

15-31-1001 through 15-31-1012, MCA

Name (as it appears on your	r Montan	ia tax r	eturn)					
Social Security Number			UR	eral Employer ntification Number				
Taxpayer Schedule								Mark How Credit Was Received
 Enter your tax liability. Enter the total of your nonrefun Current year tay liability ofter all 				m line 1	1 2	0 0 2 0 0 3 0 0		sed ule K-1
3 Current year tax liability after all UCRN For Each				B	С	D	Е	rcha
			A Credit Initially Received		C Credit Available To	D Tax Liability After Credit	E Remaining Credit	Purchased T Schedule K-
UCRN For Each	Credit		Α	В	C Credit Available To Claim	D	E Remaining Credit	Purcha MT Schedi
UCRN For Each Department of Commerce	Credit Tax `	Year	Α	B Credit Previously		D Tax Liability After Credit Claimed	E Remaining Credit	
UCRN For Each Department of Commerce Certification Number	Credit Tax `	Year	A Credit Initially Received	B Credit Previously Claimed	Claim	D Tax Liability After Credit Claimed	ũ	
UCRN For Each Department of Commerce Certification Number	Credit Tax `	Year	A Credit Initially Received	B Credit Previously Claimed	Claim 0 C	D Tax Liability After Credit Claimed 0 0 0 0 0	00	
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UCRN For Each Department of Commerce Certification Number	Credit Tax `	Year	A Credit Initially Received	B Credit Previously Claimed 00 00	Claim 0 0 0 0 0 0 0 0	DTax Liability After Credit Claimed00000000000000000000	00 00 00	
UCRN For Each Department of Commerce Certification Number 4 5 6 7	Credit Tax Y First	Year	A Credit Initially Received	B Credit Previously Claimed 00 00 00	Claim 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DTax Liability After Credit Claimed0000000000000000000000000000	00 00 00 00	

report the amount on Column C, line 9, on your income tax return. 366 III311 UC110113 101 110W

Pass-through Entity (PTE) Schedule				Mark How Credit Was Received	
	UCRN For Each Department of Commerce	Tax Year	A Total Credit Allocated	Purchased Montana Schedule K-1	Include this form with your PTE return and keep
	Certification Number	First Last		S D	a copy in your records.
1			00		You will need the figures reported on Column E,
2			00		if any, to complete next tax year's return.
3			00		
4			00		
5			00		
6	Total Credit Allocated	•	00		



Montana Schedule K- PTE, Estate, or Trust	1 Supplem	ental Information	Tax Year	
Name			FEIN	
Owner or Beneficiary				
Name			SSN or FEIN	
UCRN For Each	Credit	Α		
Department of Commerce	Department of Commerce Tax Year			
Certification Number	First Last			
1		00		
2		00		
3		00		
4		00		
5		00		
Include t	his supplem	ental information with	ith your Montana Schedule K-1.	



General Instructions

Form MEDIA-CLAIM allows you to report the media credits you can claim against your income tax liability and calculate any carryover amounts.

Who must file Form MEDIA-CLAIM?

You must file Form MEDIA-CLAIM annually if you are the owner of a media credit that you can claim in the tax year, even if you do not have a tax liability for the year.

You are the owner of a media credit if:

- You are a certified media production or postproduction company, and you received a validation letter from the Department of Revenue stating the amount of credit you can claim associated with one or several unique credit registration numbers (UCRN).
- You purchased a credit and you received a transfer validation letter from the department stating the amount of credit transferred and the associated UCRN. If you did not receive your transfer validation letter within 30 days of recording the transfer, contact the department.

You are no longer the owner of a credit you have transferred.

A UCRN is a unique credit registration number issued by the Department of Revenue when a credit has been validated or transferred.

You can claim a media credit in tax years beginning in the calendar years covered by the UCRN. Your UCRN includes a starting year and an ending year for your carryover period. You cannot claim a media credit before you file your return for the tax year beginning in the starting calendar year of the UCRN. You cannot carry over any excess credit after the tax year beginning in the ending year of the UCRN.

Example: You completed principal photography in the year 2022 and received a validation letter from the Department of Revenue with \$1,000 of credit associated with UCRN 20-Post-10-002-2022-2026. The \$12 million cap for the year 2022 has not been exceeded. You must wait until you file your tax return for Tax Year 2022 to claim the credit. The last year you can claim the credit is Tax Year 2026.

When is this form filed?

C corporations, individuals, estates or trusts must file Form MEDIA-CLAIM with their Montana income tax return.

Pass-through entities, or estates or trusts allocating a credit to a pass-through entity owner or a beneficiary, must file Form MEDIA-CLAIM with their Form PTE or FID-3.

Which schedule should be completed?

If you are a C corporation, individual, estate or trust claiming the credit, complete the Taxpayer Schedule, and include it with your income tax return.

If you are a pass-through entity, or an estate or trust allocating the media credit to an owner or beneficiary, complete the Pass-through Entity Schedule. Unless a special allocation is required in your partnership agreement or trust instrument, allocate your media credit to your owners or beneficiaries based on their percentage of items of income and loss and credit. Complete the supplemental information on page 2 for each owner and include this supplemental information with the Montana Schedule K-1 you are sending to your owner or beneficiary.

Line Instructions

Taxpayer Schedule

Line 1–Enter your tax liability from the following line on your Montana tax return:

- Individuals-Form 2, line 18.
- Estates and trusts–Form FID-3, line 30. Electing Small Business Trusts (ESBT) must enter the amount from Form FID-3, Schedule G, line 7 if the entity is a resident, or line 10 if the entity is a nonresident.
- C corporations-Form CIT, line10.

Line 2-Enter your total nonrefundable credits as follows:

- Individuals–Form 2, Nonrefundable Credits Schedule, line 28 (less the media credit reported on line 27).
- Estates and trusts-Form FID-3, lines 31 and 32 (less the media credit).
- ESBT must enter the amount from Form FID-3, Schedule G, lines 12 and 13 (excluding their media credit).
- C corporations-Form CIT, line 21 (less the media credit on line 20)

Lines 4 through 8–Enter the UCRN you received for each of your available media credits for the tax year. First enter the credits with the shortest remaining carryover period.

Mark the box to indicate if you purchased the credit or if you received the credit from a pass-through entity. If neither is applicable, leave both boxes unchecked. Follow the form instructions for Columns A through E.

Line 9–Calculate the total for Column C. This is the amount you can claim on your income tax return. Report this credit as follows:

- Individuals–Form 2, Nonrefundable Credits Schedule, line 27.
- Trusts and estates-Include this amount on Form FID-3, line 32.
- C corporations-Form CIT, Schedule C, Column B, line 20.

Deduct the sum of the amounts on Column E from this amount and report the total on Schedule C, Column C, line 20.

Pass-through Entity Schedule

You must complete this schedule if you are a pass-through entity, an estate or a trust that is allocating some amount of media-credit to owners, or beneficiaries.

Lines 1 to 5–Enter the UCRN you received for each of the media credits you are allocating if the tax year for which you are filing Form MEDIA-CLAIM is included in the range of years covered by the years of the UCRN. If the tax year for which you are filing is before or after the periods covered by the UCRN, you cannot allocate the credit associated with this UCRN.

Mark the box to indicate if you purchased the credit or if you received the credit from a pass-through entity. If neither occur, leave both boxes unchecked. Follow the form instructions for Columns A to E.

Montana Schedule K-1 Supplemental Information

If you are a pass-through entity, an estate, or a trust, you must complete this supplemental information schedule for each owner or beneficiary that is being allocated some amount of media credit.

Lines 1 through 5–Enter the UCRN you received for each of the credits you are allocating to an owner or beneficiary if the tax year for which you are filing Form MEDIA-CLAIM is included in the range of years covered by the years of the UCRN. If the tax year for which you are filing is before or after the periods covered by the UCRN, you cannot allocate the credit associated with this UCRN.

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.