	n PTE		of all related federal forms a	Tax Retur	'n	P
(Stap	les	Partnership	S corporation			
Page 1	- 	- For calendar year 2020 or tax year beg	inning MMDD2020	and ending		
-	all that apply				FEIN	
	nitial return			Federal Business	Code/NAICS	
F	inal return	Mailing Address		MT Secretary	of State ID #	
A	mended return	-		Date of Registratio		
R	Refund return	City State	e ZIP Code + 4	State formed in		
P	TΡ					
Fut	w Niemele en ofe	Colordular I/ 1 Included	Neurosident Ourore		Cabadulaa DE	In alcohol
Ente	er Number of:	Schedules K-1 Included Resident Owners	Nonresident Owners Other Types of Owners		Schedules DE Schedules K-1 F	
		tributive Share of Income Items (federal Schedul	e K)			
		business income (loss)			1	00
		I real estate income (loss) (include federal Form 8825)			2	00
	•	ss rental income (loss)	3a	00		
		s from other rental activities (include detailed statement)	3b	00)	
	3 Subtract I	3 Subtract line 3b from line 3a. This is your other net rental income or loss.				00
	4 Guaranteed payments (partnerships only)				4	00
	5 Interest income				5	00
~	6 Ordinary	6 Ordinary dividends				00
Federal Schedule K	7 Royalties					00
	8 Net short	8 Net short-term capital gain (loss) (include federal Schedule D)				00
Sc	9 Net long-	term capital gain (loss) (include federal Schedule D)			9	00
eral	10 Net section	on 1231 gain (loss) (include federal Form 4797)			10	00
ed	11 Other inc	ome (loss) (include detailed statement)			11	00
	12 Add lines	1 through 11 and enter result.	This is your total fee	deral income or loss.	12	00
	Owners' Dis	tributive Share of Deduction Items (include feder	al Schedule K)			
	13a Section 1	79 deduction (include federal Form 4562)	13a	00)	
	13b Contributi	ions	13b	00)	
	13c Investme	nt interest expense	13c	00)	
	13d Section 5	9(e)(2) expenditures (include detailed statement)	13d	00)	
	13e Other dec	ductions (include detailed statement)	13e	00)	
	13 Add lines	13a through 13e and enter result.	This is your tota	I federal deductions.	13	00
	14 Subtract I	ine 13 from line 12.	This is your federal inco	me 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 ever	where income (loss) from federal Schedules K-1	16b	00)	
	16c Total ever	where income (loss) from disregarded entities	16c	00)	
B	16d Other nor	napportionable income (loss) from the PTE's own activitie	s 16d	00)	
LCO	16 Add lines	16a through 16d. This is	your deductions including nonap	portionable income.	16	00
8	17 Add lines	14 and 15, then subtract line 16.			17	00
Montana Source Income		e I not required. (See instructions)				
la S	18 Income (loss) apportioned to Montana. Multiply line 17 x	%		18	00
ntar		tana source income received from pass-through entities				
Moi		source income from MT Schedules K-1 issued to this en	tity) 19a	00)	
	•	tana source income from Schedules VII	19b	00		
		rtionable income allocated to Montana. (See instructions)	19c	00		
			nonapportionable income (loss)		19	00
		18 and 19; enter result.	This is your total Mon			00
		· · · ·				



2020v1 7/23/20

Form F	TE, Page 2 – 2020	FEIN		
пij	21 Enter your total composite tax from Schedule IV, column H		21	00
PTE Liability	22 Enter the sum of pass-through withholding from all owners' MT Schedules K-1, part	5. line 3a	22	00
_	23a Total Montana mineral royalty tax from MT Schedules K-1 and			
	federal Forms 1099 received by the PTE	23a 0	0	
	23b Mineral royalty tax allocated to owners on their MT Schedules K-1, Part 5, line 4	23b 0		
ling		eral royalty tax that the PTE can claim	. 23	00
Withholding	24a Total Montana pass-through withholding from MT Schedules K-1 received	24a 0		
VithI	24b Montana pass-through withholding allocated to owners on their MT Schedules K-1,			
>	Part 5, line 3b	24b 0	0	
	24 Subtract line 24b from 24a. This is the amount of Montana pass-th	nrough withholding the PTE can claim	. 24	00
	-	ding payments that the PTE can claim		00
	26a 2019 overpayment applied to 2020	26a 0		
nts	26b 2020 estimated payments	26b 0	0	
mei	26c 2020 tentative payments	26c 0	0	
Pay	26d For amended returns only – payments made with original return	26d 0	0	
Return Payments	26e For amended returns only – previously issued refunds. (See instructions)	26e 0	0	
Ret	26 Add lines 26a through 26d, then subtract line 26e.	This is your total return payments	. 26	00
	27 Add lines 21 and 22, then subtract lines 25 and 26.	This is your amount due or (overpaid)	. 27	00
	28a PTE information return late filing penalty	28a 0	0	
pu	28b Interest on underpayment of estimated composite tax	28b 0	0	
es a rest	28c Composite income tax return late filing penalty	28c 0	0	
Penalties and Interest	28d Late payment penalty	28d 0	0	
Per	28e Interest	28e 0	0	
	28 Add lines 28a through 28e. T	his is your total penalties and interest	. 28	00
	29 Add lines 27 and 28		29	00
ved d	30 If line 29 results in an amount due, enter it here.	This is the amount you owe. \blacktriangleright	30	00
Amount Owed or Refund	Why not e-pay? See your options at MTRevenue.gov. If writing a	a check, make it payable to MONTANA	A DEPARTMENT OF I	REVENUE.
oun	31 If line 29 results in an overpayment, enter it here. This is your over	rpayment. Enter as a positive number	. 31	00
Amo	32 Enter the amount from line 31 that you want applied to your 2021 tax	32 0	0	
	33 Subtract line 32 from line 31 and enter the amount here.	This is your refund. ►	33	00

Direct Deposit Your Refund Complete 1, 2, 3, and 4. (See instructions)	 RTN# If using direct deposit, you are required to If this refund is going to an account that is I 		Checking Inited States or its to	Savings erritories, mark here.
	e swearing, I declare that I have examined the swearing, I declare that I have examined the swear the swear strue, correct, and comp	<i>,</i> 0	companying scheo	dules and statements, and

Signature of Officer	Date	Printed Name and Title		Telephone Number
X	MMDDYYYY			
Print/Type Preparer's Name	Preparer's Signat	ure	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.

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Schedule I - Apportionment Factor for Multistate Pass-Through Entities

Enter amounts in columns A and B. Enter percentages in column	C. A. Everyw	here	B. Montana.	C. Factor
1 Property Factor: Use average value for real and tangible p	ersonal property.			
1a Land	1a	00		00
1b Buildings	1b	00		00
1c Machinery	1c	00		00
1d Equipment	1d	00		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. T	his is your prop	erty factor. 1	9
2 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 pay	roll factor. 2	9
3 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 t	axable	3c(2)		00
3d Receipts other than receipts of tangible personal propert	y (e.g., service incor	ne) 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 Total Receipts Value. 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. T	his is your recei	pts factor. 3	9
4 Add the percentages on lines 1, 2, and 3 in column C.	This i	is the sum of yo	ur factors. 4	9
5 Divide the percentage on line 4 by the number of factors inc				
or receipts factor is 0%, it is included in the calculation of line	e 4 if there is a value	e in column A. (Se	e instructions)	
Enter the result here and also on page 1, line 18 of this form	. This is y	our apportionm	ent factor. 5	9



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Schedule II – Montana Pass-Through Entity Tax Credits

Type of Credit		Amount of Credit
1 Dependent care assistance credit (include Form DCAC)	1	00
2 College contribution credit (include Form CC)	2	00
3 Health insurance for uninsured Montanans credit (include Form HI)	3	00
4 Recycle credit (include Form RCYL)	4	00
5 Alternative energy production credit (include Form AEPC)	5	00
6 Contractor's gross receipts tax credit. If the entity reports multiple CGR accounts, mark here.		
CGR account id: C G R	6	00
7 Alternative fuel credit (include Form AFCR)	7	00
8 Infrastructure user fee credit (include Form IUFC)	8	00
9 Historic property preservation credit (include federal Form 3468)	9	00
10 Mineral and coal exploration incentive credit (include Forms MINE-CERT and MINE-CRED)	10	00
11 Empowerment zone credit	11	00
12 Biodiesel blending and storage credit (include Form BBSC)	12	00
13 Innovative educational program credit	13	00
14 Student scholarship organization credit	14	00
15 Emergency lodging credit (include Form ELC)	15	00
16 Unlocking public lands credit	16	00
17 Apprenticeship tax credit	17	00
18 Media credit (include Form MEDIA-CLAIM and all supplemental information with Montana Schedules K-1)	18	00
		Amount of
Type of Credit Recapture		Credit Recapture
19 Historic property preservation credit recapture	19	00
20 Biodiesel blending and storage credit recapture	20	00
21 Oilseed crushing and biodiesel/biolubricant production credit recapture	21	00
When attributing any credit or credit recapture from a PTE to its owners, use the same proportion the PTE used to report each owner's in purposes. Include a detailed breakdown that shows each owner's share of the credit or credit recapture.	come or lo	oss for Montana tax

Use Montana Schedule K-1 to notify each owner of the amount of credit available to the owner.



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Schedule IV – Montana Composite Income Tax Schedule

Part I. Eligible Participating Owners	Part II. Composite Tax Ratio	1	2	3
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	0	C

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

	A	В	С	D	E	F	G	Н
	Name	Social Security Number or Federal Employer Identification Number	Owner's share of federal income from entity	Standard deduction	Exemption \$2,560	Montana taxable income – Subtract columns D and E from column C.	Enter the appropriate tax from the tax table below.	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 comp	oosite tax from all addi	tional pages, if used	00

11 Enter the total composite tax from all additional pages, if used

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 More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$3,100	1% (0.010)	\$0	
\$3,100	\$5,500	2% (0.020)	\$31	
\$5,500	\$8,400	3% (0.030)	\$86	
\$8,400	\$11,300	4% (0.040)	\$170	
\$11,300	\$14,500	5% (0.050)	\$283	
\$14,500	\$18,700	6% (0.060)	\$428	
More than \$18,700		6.9% (0.069)	\$596	

schodule VI. Deposition of Creatical Transactions				
Schedule VI – Reporting of Special Transactions Complete Schedule VI only if your PTE filed any of the federal inc box indicating which form(s) you filed with the Internal Revenue S one or more of these forms, you must include a complete copy of	ervice (IRS) for	this tax year. If your answ		
1 The entity filed federal Form 8918 – Material Advisor Disc	closure Stateme	nt with the IRS		Yes
2 The entity filed federal Form 8824 – Like-Kind Exchanges NOTE: Mark the box if your like-kind exchange includes Mo				Yes
3 The entity filed federal Form 8865 – Return of U.S. Person Partnerships with the IRS	ns with Respec	to Certain Foreign		Yes
4 The entity filed federal Form 8886 – Reportable Transacti	on Disclosure S	Statement with the IRS		Yes
⁵ For S corporations only: The S corporation filed federal For Corporations Making Qualified Stock Purchases with the IR		ns Under Section 338 fo	r	Yes
Complete this section if the PTE is a partner	ship and was audi	ed by the IRS.		
6 Did the partnership push out adjustments for reviewed year Montana source income or loss?	s when partners	received		Yes
7 Did the partnership have to pay an imputed underpayment reviewed years when the partnership had Montana source i	•	nade by the IRS on		Yes
If you answered yes to question 6 or 7, include the final detern	nination and all re	vised federal Schedules k	< -1 γοι	ı issued.
Complete this section if you made a disl	bursement to a rela	ated party		
8 During this tax year, the entity made payments to one o				
(excluding salary compensation) that exceeded \$100,00				Yes
If you answered "Yes" to this question, please provide the n				
number of each related party below and the amount that yo Name	FEIN	Amount of Payment	ł	
Namo) ()	
			0	
		C	00	
		C	0	
			00	
		0	00	
		C	00	
			00	
			00	
			00	
			00	
			00	
			0	

Form PTE, Page 6 – 2020

FEIN



Schedule VII – List of Disregarded Entities (DE)

A	В	С	D	Е	F	G	Н	I.
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
1								00
2								00
3								00
4								0 0
5								00
6								0 0
7								00
8								00
9								0 0
10								00
11								0 0
12								0 0
13								00
14								00
							15 Total	00



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

Diore			Everywhere		
	1a Gross income	1a	00		
шe	1b Returns and allowances	1b	00		
Business Income	1c Balance. Subtract line 1b from line 1a.	1c	00		
ss Ir	1d Cost of goods sold (provide statement)	1d	00		
ine	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		
Suc	1i Rent	1i	00		
Deductions	1j Other deductions (provide statement)	1j	00		
)edi	1k Add lines 1h through 1j. This is your total deductions.	1k	00		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
-	6 Ordinary dividends	6	00	6	00
Щ	7 Royalties	7	00	7	00
Other Income	8 Net short-term capital gain (loss) (include federal Schedule D)	8	00	8	00
her	9 Net long-term capital gain (loss) (include federal Schedule D)	9	00	9	00
ð	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
Adj.	16 Montana subtractions from income	16	00		00
	17 Add lines 14 and 15, then subtract line 16.				
Total	Mark this box if some income is apportionable.	17	00	17	00
	1a Everywhere property	1a	00		
	1b Montana property			1b	00
5	1 Divide line 1b by line 1a.		This is your Property factor.	1	%
acto	2a Everywhere payroll	2a	00		
at Fi	2b Montana payroll			2b	00
mei	2 Divide line 2b by line 2a.		This is your Payroll factor.	2	%
Apportionment Factor	3a Everywhere receipts	3a	00		
por	3b Montana receipts			3b	00
Ą	3 Divide line 3b by line 3a.		This is your Receipts factor.		%
	4 Sum of factors. Add lines 1, 2, and 3.			3 4	%
	5 Divide line 4 by the entity's number of factors.	This is your Apportionment factor.		5	%
			is your apportionment hotol.	0	70



Montana Adjustments Worksheet

		Α	В	C	D	E
1 Montana Additions to Everywhere Income	Code	PTE's Apportionable Activities	Nonapportionable Income	From MT Schedules K-1, Part 3, Column I (See instructions)	From Schedules DE, Everywhere column, lines 15 and 16	Total Everywhere Adjustments
		00	00	00	00	00
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
2 Montana Subtractions	Total	00	00	00	00	0
	Total	00	00	00	00	0
to Everywhere Income		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
	Total	00	00	00	00	0
	Total			From MT Schedules K-1,	From Schedules DE, Montana	Total Montana Source
3 Montana Source Additions	Code	PTE's Apportionable Activities	Nonapportionable Income	Part 3, Column II	column, lines 15 and 16	Income Adjustments
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	0.0	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
	Total	00	00	00	0.0	0
4 Montana Source Subtractions						
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
	Total	00	00	00	00	00



Montana Source Income Schedule

		А	В	C	D	E
Own of Marshan and income		Martin Original States from	Martin Original Income form	Northern October Income from	Montana Source income	Total of a channel
Sum of Montana source income			Montana Source Income from		from PTE's apportionable	Total of columns
per item of income (loss) and deduction.		Montana Schedules K-1	Schedules DE	Nonapportionable income	activities	A through D
1 Ordinary business income (loss)	1	00	00	00	00	00
2 Net rental real estate income (loss)	2	0.0	00	00	0 0	00
3 Other net rental income (loss)	3	0.0	00	00	0 0	00
4 Guaranteed payments	4	0.0	00	00	0 0	00
5 Interest income	5	0.0	00	00	0 0	00
6 Ordinary dividends	6	00	00	00	0 0	00
7 Royalties	7	0.0	00	00	0 0	00
8 Net short-term capital gain (loss)	8	0.0	00	00	0 0	00
9 Net long-term capital gain (loss)	9	0.0	00	00	0 0	00
10 Net §1231 gain (loss)	10	0.0		00	0 0	00
11 Other income (loss).	11	0.0	00	00	0 0	00
12 §179 expense deduction apportionable						
and/or allocable to Montana	12	0.0	00	00	0 0	00
13 Other expense deductions apportionable						
and/or allocable to Montana	13	00	00	00	0 0	00
14 Total Montana Source Income	14	00	00	00	00	00



Montana Schedule K-1

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

For the calendar year 2020, or tax year beginning MMDDYYYY and ending MMDDYYYY

E	Mark applicable boxes: Amended Schedule K-1 Final Schedule K-1					
Part 1 PTE Information	Pass-through Entity's Name					
t 1	Mailing Address		FEIN			
Part 1 Inform	Mailing Address					
Ë	City State ZIP Code					
ē.						
-	Name		FEIN			
tior	Mailing Address		OR SSN			
, ma			001			
Part 2 r Inforn	City State ZIP Code					
Part 2 Owner Information						
NN	Owner Type Resident Nonresident The owner is included			%		
0	The owner filed Form PT-AGR Year	Profit and loss percentage Capital/Ownership				
		oupin	ll	%		
<u>.</u>	Montana Adjustments (See worksheet on page 9) Everywhe	ere	Montana			
Part 3 Adj.	1 Additions 1	00		00		
	2 Subtractions 2 Distributive Share of Montana Source Income (Loss)	00		00		
	1 Ordinary business income (loss)	00		00		
	2 Net rental real estate income (loss) 2	00		00		
me	3 Other net rental income (loss) 3	00		00		
nco	4 Guaranteed payments 4	00		00		
+	5 Interest income 5	00		00		
Part 4 Montana Source Income	6 Ordinary dividends 6	00		00		
Pa Sc	7 Royalties 7	00		00		
ana	8 Net short-term capital gain (loss) 8 9 Net long-term capital gain (loss) 9	00		00		
ont	10 Net section 1231 gain (loss) 10	00		00		
Σ	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		
	Supplemental Information			0.0		
ы	1 Owner's share of Montana source income (loss) 2 Montana composite income tax paid on behalf of owner	1		00		
: 5 atic	3a Montana income tax withheld on behalf of owner. (See instructions)	2 3a		00		
Part 5 Informati	3b Montana income tax withheld by a lower tier pass-through entity	3b		00		
lufo	3c Add lines 3a and 3b. This is your total Montana income tax withheld on y	your behalf. 3c	:	00		
	4 Montana mineral royalty tax withheld	4		00		
	5 Other information. List type and amount 5	00		00		
ts e	Tax Credits and Recapture	1		00		
Part 6 Tax Credits	1 Contractor's gross receipts tax credit. If multiple CGR accounts, mark here. CGR Account ID C G	1 R		00		
υ		and amount 2		00		
	Montana Adjustments Detail: Enter the amount and code of each adjustment entered on Part 3. (S					
7 Jse	1 Code 0.0 2 Code 0.0			00		
Part 7 PTE Use	4 Code 00 5 Code 00			00		
	7 Code 00 8 Code 00 10 Code 00 11 Code 00			00		
	10 Code 0 0 11 Code 0 0	12 Code		00		

