



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

Mark all that apply:

☐ Initial return

☐ Final return

☐ Amended return

☐ Refund return

☐ PTP

☐ PTET

☐ Resident PTET

Name

Mailing Address

City

State

ZIP Code + 4

For calendar year 2025 or tax year beginning

and ending

FEIN

Federal Business Code/NAICS

MT Secretary of State ID #

Date of Registration in Montana

State formed in

on

Enter Number of:

Schedules K-1 Included

Resident Owners

Nonresident Owners

Other Types of Owners

Schedules DE Included

Schedules K-1 Received

☐ 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	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	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	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	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	00	
13	Add lines 13a through 13e and enter result.	This is your total federal deductions.	13	00
14	Subtract line 13 from line 12.	This is your federal income from all sources.	14	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	00	
18	Mark the box that describes your business activity or enter your apportionment factor			
	<input type="checkbox"/> 100% Montana activity <input type="checkbox"/> 0% Montana activity    % Receipts factor x line 17	18	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	00



\*25TT01XX\*

Name	FEIN	
<b>Prepayments</b>		
21 2025 payments	<input type="checkbox"/> 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.	<b>Total prepayments</b>	23 00
<b>Pass-through Entity Tax, Composite Tax, and Pass-Through Withholding</b>		
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.	<b>Pass-through entity tax due or (overpayment).</b>	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.	<b>Composite tax and pass-through entity tax due or (overpayment).</b>	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 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.	<b>Pass-through withholding and other partnership liability due or (overpayment).</b>	35 00
36 PTE information return late filing penalty		36 00
37 Add lines 30, 31, 35, and 36.	<b>Total PTE taxes with interest and/or penalty.</b>	37 00
<b>Amended Return</b>		
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 00
<b>Penalty and Interest</b>		
41 Late payment penalty		41 00
42 Interest		42 00
43 Add lines 40 through 42.	<b>Total tax, penalties, and interest.</b>	43 00
<b>Amount Owed or Refund</b>		
44 If line 43 is more than zero, enter the amount here.	<b>This is the amount you owe.</b>	44 00
45 If line 43 is less than zero, enter the amount here.	<b>This is your overpayment.</b>	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.	<b>This is your refund.</b>	47 00

**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  
Printed Name Phone

**Tax Preparer**

Signature Date Signed  
Print Name Phone  
☐ Mark this box if you allow the DOR to discuss this tax return with your tax preparer. PTIN

**Tax Preparation Firm**

Firm Name Firm's FEIN  
Mailing Address  
City State ZIP

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

Name Title Telephone Number

Email



\*25TT02XX\*



# 2025 Montana Form PTE – Flow-Through Payments Schedule

2025v1  
6/2025

Name

FEIN

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

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

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

Schedules K-1 subject to:

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



\*25TT03XX\*



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

2025v1  
6/2025

Name

FEIN

Part I. Receipts Factor

A  
Everywhere

B  
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		

Part II. General Receipts Questions

Attach additional pages if necessary

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

- 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)



\*25TT04XX\*



# 2025 Montana Form PTE Apportionable Income Schedule

2025v1  
6/2025

Name

FEIN

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)							
2 Net rental real estate income (loss)							
3 Other net rental income (loss)							
4a Guaranteed payments: services							
4b Guaranteed payments: capital							
5 Interest income							
6 Ordinary dividends							
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							
14 Total							



\*25TT05XX\*



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

2025v1  
6/2025

Name	FEIN	
1 Qualified endowment credit	1	00
2 Recycle credit. Include Form RCYL.	2	00
3 Apprenticeship credit	3	00
4 Trades education and training credit. Include Form TETC.	4	00
5 Innovative educational program credit		
Credit confirmation code	5	00
6 Student scholarship organization credit		
Credit confirmation code	6	00
7 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here <input type="checkbox"/>		
	7	00
8 Historic property preservation credit. Include federal Form 3468	8	00
9 Infrastructure users fee credit	9	00
10 Media credit		
UCRN	10	00
11 Jobs growth incentive credit		
Credit certificate number	11	00
12 Unlocking public lands credit	12	00



\*25TT06XX\*



Name

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

2025v1

6/2025

FEIN

## Part I. Eligible Participating Owners

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

## Part II. Adjusted Federal Income

1	Federal income from all sources from page 1, line 14	1	00
2	Total guaranteed payments for services from page 1, line 4a	2	00
3	Total Everywhere Additions from Montana Adjustments Schedule, Column E, line 1	3	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.		
	<b>Adjusted federal income</b>	5	00

## Part III. Composite Tax Ratio

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

## Part IV. Composite Tax

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

	A Name	B Social Security Number or Federal Employer Identification Number	C Total Distributive Share from Owner's Schedule K-1, Column A, Part IV, Line 14	D (Partnerships only) Guaranteed Payments for Services from Owner's Schedule K-1, Column A, Part IV, Line 4a	E Standard Deduction (\$15,000)	F Subtract Columns D and E from Column C Montana Taxable Income	G Tax from Tax Table (See instructions)	H Multiply Column G by composite tax ratio from Part III, Line 4 Montana Composite Income Tax
1				00		00	00	00
2				00		00	00	00
3				00		00	00	00
4				00		00	00	00
5				00		00	00	00
6				00		00	00	00
7				00		00	00	00
8				00		00	00	00
9				00		00	00	00
10				00		00	00	00
11	If there are more than 10 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	00



\*25TT07XX\*



# 2025 Montana Form PTE Schedule VI – Reporting of Special Transactions

2025v1  
6/2025

Name

FEIN

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

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

## Complete this section if the PTE is a partnership.

- 6 ☐ The partnership filed one or more of the following forms in 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

00

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

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

A	B	C
Name	FEIN	Amount of Payment

00  
00  
00  
00  
00  
00  
00  
00  
00  
00  
00  
00  
00



\*25TT08XX\*





2025 Montana Form PTE Schedule VII –  
List of Disregarded Entities

2025v1  
6/2025

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



\*25TT09XX\*



# 2025 Montana Form PTE Schedule DE – Disregarded Entity Montana Source Income

2025v1  
6/2025

Name

FEIN

File this schedule for all disregarded entities that must report Montana source income.

Do not file this schedule for disregarded entities that only receive flow-through income or are considered segments. (See instructions.)

Complete the Everywhere Column first. If the income reported on line 17 includes apportionable income, then mark the box and calculate the apportionment factor.

Use the apportionment factor to calculate your Montana source income. If line 17 includes nonapportionable income, report it on the applicable line in the Montana Column.

## Disregarded Entity Name

## Disregarded Entity FEIN

### Business Income and Deductions

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

### Other Income

2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4 Guaranteed payments (partnerships only)	4	00	00
5 Interest income	5	00	00
6 Ordinary dividends	6	00	00
7 Royalties	7	00	00
8 Net short-term capital gain (loss) (include federal Schedule D)	8	00	00
9 Net long-term capital gain (loss) (include federal Schedule D)	9	00	00
10 Net section 1231 gain (loss) (include federal Form 4797)	10	00	00
11 Other income (loss) (include detailed statement)	11	00	00
12 Section 179 deduction (include federal Form 4562)	12	00	00
13 Other deductions (include detailed statement)	13	00	00
14 Add lines 1 through 11, then subtract lines 12 and 13	14	00	00
15 Montana additions to income	15	00	00
16 Montana subtractions from income	16	00	00
17 Add lines 14 and 15, then subtract line 16.	17	00	00
<input type="checkbox"/> Mark this box if some income is apportionable.			

### Receipts Factor

1 Everywhere Receipts	1	00	
2 Montana Receipts		2	00
3 Divide line 2 by line 1		3	



\*25TT10XX\*



# 2025 Montana Form PTE – Montana Adjustments Schedule

2025v1

6/2025

Name

FEIN

## Montana Adjustments to Everywhere Income

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

## Adjustments to Montana Source Income

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



\*25TT11XX\*



# 2025 Montana Form PTE – Montana Source Income Schedule

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Name

FEIN

		A	B	C	D	E
		Montana Source Income	Montana Source Income	Montana Source Income	Montana Source Income	Total of
		from	from	from	from PTE's	Columns A through D
		Montana Schedules K-1	Schedules DE	Nonapportionable Income	Apportionable Activities	
Sum of Montana source income						
per item of income (loss) and deduction.						
1 Ordinary business income (loss)	1	00	00	00	00	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	00	00
5 Interest income	5	00	00	00	00	00
6 Ordinary dividends	6	00	00	00	00	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	00	00
14 <b>Total Montana Source Income</b>	14	00	00	00	00	00



\*25TT12XX\*



# 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 and ending

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

### Part I. Pass-Through Entity Information

Name FEIN  
Mailing Address  
City State ZIP Code

### Part II. Owner Information

Name FEIN  
Mailing Address or SSN  
City State ZIP Code Beneficial Owner FEIN or SSN

Owner Type ☐ Resident ☐ Nonresident

☐ Special Allocations (See instructions) ☐ Distributive share of: Profit and loss percentage  
☐ The owner is included in a PTET election Everywhere Receipts Capital/Ownership  
☐ Resident owner PTET election (See instructions) Receipts allocated to Montana  
☐ The owner is included in a composite income tax return Distributive share of original cost of partnership tangible property located in Montana

### 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	00	00
2 Net rental real estate income (loss)	2	00	00
3 Other net rental income (loss)	3	00	00
4a Guaranteed payments: services	4a	00	00
4b Guaranteed payments: capital	4b	00	00
5 Interest income	5	00	00
6 Ordinary dividends	6	00	00
7 Royalties	7	00	00
8 Net short-term capital gain (loss)	8	00	00
9 Net long-term capital gain (loss)	9	00	00
10 Net section 1231 gain (loss)	10	00	00
11 Other income (loss) (include detailed statement)	11	00	00
12 Section 179 expense deduction	12	00	00
13 Other expense deductions	13	00	00
14 Total distributive share (See instructions)	14	00	00

### Part V. Supplemental Information

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

1 PTET paid on behalf of owner (See instructions)	1	00
2 Montana composite income tax paid on behalf of owner	2	00
3a Montana income tax withheld on behalf of owner (See instructions)	3a	00
3b Montana income tax withheld by a lower tier pass-through entity	3b	00
3c Add lines 3a and 3b. This is your total Montana income tax withheld on your behalf.	3c	00
4 Montana mineral royalty tax withheld	4	00
5 Other information. List type and amount	5	00

### Part VI. Tax Credits

Code	Credit Authorization Number	Amount of Credit
1		00
2		00

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

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



\*25TT13XX\*