	5	3938 00	3938 00
6 Ordinary dividends	6	5625 00	5625 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	1856 00	1856 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	4556 00	4556 00
14 Total distributive share (See instructions)	14	80049 00	80049 00

Part V. Supplemental Information

☒ The owner filed Form PT-AGR Year 2 0 2 1 ☐ The owner is a Domestic 2nd tier PTE

1 PTET paid on behalf of owner (See instructions)	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 UBTI and amount	5	17498 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 III. (See instructions)

1 Code 1 A B 4163 00	2 Code 2 A B 4163 00	3 Code 1 S A 4725 00
4 Code 2 S A 4725 00	5 Code 00	6 Code 00



25TT1301



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State M T ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 8 FEIN 1 0 0 0 0 0 0 8
Mailing Address 1445 K St or SSN
City Lincoln State N E ZIP Code 6 8 5 0 8 Beneficial Owner FEIN or SSN

Owner Type P ☐ Resident ☐ Nonresident

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

Profit and loss percentage 6.0000 %
Capital/Ownership 6.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	2220 00	2220 00
2 Subtractions	2	2520 00	2520 00

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

1 Ordinary business income (loss)	1	30000 00	30000 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	42692 00	42692 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	1800 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 III. (See instructions)

1 Code 1 A B 2220 00	2 Code 2 A B 2220 00	3 Code 1 S A 2520 00
4 Code 2 S A 2520 00	5 Code 00	6 Code 00



25TT1301



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State M T ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 9 FEIN 1 0 0 0 0 0 0 9
Mailing Address 500 Woodlane St or SSN
City Little Rock State A R ZIP Code 7 2 2 0 1 Beneficial Owner FEIN or SSN

Owner Type S ☐ Resident ☐ Nonresident

- ☐ Special Allocations (See instructions)
☐ The owner is included in a PTET election
☐ Resident owner PTET election (See instructions)
☒ The owner is included in a composite income tax return

Profit and loss percentage 10.0000 %
Capital/Ownership 10.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	3700 00	3700 00
2 Subtractions	2	4200 00	4200 00

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

1 Ordinary business income (loss)	1	50000 00	50000 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	15554 00	15554 00
5 Interest income	5	3500 00	3500 00
6 Ordinary dividends	6	5000 00	5000 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	1650 00	1650 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	4050 00	4050 00
14 Total distributive share (See instructions)	14	71154 00	71154 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	3016 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 III. (See instructions)

1 Code 1 A B 3700 00	2 Code 2 A B 3700 00	3 Code 1 S A 4200 00
4 Code 2 S A 4200 00	5 Code 00	6 Code 00



25TT1301



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 1 LLC FEIN 2 0 1 1 1 1 1 1
Mailing Address 225 North Roberts
City Helena State M T ZIP Code 5 9 6 2 0 1 2 0 1

Part II. Owner Information

Name Owner 10 FEIN
Mailing Address 2401 Colonial Dr or SSN 1 0 0 0 0 0 0 1 0
City Helena State M T ZIP Code 5 9 6 0 1 Beneficial Owner FEIN
or SSN

Owner Type I ☐ Resident ☒ Nonresident

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

Profit and loss percentage 12.0000 %
Capital/Ownership 12.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	4440 00	4440 00
2 Subtractions	2	5040 00	5040 00

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

1 Ordinary business income (loss)	1	60000 00	60000 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	18665 00	18665 00
5 Interest income	5	4200 00	4200 00
6 Ordinary dividends	6	6000 00	6000 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	1980 00	1980 00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	4860 00	4860 00
14 Total distributive share (See instructions)	14	85385 00	85385 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	3600 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 III. (See instructions)

1 Code 1 A B 4400 00	2 Code 2 A B 4400 00	3 Code 1 S A 5040 00
4 Code 2 S A 5040 00	5 Code 00	6 Code 00



25TT1301

Case 2: Form PTE (Partnership)

Test Partnership 2 is operating in multiple states, including Montana. The company is filing a timely 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 is receiving underlying Mineral Royalty Withholding and pass-through entity tax credit.

Additionally, this return will be subject to underpayment of estimated taxes (UT Penalty) see form EST-PTI.

****Any field in the following case that is highlighted in Orange requires a calculated value****



Forms Required to be Provided by Vendors:

Montana:

- Apportionable Income Schedule
- Flow-through Payment Schedule
- Schedule I
- Schedule IV
- Schedule VI
- Schedule VII
- Schedule DE
- Montana Adjustments Schedule
- Schedule MTSI
- Montana Schedules K-1
- Form EST-PTI

Federal:

- Form 1065
- Schedule K

Required Attachments:

- Example PDF attachment (PDF stating "Attachment Example")

Taxpayer Information: Test Partnership 2 LLC
111 N Sanders St
Helena, MT 59601

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: 1

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.



2025 Montana Pass-Through Entity Tax Return

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

Partnership ☒

S corporation ☐

Form PTE

2025v1

6/2025

For calendar year 2025 or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

Mark all that apply:

☐	Initial return	Name	Test Partnership 2 LLC	FEIN	2 0 2 2 2 2 2 2
☐	Final return	Mailing Address		Federal Business Code/NAICS	5 4 1 7 1 5
☐	Amended return	111 N Sanders St		MT Secretary of State ID #	M 3 8 2 4 1 2 0
☐	Refund return	City	State	Date of Registration in Montana	0 7 1 5 2 0 1 4
☐	PTP	Helena	ZIP Code + 4	State formed in	M S on 0 1 2 8 2 0 1 4
☒	PTET				
☒	Resident PTET	Enter Number of:	Schedules K-1 Included 5	Nonresident Owners 2	Schedules DE Included 1
			Resident Owners 1	Other Types of Owners 2	Schedules K-1 Received 1
☐	Mark this box if your sales are protected under Public Law 86-272				

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

1	Ordinary business income (loss)	1	15000000	00	
2	Net rental real estate income (loss) (include federal Form 8825)	2		00	
	3a Other gross rental income (loss)	3a	00		
	3b Expenses from other rental activities (include detailed statement)	3b	00		
3	Subtract line 3b from line 3a.	This is your other net rental income or loss.	3	00	
	4a Guaranteed payments: services	4a	162000	00	
	4b Guaranteed payments: capital	4b	45000	00	
4	Add lines 4a and 4b.	This is your total guaranteed payments.	4	207000	00
5	Interest income	5	185000	00	
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	Other income (loss) (include detailed statement)	11		00	
12	Add lines 1 through 11 and enter result.	This is your total federal income or loss.	12	150407000	00

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

13a	Section 179 deduction (include federal Form 4562)	13a	00		
13b	Contributions	13b	00		
13c	Investment interest expense	13c	00		
13d	Section 59(e)(2) expenditures (include detailed statement)	13d	00		
13e	Other deductions (include detailed statement)	13e	115000	00	
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	150292000	00
15	Montana additions to the PTE's apportionable activities	15	265000	00	
	16a Montana subtractions from the PTE's apportionable activities	16a	00		
	16b Total everywhere income (loss) from federal Schedules K-1	16b	00		
	16c Total everywhere income (loss) from disregarded entities	16c	26550	00	
	16d Other nonapportionable income (loss) from the PTE's own activities	16d	162000	00	
16	Add lines 16a through 16d.	This is your deductions including nonapportionable income.	16	188550	00
17	Add lines 14 and 15, then subtract line 16	17	150368450	00	
18	Mark the box that describes your business activity or enter your apportionment factor				
	☐ 100% Montana activity ☐ 0% Montana activity	36.8421 % Receipts factor x line 17	18	55398895	00
19a	Total Montana source income (reported on MT Schedules K-1 issued to this entity)	19a	00		
19b	Total Montana source income from Schedules VII	19b	16480	00	
19c	Nonapportionable income allocated to Montana. (See instructions)	19c	162000	00	
19	Add lines 19a through 19c.	This is the total nonapportionable income (loss) sourced to Montana.	19	178480	00
20	Add lines 18 and 19; enter result.	This is your total Montana source income.	20	55577375	00



25TT0101

Name Test Partnership 2 LLC FEIN 2 0 2 2 2 2 2 2

Prepayments

21 2025 payments ☐ Mark this box if you made estimated payments using the annualization method (see instructions) 21 00
22 2024 overpayment applied to 2025 22 00
23 Add lines 21 and 22. Total prepayments 23 00

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

24 Total taxable income subject to pass-through entity tax from all owners' MT Schedules K-1, Part IV, line 14 (see instructions) 24 79915110 00
25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1 25 4714992 00
26 Flow-Through Payments Schedule, Column A, line 12 26 59250 00
27 Subtract lines 23 and 26 from line 25. Pass-through entity tax due or (overpayment). 27 4655742 00
28 Total composite tax from Schedule IV, Column H 28 245230 00
29 Flow-Through Payments Schedule, Column B, line 12 29 750 00
30 Add lines 27 and 28, then subtract line 29. Composite tax and pass-through entity tax due or (overpayment). 30 4900222 00
31 Interest on underpayment of estimated tax (see instructions) 31 00
32 Total pass-through withholding from all owners' MT Schedules K-1, Part V, line 3a 32 00
33 PTE's tax liability resulting from an adjustment to partnership income (see instructions) 33 00
34 Flow-Through Payments Schedule, Column C, line 12 34 00
35 Add lines 32 and 33, then subtract line 34. Pass-through withholding and other partnership liability due or (overpayment). 35 00
36 PTE information return late filing penalty 36 00
37 Add lines 30, 31, 35, and 36. Total PTE taxes with interest and/or penalty. 37 5055064 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 5055064 00

Penalty and Interest

41 Late payment penalty 41 00
42 Interest 42 00
43 Add lines 40 through 42. Total tax, penalties, and interest. 43 5055064 00

Amount Owed or Refund

44 If line 43 is more than zero, enter the amount here. This is the amount you owe. 44 5055064 00
45 If line 43 is less than zero, enter the amount here. This is your overpayment. 45 00
46 Enter the amount from line 45 that you want applied to your 2026 tax 46 00
47 Subtract line 46 from line 45. This is your refund. 47 00

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

1 Routing Number ☐ Checking ☐ Savings
2 Account Number
3 ☐ Mark this box if this refund is going to an account that is located outside of the United States or its territories.

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

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

Officer

Signature x Date Signed 0 8 1 9 2 0 2 6
Printed Name Greg Chairman Phone 4 0 6 4 4 4 1 8 0 0

Tax Preparer

Signature Date Signed 0 8 1 9 2 0 2 6
Print Name Judy Preparer Phone 4 0 6 4 4 4 1 8 0 0
☐ Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN P 1 9 8 4 9 4 1 9

Tax Preparation Firm

Firm Name CPA Firm LLC Firm's FEIN 5 9 1 9 8 7 1 9 8
Mailing Address 125 N Roberts
City Helena State M T ZIP 5 9 6 0 2

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

Name Title Telephone Number
Owner 1 Managing Partner 4 0 6 4 4 4 1 8 0 0
Email O n w e r 1 @ M T . g o v



25TT0201



2025 Montana Form PTE – Flow-Through Payments Schedule

2025v1
6/2025

Name Test Partnership 2 LLC

FEIN 20222222

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	B	C
				Mineral Royalty Withholding Received	Pass-Through Withholding Received	Pass-Through Entity Tax Received
1	MRW LLC	1	1 0 0 0 0 0 0 0	10000 00	00	00
2	PTET LLC	1	1 0 0 0 0 0 0 1	00	00	50000 00
3				00	00	00
4				00	00	00
5 Totals				10000 00	00	50000 00

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

		Schedules K-1 subject to:		
		A	B	C
		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	92.5000 %	7.5000 %	0.0000 %
2	Multiply total in Part I, Column A by percentage on line 1 for each Column	9250 00	750 00	00
3	Mineral royalty withholding passed to owners			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.	9250 00	750 00	00
5	Multiply total in Part I, Column B by percentage on line 1 for each Column	00	00	00
6	Pass-through withholding passed to owners			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.	00	00	00
8	If Column A, line 1 is greater than 0%, enter the total from Part I, Column C	50000 00		
9	If Column A, line 1 is 0%, multiply the total in Part I, Column C by Columns B and C, line 1		00	00
10	Total pass-through entity tax passed to owners			00
11	Enter Column B, line 9. Subtract Column C, line 10 from line 9. Credit balance for PTE not electing to pay PTET.		00	00
12	Add lines 4, 7, 8, and 11 in each Column. Total payments the PTE can claim as a credit.	59250 00	750 00	00



25TT0301



2025 Montana Form PTE Schedule I –
Receipts Factor for Multistate Pass-Through Entities

2025v1
6/2025

Name Test Partnership 2 LLC FEIN 20222222

Part I. Receipts Factor

	A		B
	Everywhere		Montana
1a Total receipts, less returns and allowances	1a 750000 00		
1b Receipts delivered or shipped to Montana purchasers from outside Montana		1b 250000 00	
1c Receipts delivered or shipped to Montana purchasers from within Montana		1c 75000 00	
1d Receipts shipped from Montana to the United States government		1d 00	
1e Receipts shipped from Montana to purchasers in a state where the taxpayer is not taxable		1e 00	
1f Gross receipts from services		1f 00	
2 Taxable dividends	2 00		00
3 Interest income	3 00		00
4 Gross rents, leasing, or licensing of property	4 00		00
5 Royalties	5 00		00
6 Net gains reported on federal Schedule D and federal Form 4797	6 00		00
7 Other gross receipts	7 200000 00		25000 00
8 Add lines 1 through 7 in each column	8 950000 00		350000 00
9 Divide Column B, line 8 by Column A, line 8. Multiply the result by 100. Enter here and on page 1, line 18.		This is your receipts factor. 9	36.8421 %

Part II. General Receipts Questions

Attach additional pages if necessary

1 Describe the nature and location of your Montana business activities.
Operating as a royalty conduit.

2a ☐ Mark this box if you used a reasonable approximation method to assign receipts reported on Part I, line 1. Attach a statement. (See instructions)

2b ☐ Mark this box if you changed your reasonable approximation method from a prior year to assign receipts on this tax return. Attach a statement. (See instructions)



25TT0401



2025 Montana Form PTE Apportionable Income Schedule

2025v1
6/2025

Name Test Partnership 2 LLC

FEIN 20222222

Use this schedule 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)	E	F	G
	Federal Schedule K	Federal Schedule K-1	Disregarded entities	Nonapportionable income	Apportionable Income (A - B - C - D)	Receipts factor from Schedule I, line 9	Income apportioned to Montana (E x F)
1 Ordinary business income (loss)	150000000		26550		149973450	36.8421	55253368
2 Net rental real estate income (loss)							
3 Other net rental income (loss)							
4a Guaranteed payments: services	162000			162000		36.8421	
4b Guaranteed payments: capital	45000				45000	36.8421	16579
5 Interest income	185000				185000	36.8421	68158
6 Ordinary dividends	15000				15000	36.8421	5526
7 Royalties							
8 Net short-term capital gain (loss)							
9 Net long-term capital gain (loss)							
10 Net section 1231 gain (loss)							
11 Other income (loss)							
12 Section 179 expense deduction apportionable and/or allocable to Montana							
13 Other expense deductions apportionable and/or allocable to Montana	115000				115000	36.8421	42368
14 Total	150292000		26550	162000	150103450	36.8421	55301263



25TT0501



2025 Montana Form PTE Schedule IV – Montana Composite Income Tax Schedule

2025v1
6/2025

Name **Test Partnership 2 LLC**

FEIN **2 0 2 2 2 2 2 2 2**

Part I. Eligible Participating Owners

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

Part II. Adjusted Federal Income

1	Federal income from all sources from page 1, line 14	1	150292000	00
2	Total guaranteed payments for services from page 1, line 4a	2	162000	00
3	Total Everywhere Additions from Montana Adjustments Schedule, Column E, line 1	3	265000	00
4	Total Everywhere Subtractions from Montana Adjustments Schedule, Column E, line 2	4		00
5	Add lines 1 and 3, then subtract lines 2 and 4.			
	Adjusted federal income	5	150395000	00

Part III. Composite Tax Ratio

1	Total Montana source income from page 1, line 20	1	55577375	00
2	Multiply Part II, line 2 by the receipts factor from Schedule I, line 9	2	59684	00
3	Subtract line 2 from line 1. Adjusted Montana source income	3	55517691	00
4	Divide line 3 by Part II, line 5. (Do not enter more than 1.000000).			
	Composite tax ratio	4	0.369146	

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 (\$15,750)	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	2 0 0 0 0 0 0 5	11291775	12150 00	15750	11263875 00	664316 00	245230 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 composite tax participants, attach a statement with the same information and report the total composite tax from those statements here.								11	00
12 Add Column H, lines 1 through 11. This is your total composite tax liability. Transfer the amounts from Column H to each owner's Schedule K-1, Part V, line 2								12	245230 00



25TT0701



2025 Montana Form PTE Schedule VII –
List of Disregarded Entities

2025v1
6/2025

Name Test Partnership 2 LLC

Name											Test Partnership 2 LLC											FEIN		2	0	2	2	2	2	2	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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Name											FEIN											Montana SOS Registration Number											LLC											Q Sub											If Q Sub, Enter Election Date											DE has Multistate Activities											DE is a Segment of the PTE											Montana Source Income from DE's Own Activities																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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2025 Montana Form PTE Schedule DE – Disregarded Entity Montana Source Income

2025v1
6/2025

Name Test Partnership 2 LLC

FEIN 20222222

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 Test DE 1

Disregarded Entity FEIN 987654321

Business Income and Deductions

A Everywhere

B Montana

1a Gross income	1a	35500 00	
1b Returns and allowances	1b	1450 00	
1c Balance. Subtract line 1b from line 1a.	1c	34050 00	
1d Cost of goods sold (provide statement)	1d	4000 00	
1e Gross profit. Subtract line 1d from line 1c.	1e	30050 00	
1f Other income including gains (provide statement)	1f	6000 00	
1g Add lines 1e and 1f. This is your total income.	1g	36050 00	
1h Wages	1h	7000 00	
1i Rent	1i	2000 00	
1j Other deductions (provide statement)	1j	500 00	
1k Add lines 1h through 1j. This is your total deductions.	1k	9500 00	
1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	26550 00	16480 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	26550 00	16480 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	26550 00	16480 00

☐ Mark this box if some income is apportionable.

Receipts Factor

1 Everywhere Receipts	1	26483 00	
2 Montana Receipts	2		16438 00
3 Divide line 2 by line 1	3		62.0700 %



25TT1001



2025 Montana Form PTE – Montana Source Income Schedule

2025v1

6/2025

Name Test Partnership 2 LLC

FEIN 20222222

		A		B		C		D		E	
		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	
Sum of Montana source income per item of income (loss) and deduction.											
1 Ordinary business income (loss)	1	00		16480	00		00	55253368	00	55269848	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	162000	00		00	162000	00
4b Guaranteed payments: capital	4b	00			00		00	16579	00	16579	00
5 Interest income	5	00			00		00	68158	00	68158	00
6 Ordinary dividends	6	00			00		00	5526	00	5526	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 section 1231 gain (loss)	10	00			00		00		00		00
11 Other income (loss).	11	00			00		00		00		00
12 Section 179 expense deduction apportionable to Montana	12	00			00		00		00		00
13 Other expense deductions apportionable and/or allocable to Montana	13	00			00		00	42368	00	42368	00
14 Total Montana Source Income	14	00		16480	00	162000	00	55301263	00	55479743	00



25TT1201



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 2 FEIN 2 0 2 2 2 2 2 2
Mailing Address 111 N Sanders St
City Helena State M T ZIP Code 5 9 6 0 1

Part II. Owner Information

Name Owner 1 FEIN
or SSN 2 0 0 0 0 0 0 1
Mailing Address 2 E Main ST
City Madison State W I ZIP Code 5 3 7 0 2 Beneficial Owner FEIN
or SSN

Owner Type ☒ I ☐ Resident ☒ Nonresident

- ☐ Special Allocations (See instructions)
☒ The owner is included in a PTET election
☐ Resident owner PTET election (See instructions)
☐ The owner is included in a composite income tax return

Profit and loss percentage 30.0000 %
Capital/Ownership 30.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	79500 00	29289 00
2 Subtractions	2	00	00

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

1 Ordinary business income (loss)	1	45000000 00	16580954 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	48600 00	48600 00
4b Guaranteed payments: capital	4b	13500 00	4974 00
5 Interest income	5	55500 00	20447 00
6 Ordinary dividends	6	4500 00	1658 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	12710 00
14 Total distributive share (See instructions)	14	45167100 00	16673212 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	983720 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 III. (See instructions)

1 Code 1 A B 79500 00	2 Code 2 A B 29289 00	3 Code 00
4 Code 00	5 Code 00	6 Code 00



25TT1301



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 2 FEIN 2 0 2 2 2 2 2 2
Mailing Address 111 N Sanders St
City Helena State M T ZIP Code 5 9 6 0 1

Part II. Owner Information

Name Owner 2 FEIN
or SSN 2 0 0 0 0 0 0 2
Mailing Address 215 N Sanders St
City Helena State M T ZIP Code 5 9 6 0 1 Beneficial Owner FEIN
or SSN

Owner Type I ☒ Resident ☐ Nonresident

- ☐ Special Allocations (See instructions)
☒ The owner is included in a PTET election
☒ Resident owner PTET election (See instructions)
☐ The owner is included in a composite income tax return

Profit and loss percentage 30.0000 %
Capital/Ownership 30.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	79500 00	29289 00
2 Subtractions	2	00	00

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

1 Ordinary business income (loss)	1	45000000 00	16580954 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	48600 00	48600 00
4b Guaranteed payments: capital	4b	13500 00	4974 00
5 Interest income	5	55500 00	20447 00
6 Ordinary dividends	6	4500 00	1658 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	12710 00
14 Total distributive share (See instructions)	14	45167100 00	16673212 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	2664859 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 III. (See instructions)

1 Code 1 A B 79500 00	2 Code 2 A B 29289 00	3 Code 00
4 Code 00	5 Code 00	6 Code 00



25TT1301



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 2 FEIN 2 0 2 2 2 2 2 2
Mailing Address 111 N Sanders St
City Helena State M T ZIP Code 5 9 6 0 1

Part II. Owner Information

Name Owner 3 FEIN
or SSN 2 0 0 0 0 0 0 3
Mailing Address 1315 10th St
City Sacramento State C A ZIP Code 9 5 8 1 4 Beneficial Owner FEIN
or SSN

Owner Type I ☐ Resident ☒ Nonresident

- ☐ Special Allocations (See instructions)
☒ The owner is included in a PTET election
☐ Resident owner PTET election (See instructions)
☐ The owner is included in a composite income tax return

Profit and loss percentage 17.5000 %
Capital/Ownership 17.5000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	46375 00	17086 00
2 Subtractions	2	00	00

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

1 Ordinary business income (loss)	1	26250000 00	9672223 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	28350 00	28350 00
4b Guaranteed payments: capital	4b	7875 00	2901 00
5 Interest income	5	32375 00	11928 00
6 Ordinary dividends	6	2625 00	967 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	20125 00	7414 00
14 Total distributive share (See instructions)	14	26347475 00	9726041 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	573836 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 III. (See instructions)

1 Code 1 A B 46375 00	2 Code 2 A B 17086 00	3 Code 00
4 Code 00	5 Code 00	6 Code 00



25TT1301



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 2 FEIN 2 0 2 2 2 2 2 2
Mailing Address 111 N Sanders St
City Helena State M T ZIP Code 5 9 6 0 1

Part II. Owner Information

Name Owner 4 FEIN 2 0 0 0 0 0 0 4
Mailing Address 175 N 27th ST #1400 or SSN
City Billings State M T ZIP Code 5 9 1 0 1 Beneficial Owner FEIN
or SSN

Owner Type P ☐ Resident ☐ Nonresident

- ☒ Special Allocations (See instructions)
☒ The owner is included in a PTET election
☐ Resident owner PTET election (See instructions)
☐ The owner is included in a composite income tax return

Profit and loss percentage 15.0000 %
Capital/Ownership 15.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	39750 00	14645 00
2 Subtractions	2	00	00

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

1 Ordinary business income (loss)	1	22500000 00	8290477 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	24300 00	36450 00
4b Guaranteed payments: capital	4b	6750 00	2487 00
5 Interest income	5	27750 00	10224 00
6 Ordinary dividends	6	2250 00	829 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	00	00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	17250 00	6355 00
14 Total distributive share (See instructions)	14	22583550 00	8348757 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	492577 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 III. (See instructions)

1 Code 1 A B 39750 00	2 Code 2 A B 14645 00	3 Code 00
4 Code 00	5 Code 00	6 Code 00



25TT1301



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test Partnership 2 FEIN 2 0 2 2 2 2 2 2
Mailing Address 111 N Sanders St
City Helena State M T ZIP Code 5 9 6 0 1

Part II. Owner Information

Name Owner 5 FEIN 2 0 0 0 0 0 0 5
Mailing Address 125 W State St or SSN
City Trenton State N J ZIP Code 0 8 6 0 8 Beneficial Owner FEIN
or SSN

Owner Type F C ☐ Resident ☐ Nonresident

- ☒ Special Allocations (See instructions)
☐ The owner is included in a PTET election
☐ Resident owner PTET election (See instructions)
☒ The owner is included in a composite income tax return

Profit and loss percentage 7.5000 %
Capital/Ownership 7.5000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	19875 00	7322 00
2 Subtractions	2	00	00

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

1 Ordinary business income (loss)	1	11250000 00	4145239 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	12150 00	00
4b Guaranteed payments: capital	4b	3375 00	1243 00
5 Interest income	5	13875 00	5112 00
6 Ordinary dividends	6	1125 00	414 00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	00	00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	8625 00	3178 00
14 Total distributive share (See instructions)	14	11291775 00	4156152 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	245230 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 III. (See instructions)

1 Code 1 A B 19875 00	2 Code 2 A B 7322 00	3 Code 00
4 Code 00	5 Code 00	6 Code 00



25TT1301



2025 Interest on Underpayment of Estimated Tax
for Composite Tax and Pass-Through Entity Tax
15-30-2512, MCA

Form EST-PTI
V1 6/2025

Pass-Through Entity Name Test Partnership 2 FEIN 20222222

Part I. Required Pass-Through Entity Tax and/or Composite Tax Annual Payment

1	2025 pass-through entity tax and/or composite tax liability from Form PTE, lines 25 and 28.	1	4960222
2	Multiply line 1 by 90% (0.90)	2	4464200
3a	2025 total flow-through payments applied to pass-through entity tax and/or composite tax liability from Form PTE, lines 26 and 29	3a	60000
3b	Overpayment from 2024 Form PTE, line 46, applied to pass-through entity tax and/or composite tax	3b	
3	Add lines 3a and 3b.	3	60000
4	Subtract line 3 from line 1. If the result is less than \$500, stop here. You do not owe interest on your underpayment of estimated taxes.	4	4900222
5	2024 pass-through entity tax and/or composite tax liability from 2024 Form PTE, lines 25 and 28	5	3855150
6	Enter the lesser of line 2 or line 5. This is your required annual payment.	6	3855150

Part II. Interest on the Underpayment of Estimated Tax

The due dates shown are for calendar year taxpayers.
Adjust these dates accordingly for fiscal year filers.

	A	B	C	D
	4/15/2025	6/16/2025	9/15/2025	1/15/2026
Complete lines 1 through 4 in each column before going to line 5.				
1	963788	963788	963788	936788
2	15000	15000	15000	15000
3	948788	948788	948788	948788
4	0	0	0	0
Complete lines 5 through 11 of one column before going to the next column.				
5		0	0	0
6	0	0	0	0
7		948788	1897576	2846364
8	0	0	0	0
9		948788	1897576	2846364
10	948788	948788	948788	948788
11	0	0	0	0
Complete lines 12 through 14 of the columns where there is an amount on line 10.				
12	03/16/2026	03/16/2026	03/16/2026	03/16/2026
13	335	273	182	60
14	61026	49732	33154	10930
15	This is your interest on underpayment of estimated taxes.			

Case 3: Form PTE (S-Corp)

Test S-Corp 1 Inc is a company that is filing a timely final return. The company operates only in Montana with 100% of its gross receipts earned within Montana. The company's total Montana source income is \$185,994.

The company is also receiving Mineral Royalty Withholding credit of \$3,000 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 Required to be Provided by Vendors:

Montana:

- Apportionable Income Schedule
- Form PTE
- Flow-through Payment Schedule
- Schedule I
- Schedule II
- Schedule MTSI
- Montana Schedules K-1

Federal:

- Form 1065
- Schedule K

Required Attachments:

- Example PDF attachment (PDF stating "Attachment Example")

Taxpayer Information: Test S-Corp 1 LLC
24 Beacon St
Boston, MA 02133

FEIN: 20-3333333
State Formed in: New York
MT Secretary of State ID: T0401246
Schedules DE Included: 0

Date Formed: 10/01/2006
Federal Business Code/NAICS: 333320
Date registered in MT: 9/04/2020
Schedule K-1 Received: 0

Owners: 2 total owners consisting of 1 Nonresident Owner and 1 Disregarded Entity. Disregarded Entity Owners should include a beneficial owner SSN or FEIN. All Forms and attachments are required to be included in the PDF submission.



2025 Montana Pass-Through Entity Tax Return

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

Partnership ☐

S corporation ☒

Form PTE

2025v1

6/2025

For calendar year 2025 or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

Mark all that apply:

☐	Initial return	Name	Test S-Corp 1 Inc	FEIN	2 0 3 3 3 3 3 3
☒	Final return	Mailing Address	24 Beacon St	Federal Business Code/NAICS	2 1 3 1 1 2
☐	Amended return	City	Boston	MT Secretary of State ID #	T 0 4 0 1 2 4 6
☐	Refund return	State	MA	Date of Registration in Montana	0 9 0 4 2 0 2 0
☐	PTP	ZIP Code + 4	0 2 1 3 3	State formed in	N Y on 1 0 0 1 2 0 0 6
☐	PTET				
☐	Resident PTET	Enter Number of:	Schedules K-1 Included 2	Nonresident Owners	2
			Resident Owners	Other Types of Owners	
☐	Mark this box if your sales are protected under Public Law 86-272				

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

1	Ordinary business income (loss)	1	170000	00	
2	Net rental real estate income (loss) (include federal Form 8825)	2	-15000	00	
	3a Other gross rental income (loss)	3a	-3000	00	
	3b Expenses from other rental activities (include detailed statement)	3b	00		
3	Subtract line 3b from line 3a.	This is your other net rental income or loss.	3	-3000	00
	4a Guaranteed payments: services	4a	00		
	4b Guaranteed payments: capital	4b	00		
4	Add lines 4a and 4b.	This is your total guaranteed payments.	4		00
5	Interest income	5			00
6	Ordinary dividends	6	25000	00	
7	Royalties	7	9844	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	Other income (loss) (include detailed statement)	11			00
12	Add lines 1 through 11 and enter result.	This is your total federal income or loss.	12	186844	00

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

13a	Section 179 deduction (include federal Form 4562)	13a	750	00		
13b	Contributions	13b	00			
13c	Investment interest expense	13c	00			
13d	Section 59(e)(2) expenditures (include detailed statement)	13d	00			
13e	Other deductions (include detailed statement)	13e	100	00		
13	Add lines 13a through 13e and enter result.	This is your total federal deductions.	13	850	00	
14	Subtract line 13 from line 12.	This is your federal income from all sources.	14	185994	00	
15	Montana additions to the PTE's apportionable activities	15			00	
16a	Montana subtractions from the PTE's apportionable activities	16a	00			
16b	Total everywhere income (loss) from federal Schedules K-1	16b	00			
16c	Total everywhere income (loss) from disregarded entities	16c	00			
16d	Other nonapportionable income (loss) from the PTE's own activities	16d	00			
16	Add lines 16a through 16d.	This is your deductions including nonapportionable income.	16		00	
17	Add lines 14 and 15, then subtract line 16	17	185994	00		
18	Mark the box that describes your business activity or enter your apportionment factor					
☒	100% Montana activity	☐	0% Montana activity	100.0000	% Receipts factor x line 17	
18					185994	00
19a	Total Montana source income (reported on MT Schedules K-1 issued to this entity)	19a	00			
19b	Total Montana source income from Schedules VII	19b	00			
19c	Nonapportionable income allocated to Montana. (See instructions)	19c	00			
19	Add lines 19a through 19c.	This is the total nonapportionable income (loss) sourced to Montana.	19		00	
20	Add lines 18 and 19; enter result.	This is your total Montana source income.	20	185994	00	



25TT0101

Name Test S-Corp 1 Inc FEIN 2 0 3 3 3 3 3 3

Prepayments

21 2025 payments ☐ Mark this box if you made estimated payments using the annualization method (see instructions) 21 00
22 2024 overpayment applied to 2025 22 00
23 Add lines 21 and 22. Total prepayments 23 00

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

24 Total taxable income subject to pass-through entity tax from all owners' MT Schedules K-1, Part IV, line 14 (see instructions) 24 00
25 Total pass-through entity tax from all owners' MT Schedules K-1, Part V, line 1 25 00
26 Flow-Through Payments Schedule, Column A, line 12 26 00
27 Subtract lines 23 and 26 from line 25. Pass-through entity tax due or (overpayment). 27 00
28 Total composite tax from Schedule IV, Column H 28 00
29 Flow-Through Payments Schedule, Column B, line 12 29 00
30 Add lines 27 and 28, then subtract line 29. Composite tax and pass-through entity tax due or (overpayment). 30 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 1 0 9 7 4 00
33 PTE's tax liability resulting from an adjustment to partnership income (see instructions) 33 00
34 Flow-Through Payments Schedule, Column C, line 12 34 00
35 Add lines 32 and 33, then subtract line 34. Pass-through withholding and other partnership liability due or (overpayment). 35 1 0 9 7 4 00
36 PTE information return late filing penalty 36 00
37 Add lines 30, 31, 35, and 36. Total PTE taxes with interest and/or penalty. 37 1 0 9 7 4 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 1 0 9 7 4 00

Penalty and Interest

41 Late payment penalty 41 00
42 Interest 42 00
43 Add lines 40 through 42. Total tax, penalties, and interest. 43 1 0 9 7 4 00

Amount Owed or Refund

44 If line 43 is more than zero, enter the amount here. This is the amount you owe. 44 1 0 9 7 4 00
45 If line 43 is less than zero, enter the amount here. This is your overpayment. 45 00
46 Enter the amount from line 45 that you want applied to your 2026 tax 46 00
47 Subtract line 46 from line 45. This is your refund. 47 00

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

1 Routing Number ☐ Checking ☐ Savings
2 Account Number
3 ☐ Mark this box if this refund is going to an account that is located outside of the United States or its territories.

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

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

Officer

Signature ☒ Date Signed 0 8 1 9 2 0 2 6
Printed Name Rebecca Cooper Phone 4 0 6 4 4 4 6 9 6 4

Tax Preparer

Signature Date Signed 0 8 1 9 2 0 2 6
Print Name Tamora Pierce Phone 4 0 6 4 4 4 1 8 0 0
☒ Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN P 8 4 2 3 5 9 7 5

Tax Preparation Firm

Firm Name CPA LLC Firm's FEIN 1 2 7 2 4 3 2 4 9
Mailing Address 24 Beacon ST
City Boston State MA ZIP 0 2 1 3 3

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

Name Title Telephone Number
Email



25TT0201



2025 Montana Form PTE – Flow-Through Payments Schedule

2025v1
6/2025

Name Test S-Corp 1 Inc

FEIN 20333333

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	B	C
			Mineral Royalty Withholding Received	Pass-Through Withholding Received	Pass-Through Entity Tax Received
1	Royalty LP	120000001	3000 00	00	00
2			00	00	00
3			00	00	00
4			00	00	00
5 Totals			3000 00	00	00

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

		Schedules K-1 subject to:		
		A	B	C
		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	0.0000 %	0.0000 %	100.0000 %
2	Multiply total in Part I, Column A by percentage on line 1 for each Column	00	00	3000 00
3	Mineral royalty withholding passed to owners			3000 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.	00	00	00
5	Multiply total in Part I, Column B by percentage on line 1 for each Column	00	00	00
6	Pass-through withholding passed to owners			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.	00	00	00
8	If Column A, line 1 is greater than 0%, enter the total from Part I, Column C	00		
9	If Column A, line 1 is 0%, multiply the total in Part I, Column C by Columns B and C, line 1		00	00
10	Total pass-through entity tax passed to owners			00
11	Enter Column B, line 9. Subtract Column C, line 10 from line 9. Credit balance for PTE not electing to pay PTET.		00	00
12	Add lines 4, 7, 8, and 11 in each Column. Total payments the PTE can claim as a credit.	00	00	00



25TT0301



2025 Montana Form PTE Schedule I – Receipts Factor for Multistate Pass-Through Entities

2025v1
6/2025

Name Test S-Corp 1 Inc

FEIN 2 0 3 3 3 3 3 3 3

Part I. Receipts Factor

	A	B
	Everywhere	Montana
1a Total receipts, less returns and allowances	1a 00	
1b Receipts delivered or shipped to Montana purchasers from outside Montana		1b 00
1c Receipts delivered or shipped to Montana purchasers from within Montana		1c 00
1d Receipts shipped from Montana to the United States government		1d 00
1e Receipts shipped from Montana to purchasers in a state where the taxpayer is not taxable		1e 00
1f Gross receipts from services		1f 00
2 Taxable dividends	2 00	00
3 Interest income	3 00	00
4 Gross rents, leasing, or licensing of property	4 00	00
5 Royalties	5 00	00
6 Net gains reported on federal Schedule D and federal Form 4797	6 00	00
7 Other gross receipts	7 00	00
8 Add lines 1 through 7 in each column	8 00	00
9 Divide Column B, line 8 by Column A, line 8. Multiply the result by 100. Enter here and on page 1, line 18.		
	This is your receipts factor. 9	100.0000 %

Part II. General Receipts Questions

Attach additional pages if necessary

- 1 Describe the nature and location of your Montana business activities.

Supports oil and gas operations with lease spaces in MT.

- 2a ☐ Mark this box if you used a reasonable approximation method to assign receipts reported on Part I, line 1. Attach a statement. (See instructions)
- 2b ☐ Mark this box if you changed your reasonable approximation method from a prior year to assign receipts on this tax return. Attach a statement. (See instructions)



25TT0401



2025 Montana Form PTE Apportionable Income Schedule

2025v1
6/2025

Name Test S-Corp 1 Inc

FEIN 2 0 3 3 3 3 3 3

Use this schedule 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)	E	F	G
	Federal Schedule K	Federal Schedule K-1	Disregarded entities	Nonapportionable income	Apportionable Income (A - B - C - D)	Receipts factor from Schedule I, line 9	Income apportioned to Montana (E x F)
1 Ordinary business income (loss)	170000				170000	100	170000
2 Net rental real estate income (loss)	-15000				-15000	100	-15000
3 Other net rental income (loss)	-3000				-3000	100	-3000
4a Guaranteed payments: services							
4b Guaranteed payments: capital							
5 Interest income							
6 Ordinary dividends	25000				25000	100	25000
7 Royalties	9844				9844	100	9844
8 Net short-term capital gain (loss)							
9 Net long-term capital gain (loss)							
10 Net section 1231 gain (loss)							
11 Other income (loss)							
12 Section 179 expense deduction apportionable and/or allocable to Montana	750				750	100	750
13 Other expense deductions apportionable and/or allocable to Montana	100				100	100	100
14 Total	185994				185994	100	185994



25TT0501



2025 Montana Form PTE Schedule II –
Montana Pass-Through Entity Tax Credits

2025v1
6/2025

Name	Test S-Corp 1 Inc	FEIN	2	0	3	3	3	3	3	3	3
1	Qualified endowment credit	1								450	00
2	Recycle credit. Include Form RCYL.	2								500	00
3	Apprenticeship credit	3								750	00
4	Trades education and training credit. Include Form TETC.	4								600	00
5	Innovative educational program credit Credit confirmation code	5								1000	00
6	Student scholarship organization credit Credit confirmation code	6								600	00
7	Contractor's gross receipts tax credit. If multiple CGR accounts, mark here ☐	7								1200	00
8	Historic property preservation credit. Include federal Form 3468	8								200	00
9	Infrastructure users fee credit	9								250	00
10	Media credit UCRN	10								700	00
11	Jobs growth incentive credit Credit certificate number	11								350	00
12	Unlocking public lands credit	12								750	00



25TT0601



2025 Montana Form PTE – Montana Source Income Schedule

2025v1

6/2025

Name Test S-Corp 1 Inc

FEIN 2 0 3 3 3 3 3 3

		A		B		C		D		E	
		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	
Sum of Montana source income per item of income (loss) and deduction.											
1 Ordinary business income (loss)	1		00		00		00	170000	00	170000	00
2 Net rental real estate income (loss)	2		00		00		00	-15000	00	-15000	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 Interest income	5		00		00		00		00		00
6 Ordinary dividends	6		00		00		00	25000	00	25000	00
7 Royalties	7		00		00		00	9844	00	9844	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 section 1231 gain (loss)	10		00		00		00		00		00
11 Other income (loss).	11		00		00		00		00		00
12 Section 179 expense deduction apportionable to Montana	12		00		00		00	750	00	750	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	185994	00	185994	00



25TT1201



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 01012025 and ending 12312025

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

Part I. Pass-Through Entity Information

Name Test S-Corp 1 Inc FEIN 20333333
Mailing Address 24 Beacon St
City Boston State MA ZIP Code 02133

Part II. Owner Information

Name Owner 1 FEIN 300000001
Mailing Address 501 N 3rd ST or SSN
City Harrisburg State PA ZIP Code 17120 Beneficial Owner FEIN
or SSN 300000010

Owner Type ☒ I ☐ Resident ☒ Nonresident

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

Profit and loss percentage 50.0000 %
Capital/Ownership 50.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B Montana
1 Additions	1	00	00
2 Subtractions	2	00	00

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

		A Everywhere	B Montana
1 Ordinary business income (loss)	1	85000 00	85000 00
2 Net rental real estate income (loss)	2	-7500 00	-7500 00
3 Other net rental income (loss)	3	-1500 00	-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	12500 00	12500 00
7 Royalties	7	4922 00	4922 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	375 00	375 00
13 Other expense deductions	13	50 00	50 00
14 Total distributive share (See instructions)	14	92997 00	92997 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	5487 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	5487 00
4 Montana mineral royalty tax withheld	4	1500 00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1	The calculation for these fields are the Schedule II * P&L%	00
2	Codes: QEC, RCYL, APP, TETC, IEP, SSO, CGR, HPP, IUFC, MEDIA, JGI, UPC	00

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

1 Code	00	2 Code	00	3 Code	00
4 Code	00	5 Code	00	6 Code	00



25TT1301



Montana Schedule K-1 (PTE)

2025v1
6/2025

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

For the calendar year 2025, or tax year beginning 0 1 0 1 2 0 2 5 and ending 1 2 3 1 2 0 2 5

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

Part I. Pass-Through Entity Information

Name Test S-Corp 1 Inc FEIN 2 0 3 3 3 3 3 3
Mailing Address 24 Beacon St
City Boston State M A ZIP Code 0 2 1 3 3

Part II. Owner Information

Name Owner 2 FEIN
Mailing Address 1000 Bank St or SSN 3 0 0 0 0 0 0 2
City Richmond State V A ZIP Code 2 3 2 1 9 Beneficial Owner FEIN
or SSN

Owner Type ☒ I ☐ Resident ☒ Nonresident

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

Profit and loss percentage 50.0000 %
Capital/Ownership 50.0000 %

Part III. Montana Adjustments (See worksheet on page 9)

		A Everywhere	B 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	85000 00	85000 00
2 Net rental real estate income (loss)	2	-7500 00	-7500 00
3 Other net rental income (loss)	3	-1500 00	-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	12500 00	12500 00
7 Royalties	7	4922 00	4922 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	375 00	375 00
13 Other expense deductions	13	50 00	50 00
14 Total distributive share (See instructions)	14	92997 00	92997 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	5487 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	5487 00
4 Montana mineral royalty tax withheld	4	1500 00
5 Other information. List type and amount	5	00

Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1	The calculation for these fields are the Schedule II * P&L%	00
2	Codes: QEC, RCYL, APP, TETC, IEP, SSO, CGR, HPP, IUFC, MEDIA, JGI, UPC	00

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

1 Code	00	2 Code	00	3 Code	00
4 Code	00	5 Code	00	6 Code	00



25TT1301

Warning Messages

Warning messages are intended to assist you with the self-testing process. Once a submission has passed your initial tests without system errors, submit your test submissions for MT DOR review as identified in the Testing Overview section.

Warning Messages			
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 apportionable activities	Verify that this figure transferred correctly from the Montana Adjustments Worksheet, Part 1, Column A. This line is for reporting apportionable Montana additions.
1	Line 16a	Montana subtractions from the PTE's apportionable activities	Verify that this figure transferred correctly 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
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.
2	Line 23	Add lines 21 and 22. Total prepayments	This line is the sum of all pre-payments for 2024.
2	Line 24	Total taxable income subject to Pass-through Entity Dax (PTET) from all owners' MT Schedules K-1, Part 4, Line 14	Sum line for all owners' MT Schedules K-1, Part 4, Line 14. (See instructions)
2	Line 25	Total Pass-through Entity Tax (PTET) from all owners' MT Schedules K-1, Part 5, Line 1	Sum line for Pass-through Entity Tax (PTET) from all owners' MT Schedule K-1, Part 5, Line 1. (See instructions)
2	Line 26	Flow-through Payments Schedule, Column A, Line 12	This line is from Column A, line 12 of the 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-through Entity Tax due or (overpayment)	Subtract line 23 and 26 from line 25. This equals your Pass-through Entity Tax due or overpaid.
2	Line 28	Total composite tax from Schedule IV, Column H	Total line of all Owners MT Schedules K-1 Part 5, Line 2. (See instructions)
2	Line 30	Add Line 27 and 28, then subtract Line 29. Composite tax and Pass-through Entity Tax due or (overpayment)	Subtract lines 27 and 29 from line 29. This equals your Composite tax due or overpaid.
2	Line 31	Interest on Underpayment of Estimated Tax (UT Penalty) (See instructions)	This line is for Interest on Underpayment of Estimated Tax (UT Penalty). It is associated with Supplemental form EST-PTI.

Warning Messages (cont.)

PTE Page #	PTE Line #	Description	Warning Message
2	Line 32	Total Pass-through Withholding from all owners' MT Schedules K-1, Part 5, Line 3a	Total sum of all owners' MT Schedules K-1, part 5, Line 3a. (See instructions)
2	Line 34	Flow-Through Payments Schedule, Column C, Line 12	Amount is from Column C, Line 12 of the 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 Pass-through Withholding and other partnership liability due or (overpayment)	This line is the sum Lines 32 and 33 minus Line 34. This is equals your Pass-through Withholding and other partnership liability due or overpaid.
2	Line 37	Add Lines 30, 31, 35, and 36. Total PTE Taxes with interest and/or penalty	This line is the sum lines 30, 31, 35 and 36. If this line is incorrect check prior calculations.
2	Line 43	Add lines 40 through 42. Total tax, penalties, and interest	This line is the sum of lines 40, 41, and 42. If this line is incorrect check prior calculations.
2	Line 44	If Line 43 is more than zero, enter the amount here. This is the amount you owe.	This is the amount you owe. If line 43 is more than zero enter the value here.
2	Line 45	If line 43 is less than zero, enter the amount here. This is your overpayment.	This is your overpayment if Line 43 is less than zero enter the value here.
2	Line 47	Subtract Line 46 from Line 45. This is your refund.	Subtract Line 46 from Line 45. This is your refund amount.

Change Log		
Version		
Date	Test #	Change Description
11/19/2025	1	Updated Schedule IV, Part IV Owner Nine, Column F value, added missing values to Sch K-1, Owner 10, Part VII.
11/19/2025	2	Updated Page 2 values starting on line 27, updated values on Schedule IV, Part III, lines 1 and 3.