## Form PTE

## 2023 Montana Pass-Through Entity Tax Return

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

Partnership S corporation No Staples Page 1 For calendar year 2023 or tax year beginning and ending FEIN Mark all that apply: Name Initial return Federal Business Code/NAICS Final return Mailing Address MT Secretary of State ID # Amended return Date of Registration in Montana State ZIP Code + 4 Refund return State formed in City on PTP PTET Resident PTET Schedules DE Included Enter Number of: Schedules K-1 Included Nonresident Owners **Resident Owners** Other Types of Owners Schedules K-1 Received Owners' Distributive Share of Income Items (federal Schedule K) 00 1 1 Ordinary business income (loss) 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) 00 3h 3 Subtract line 3b from line 3a. This is your other net rental income or loss. 00 3 00 4a Guaranteed payments: Services 4a 4b Guaranteed payments: Capital 4b 00 4 Add lines 4a and 4b This is your total guaranteed payments. 00 4 00 5 Interest income 5 <sup>-</sup>ederal Schedule K 00 6 Ordinary dividends 6 00 7 Royalties 7 00 8 Net short-term capital gain (loss) (include federal Schedule D) 8 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 11 Other income (loss) (include detailed statement) 00 11 00 12 Add lines 1 through 11 and enter result. This is your total federal income or loss. 12 Owners' Distributive Share of Deduction Items (include federal Schedule K) 13a Section 179 deduction (include federal Form 4562) 13a 00 13b 00 13b Contributions 00 13c Investment interest expense 13c 13d Section 59(e)(2) expenditures (include detailed statement) 00 13d 13e Other deductions (include detailed statement) 13e 00 00 13 Add lines 13a through 13e and enter result. This is your total federal deductions. 13 14 Subtract line 13 from line 12. This is your federal income from all sources. 14 00 00 15 Montana additions to the PTE's apportionable activities 15 16a Montana subtractions from the PTE's apportionable activities 00 16a 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 Montana Source Income 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 Schedule I not required: 100% Montana activity 0% Montana activity 18 Income (loss) apportioned to Montana. Multiply line 17 x % 18 00 19a Total Montana source income received from pass-through entities (Montana source income from MT Schedules K-1 issued to this entity) 19a 00 00 19b Total Montana source income from Schedules VII 19b 00 19c Nonapportionable income allocated to Montana. (See instructions) 19c 19 Add lines 19a through 19c. This is the total nonapportionable income (loss) sourced to Montana. 19 00 00 20 Add lines 18 and 19; enter result. This is your total Montana source income. 20





2023v1

Prepayments		21 2023 payments	21 00
aym		22 2022 overpayment applied to 2023	22 00
Prep		23 Add lines 21 and 22. Total prepayments	23 00
×		24 Total taxable income subject to pass-through entity tax from all owners' MT Schedules K-1, Part 4, line 14 (see instructions)	24 00
/Ta	۲ <b>۵</b>	25 Total pass-through entity tax from all owners' MT Schedules K-1, Part 5, line 1	25 00
ntit.	ב	26 Flow-Through Payments Schedule, Column A, line 12	26 00
Pass-through Entity Tax	20	27 Add lines 23 and 26, then subtract from line 25. Pass-through entity tax due or (overpayment)	27 00
no.	5	28 Total composite tax from Schedule IV, Column H	28 00
Ę,	2	29 Flow-Through Payments Schedule, Column B, line 12	29 00
ase	5	30 Add lines 27 and 28, then subtract line 29. Composite tax and pass-through entity tax due or (overpayment)	30 0 0
		31 Interest on underpayment of estimated tax (see instructions)	31 00
		32 Total pass-through withholding from all owners' MT Schedules K-1, Part 5, line 3a	32 00
Pass-Through	ĥ	33 PTE's tax liability resulting from an adjustment to partnership income (see instructions)	33 0 0
hro	00	34 Flow-Through Payments Schedule, Column C, line 12	34 00
ass-Through		35 Add lines 32 and 33, then subtract from line 34.	
Pas	2	Pass-through withholding and other partnership liability due or (overpayment)	35 00
			36 00
Total			37 00
ded	=		38 00
Amended	nlav	39 For amended returns only - payments made with original return	39 00
An a	2	40 Add lines 37 and 38, then subtract line 39.	40 00
₹.	st .	41 Late payment penalty	41 00
Penalty	anu Interest	42 Interest	42 00
	-		43 00
Amount Owed	2	44 If line 43 is more than zero, enter the amount here. This is the amount you owe.	44 00
nount Owe	anı	· · · · · · · · · · · · · · · · · · ·	45 00
	2		46 00
Å,		47 Subtract line 46 from line 45. This is your refund.	47 00

FEIN

<b>Direct Deposit</b> <b>Your Refund</b> Complete 1, 2, 3, and 4. (See instructions)	<ol> <li>1. RTN#</li> <li>3. If using direct deposit,</li> <li>4. If this refund is going to</li> </ol>	•		- 5	Savings ritories, mark here.
	e swearing, I declare that ledge and belief, it is true,		•	companying schedu	les and statements, and
Signature of Officer		Date	Printed Name and Title		Telephone Number

Χ			
Print/Type Preparer's Name	Preparer's Signature	Date	PTIN
Firm's Name	Firm's Address	Telephone Number	Firm's FEIN

If you allow the DOR to discuss this tax return with your tax preparer, mark here.



## Flow-Through Payments Schedule

**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.

montan	Montana Concedies IX-1 reporting mineral royary manolarity, pass-anough manolarity, and/or pass-anough charg tax.									
	Entity Name	FEIN	A. Mineral royalty	B. Pass-through	C. Pass-through entity					
			withholding received	withholding received	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	A. Pass-through entity tax	Schedules K-1 subject to: B. Composite tax	C. Other	
1 Sum of profit and loss percentage of all MT Schedules K-1	1	A. I ass-through entity tax	D. Composite tax	o. other
subject to applicable Column(s) A, B, and C				
2 Multiply total in Part I, Column A by percentage on line 1 for each column	2	00	00	00
3 Mineral royalty withholding passed to owners	3			00
4 Enter Column A, line 2 and Column B, line 2.				
Subtract Column C, line 3 from Column C, line 2.				
Balance of mineral royalty withholding the PTE can claim as a credit.	4	00	00	00
5 Multiply total in Part I, Column B by percentage on line 1 for each column	5	00	00	00
6 Pass-through withholding passed to owners	6			00
7 Enter Column A, line 5 and Column B, line 5.				
Subtract Column C, line 6 from Column C, line 5.				
Balance of pass-through withholding the PTE can claim as a credit	7	00	00	00
8 If Column A, line 1 is greater than 0%, enter the total from Part I, Column C	8	00		
9 If Column A, line 1 is 0%, multiply the total in Part I, Column C				
by Columns B and C, line 1	9		00	00
10 Total pass-through entity tax passed to owners	10			00
11 Enter Column B, line 9.				
Subtract Column C, line 10 from line 9.				
Credit balance for PTE not electing to pay PTET	11		00	00
12 Add lines 4, 7, 8, and 11 in each column.				
Total payments the PTE can claim as a credit	12	00	00	00
Part III. Authorized Representative: Authorized to make PTET electronic e electronic electronic e el	ctio	n for Tax Year 2023		

	•			
Name	Title	Tele	phone Number E	mail



FEIN

## Schedule I - Apportionment Factor for Multistate Pass-Through Entities

amounts in columns A and B. Enter percentages in column		A. Everywhere B. Monta	na.	C. F
Property Factor: Use average value for real and tangible personal property				
1a Land	1a	00		00
1b Buildings	1b	0 0		00
1c Machinery	1c	0 0		00
1d Equipment	1d	0 0		00
1e Furniture and fixtures	1e	00		00
1f Leases and leased property	1f	00		00
1g Inventories	1g	00		00
1h Depletable assets	1h	00		00
1i Supplies and other	1i	00		00
1j Multiply amount of rents by 8 and enter result	1j	00		00
1k Total Property Value. Add lines 1a through 1j	1k	00		00
Divide the total in column B by the total in column A. Multiply the result by 100.		This is your property factor.	1	
Payroll Factor:				
2a Compensation of officers	2a	00		00
2b Salaries and wages	2b	00		00
Payroll included in:				
2c Costs of goods sold	2c	00		00
2d Other expenses and deductions	2d	00		00
2e Total Payroll Value. Add lines 2a through 2d.	2e	00		00
Divide the total in column B by the total in column A. Multiply the result by 100.		This is your payroll factor.	2	
Gross Receipts Factor:				
3a Gross Receipts, less returns and allowances	3a	00		
3b Receipts delivered or shipped to Montana purchasers:				
(1) Shipped from outside Montana		3b(1)		00
(2) Shipped from within Montana		3b(2)		00
3c Receipts shipped from Montana to:				
(1) United States government		3c(1)		00
(2) Purchasers in a state where the taxpayer is not taxable		3c(2)		00
3d Receipts other than receipts of tangible personal property (e.g., service inco	me)	3d		00
3e Net gains reported on federal Schedule D and Form 4797	3e	00		00
3f Other gross receipts (rents, royalties, interest, etc.)	3f	00		00
3g <b>Total Receipts Value.</b> Add lines 3a through 3f.	3g	00		00
Divide the total in column B by the total in column A. Multiply the result by 100.	- 3	This is your receipts factor.	3	
Enter the amount reported on line 3.			4	
Add the percentages from lines 1, 2, 3, and 4 in column C.		This is the sum of your factors.		
Divide the total percentage from line 5, column C, by the number of factors that c	on ha in	-	Ũ	

This is your apportionment factor. 6

## Schedule II - Montana Pass-Through Entity Tax Credits

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

A. Credit Code	B. Credit Authorization Number	C. Amount of credit
1		00
2		00
3		00
4		00
5		00



Part I. Eligible Participating Owners	Part II. Composite Tax Ratio	А	В	С
Enter the number of eligible participating owners.	Use the amount in column 3	Enter the amount from	Enter the amount from	Divide column 2 by
See instructions for more information about	to complete the calculation	page 1, line 14	page 1, line 20	column 1 Do not enter more
eligible participants.	in column H below.	of this form.	of this form.	than 1.000000.
		00		00

#### Part III. Enter the required information and amounts for each eligible participant in columns A – H.

	A. Name	B. Social Security Number or Federal Employer Identification Number	C. Owner's share of federal income from entity	D. Standard deduction	E. Exemption \$2,960	F. Montana taxable income – Subtract columns D and E from column C.	G. Enter the appropriate tax from the tax table below.	H. Montana composite income tax. Multiply column G by composite tax ratio from Part II.
1			00	00	00	00	00	00
2			00	00	00	00	00	00
3			00	00	00	00	00	00
4			00	00	00	00	00	00
5			00	00	00	00	00	00
6			00	00	00	00	00	00
7			00	00	00	00	00	00
8			00	00	00	00	00	00
9			00	00	00	00	00	00
10			00	00	00	00	00	00
				11 Enter th	ne total compo	site tax from all addi	tional pages, if used	00
			Add colu	mn H, lines <sup>-</sup>	1 through 11. 1	This is your total compo	site income tax liability.	00

Add column H, lines 1 through 11. This is your total composite income tax liability.

Transfer the amounts from column H to each owner's Montana Schedule K-1, Part 5, line 2.



If additional space is needed, make copies of this page. Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is	But Not More Than	Multiply Your Taxable	And Subtract	This Is Your Tax
More Than		Income By		
\$0	\$3,600	1% (0.010)	\$0	
\$3,600	\$6,300	2% (0.020)	\$36	
\$6,300	\$9,700	3% (0.030)	\$99	
\$9,700	\$13,000	4% (0.040)	\$196	
\$13,000	\$16,800	5% (0.050)	\$326	
\$16,800	\$21,600	6% (0.060)	\$494	
More than \$21,600		6.75% (0.0675)	\$656	

### Schedule VI – Reporting of Special Transactions

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.

FEIN

- 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 2023. Provide a copy of each form with your tax return.
  - Federal Form 8985, Pass-Through Statement Transmittal/Partnership Adjustment Tracking Report
  - Federal Form 8986, Partner's Share of Adjustment(s) to Partnership-Related Items(s)
  - Federal Form 8082, Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)
- 7 The partnership had Montana source income and paid an imputed underpayment. If applicable, provide a copy of your federal audit adjustment report. (See instructions)

8 Previously unreported Montana source income from Federal Form 8082 (See instructions)

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

The entity made payments during this tax year to one or more related parties 9 (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: B. FEIN C. Amount of Payment

A. Name

## 00 00 00

00 00

00

- 00
- 00
- 00
- 00
- 00 00
- 00
- 00





Schedule VII – List of Disregarded Entities (DE) 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	H. DE is a segment of the PTE	I. Montana Source Income from DE's own activities
1								00
2								00
3								00
4								00
5								00
6								00
7								00
8								00
9								00
10								00
11								00
12								00
13								00
14								00
							15 <b>Total</b>	00



FEIN

## Schedule DE – Disregarded Entity Montana Source Income

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

2.0.03			A Everywhere			
	1a Gross income	1a	00			
me	1b Returns and allowances	1b	00			
100	1c Balance. Subtract line 1b from line 1a.	1c	00			
ssli	1d Cost of goods sold (provide statement)	1d	00			
Business Income	1e Gross profit. Subtract line 1d from line 1c.	1e	00			
Bus	1f Other income including gains (provide statement)	1f	00			
	1g Add lines 1e and 1f. This is your total income.	1g	00			
	1h Wages	1h	00			
suo	1i Rent	1i	00			
Deductions	1j Other deductions (provide statement)	1j	00			
Ded	1kAdd lines 1h through 1j.This is your total deductions.	1k	00		B. Montana	
_	1 Subtract line 1k from line 1g. This is your total income from trade or business.	1	00	1		00
	2 Net rental real estate income (loss)	2	00	2		00
	3 Other net rental income (loss)	3	00	3		00
	4 Guaranteed payments (partnerships only)	4	00	4		00
	5 Interest income	5	00	5		00
e	6 Ordinary dividends	6	00	6		00
ШÖ	7 Royalties	7	00	7		00
rlpc	8 Net short-term capital gain (loss) (include federal Schedule D)	8	00	8		00
Other Income	9 Net long-term capital gain (loss) (include federal Schedule D)	9	00	9		00
0	10 Net section 1231 gain (loss) (include federal Form 4797)	10	00	10		00
	11 Other income (loss) (include detailed statement)	11	00	11		00
	12 Section 179 deduction (include federal Form 4562)	12	00	12		00
	13 Other deductions (include detailed statement)	13	00	13		00
	14 Add lines 1 through 11, then subtract lines 12 and 13	14	00	14		00
Adj.	15 Montana additions to income	15	00	15		00
Ā	16 Montana subtractions from income	16	00	16		00
Total	17 Add lines 14 and 15, then subtract line 16.					
P	Mark this box if some income is apportionable.	17	00	17		00
	1a Everywhere property	1a	00			
	1b Montana property			1b		00
	1 Divide line 1b by line 1a.		This is your Property factor.	1		
<u>ب</u>	2a Everywhere payroll	2a	00			
Factor	2b Montana payroll			2b		00
rt Fe	2 Divide line 2b by line 2a.		This is your Payroll factor.	2		
mer	3a Everywhere receipts	3a	00			
tion	3b Montana receipts			3b		00
Apportionment	3 Divide line 3b by line 3a.		This is your Receipts factor.	3		
Ap	4 Enter the amount reported on line 3			4		
	5 Add the percentages from lines 1, 2, 3, and 4.	This is the sum of your factors.	5			
	6 Divide the total percentage from line 5 by the number of factors that can be included					
	or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in the		•	_		
		This	s is your Apportionment factor.	6		



Form PTE, Page 9 - 2023
-------------------------

## Montana Adjustments Worksheet

	1 Montana Additions to Everywhere Income	Code	A.PTE's Apportionable Activities	B. Nonapportionable Income	C. From MT Schedules K-1, Part 3, Column A (See instructions)	D. From Schedules DE, Column A, lines 15 and 16	E. Total Everywhere Adjustments
me			00	00	0 0	00	00
20			00	00	0 0	00	00
e Ir			00	00	0 0	00	00
her			00	00	0 0	00	00
Ň			00	00	0 0	00	00
Vel			00	00	0 0	00	00
ts to Everywhere Income	2 Montana Subtractions to Everywhere Income	Total	00	00	00	00	0 0
Montana Adjustments			00	00	00	0 0	00
ustr			00	00	0 0	00	00
Adjı			00	00	0 0	00	00
la /			00	00	0 0	0 0	00
ntaı			00	00	0 0	0 0	0 0
Mo			00	00	0 0	0 0	0 0
		Total	00	00	0 0	00	00
			A. PTE's Apportionable	B. Nonapportionable Income	C. From MT Schedules K-1,	D. From Schedules DE,	E. Total Montana Source
	3 Montana Source Additions	Code	A. PTE's Apportionable Activities	B. Nonapportionable Income	C. From MT Schedules K-1, Part 3, Column B	D. From Schedules DE, Column B, lines 15 and 16	E. Total Montana Source Income Adjustments
me	3 Montana Source Additions	Code	Activities	0.0	<b>Part 3, Column B</b> 0 0	<b>Column B, lines 15 and 16</b> 0 0	Income Adjustments
come	3 Montana Source Additions	Code	Activities		Part 3, Column B	Column B, lines 15 and 16	Income Adjustments
e Income	3 Montana Source Additions	Code	Activities	00 00 00	<b>Part 3, Column B</b> 0 0	Column B, lines 15 and 16 00 00 00	Income Adjustments
urce Income	3 Montana Source Additions	Code	Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00	Part 3, Column B 00 00 00 00	<b>Column B, lines 15 and 16</b> 00 00	Income Adjustments 0 0 0 0
Source Income	3 Montana Source Additions	Code	Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00	Part 3, Column B 00 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00	Income Adjustments 00 00 00 00 00
ana Source Income	3 Montana Source Additions		Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00	Part 3, Column B 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00 00 00	Income Adjustments 00 00 00 00 00 00
ontana Source Income		Code Total	Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00	Part 3, Column B 00 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00	Income Adjustments 00 00 00 00 00
o Montana Source Income	3 Montana Source Additions 4 Montana Source Subtractions		Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00 00 00 00	Income Adjustments 00 00 00 00 00 00 00 00 00 00 00 00 00
s to Montana Source Income			Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00 00 00 00 00	Income Adjustments 00 00 00 00 00 00 00 00 00 00 00 00 00
ents to Montana Source Income			Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00 00 00 00 00 00	Income Adjustments 00 00 00 00 00 00 00 00 00 00 00 00 00
stments to Montana Source Income			Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00	Income Adjustments 00 00 00 00 00 00 00 00 00 00 00 00 00
djustments to Montana Source Income			Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00	Income Adjustments 00 00 00 00 00 00 00 00 00 00 00 00 00
Adjustments to Montana Source Income			Activities 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	Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00	Income Adjustments 00 00 00 00 00 00 00 00 00 00 00 00 00
Adjustments to Montana Source Income			Activities 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00	Part 3, Column B 00 00 00 00 00 00 00 00 00 00 00 00 00	Column B, lines 15 and 16 00 00 00 00 00 00 00 00 00 00 00 00 00	Income Adjustments 00 00 00 00 00 00 00 00 00 00 00 00 00



Sum of Montana source income per item of income (loss) and deduction.		A. Montana Source Income from Montana Schedules K-1	B. Montana Source Income from Schedules DE	C. Montana Source Income from Nonapportionable income	D. Montana Source income from PTE's apportionable activities	E. Total of columns A through D
1 Ordinary business income (loss)	1	00	00	00	0 0	00
2 Net rental real estate income (loss)	2	00	00	00	0 0	00
3 Other net rental income (loss)	3	00	00	00	0 0	00
4 Guaranteed payments	4	00	00	00	0 0	00
5 Interest income	5	00	0 0	00	00	00
6 Ordinary dividends	6	00	0 0	00	00	00
7 Royalties	7	00	00	00	0 0	00
8 Net short-term capital gain (loss)	8	00	00	00	0 0	00
9 Net long-term capital gain (loss)	9	0 0	0 0	00	00	00
10 Net §1231 gain (loss)	10	0 0	0 0	00	00	00
11 Other income (loss).	11	0 0	0 0	00	00	00
12 §179 expense deduction apportionable						
and/or allocable to Montana	12	00	0 0	00	00	00
13 Other expense deductions apportionable						
and/or allocable to Montana	13	00	00	00	00	00
14 Total Montana Source Income	14	00	00	00	00	00



# Montana Schedule K-1 (PTE)

	Owner's	Share of Income	(Loss), Deductions	, Credits, etc.	
	For the calendar year 2023, o			and ending	
-	Mark applicable boxes: Amended Sch		Final Schedule K-1	0	
io	Pass-through Entity's Name				
Part 1 PTE Information					FEIN
Part 1 Inform	Mailing Address				
Pa	Walling / Galess				
μ	City	State	ZIP Code		
Ы	Only	Oldle			
	Name				FEIN
	Name				OR
E	Mailing Address				SSN
Part 2 Owner Information	Mailing Address				
nai	O'h	01-1-			Beneficial owner
t 2 or	City	State	ZIP Code		FEIN
Part 2 ' Inforn					or SSN
er		lesident	Nonresident		
Ň	Special Allocations (See instructions)				ss percentage
Ó	The owner is included in a pass-through e	•		Capi	tal/Ownership
	Resident owner PTET election (See instru				
	The owner is included in a composite inco				
<u>.</u>	Montana Adjustments (See workshe	et on page 9)		A. Everywhere	B. Montana
Part 3 Adj.	1 Additions		1	00	00
Δ 、	2 Subtractions		2	00	00
	1 Ordinary business income (loss)		1	00	0.0
(s	2 Net rental real estate income (loss)		2	00	00
Part 4 Distributive Share of Montana Source Income (Loss)	3 Other net rental income (loss)		3	00	0 0
f f	4 Guaranteed payments		4	00	0 0
me	5 Interest income		5	00	00
hai coi	6 Ordinary dividends		6	00	00
t 4 Se	7 Royalties		7	00	00
Part 4 utive S urce In	8 Net short-term capital gain (loss)		8	00	00
Part 4 Distributive Share of ana Source Income (I	9 Net long-term capital gain (loss)		9	00	00
stri a S	10 Net section 1231 gain (loss)		10	00	00
Dis	11 Other income (loss) (include detailed statement)		11	00	00
ont	12 Section 179 expense deduction		12	00	00
M	13 Other expense deductions		13	00	00
	14 Total distributive share (See instructions)		14	00	00
	The owner filed Form PT-AGR Year	Th	e owner is a Domestic 2nd		00
Part 5 Supplemental Information	1 PTET paid on behalf of owner. (See instructions				1 00
	2 Montana composite income tax paid on behalf of				2 00
	3a Montana income tax withheld on behalf of owne	3			
Part 5 pleme ormati	3b Montana income tax withheld by a lower tier pas	· ,			
for P		• •	al Mantana in anna tau	3 Suithbald on your babalt	
Su	3c Add lines 3a and 3b.	i his is your to	tal Montana Income tax	withheld on your behalf. 3	
	4 Montana mineral royalty tax withheld				4 00
	5 Other information. List type		nd amount 5	00	00
s S	Credit Code	Credit Aut	norization Number		Amount of credit
Part 6 Tax Credits	1				00
Part 6 Tax Credits	2				00
-	3				00
se	Montana Adjustments Detail: Enter th		f each adjustment entered		
τŐ	1 Code	00 2 Code		00 <b>3 Code</b>	00
Part 7 PTE Use	4 Code	00 5 Code		00 6 Code	00
<u>а</u>	7 Code	00 8 Code		00 9 Code	00

