Form	n PTE	2022 Montana Include a complete	Pass-Thro	d federal forms a	Tax Retur	n	P
No Staple	es	Partnership		S corporation			
Page 1	F	or calendar year 2022 or tax yea	ar beginning 🛛 🕅		and ending		
Mark	all that apply:	Name			-	FE	IN
In	itial return				Federal Business	Code/NAI	CS
Fi	nal return	Mailing Address			MT Secretary	of State ID	)#
A	mended return				Date of Registratio		
	efund return TP	City	State ZIP Code -	+ 4	State formed in		
Ente	r Number of:	Schedules K-1 Included Resident Owners		esident Owners ypes of Owners			s DE Included K-1 Received
		ributive Share of Income Items (federal S	chedule K)				
		usiness income (loss)				1	00
		real estate income (loss) (include federal Form	3825)			2	00
	-	s rental income (loss)		3a	00		
		from other rental activities (include detailed stat	,	3b	00		
		ne 3b from line 3a.	This	s is your other net re		3	00
		ed payments: Services		4a	00		
		ed payments: Capital		4b	00		
Mark In Fi Ar Re		add lines 4a and 4bThis is your total guaranteed payments.				4	00
	5 Interest inc					5 6	00
ule		rdinary dividends					00
hed	7 Royalties					7	00
Scl		erm capital gain (loss) (include federal Schedul	,			8	00
eral		erm capital gain (loss) (include federal Schedule	D)			9	00
Fed		n 1231 gain (loss) (include federal Form 4797)				10	00
	11 Other inco	me (loss) (include detailed statement)				11	00
	12 Add lines 1	1 through 11 and enter result.		This is your total fed	leral income or loss.	12	00
	Owners' Dist	ributive Share of Deduction Items (inclue	le federal Schedule	K)			
	13a Section 17	'9 deduction (include federal Form 4562)		13a	00		
	13b Contributio	ons		13b	00		
	13c Investmen	t interest expense		13c	00		
	13d Section 59	e(e)(2) expenditures (include detailed statement	1	13d	00		
	13e Other dedu	uctions (include detailed statement)		13e	00		
	13 Add lines 1	13a through 13e and enter result.		This is your total	federal deductions.	13	00
		ne 13 from line 12.	This	is your federal incom	me from all sources.	14	00
	15 Montana a	additions to the PTE's apportionable activities				15	00
	16a Montana s	subtractions from the PTE's apportionable activit	ies	16a	00		
	16b Total every	where income (loss) from federal Schedules K-	1	16b	00		
	16c Total every	where income (loss) from disregarded entities		16c	00		
me	16d Other nona	apportionable income (loss) from the PTE's owr	activities	16d	00		
DCO	16 Add lines 1	s 16a through 16d. This is your deductions including nonapportionable income.					00
ce	17 Add lines 1	14 and 15, then subtract line 16.				17	00
sour	Schedule	I not required: 100% Montana activity	0% Monta	ana activity			
na S	18 Income (l	oss) apportioned to Montana. Multiply line	17 x	%		18	00
nta	19a Total Mont	ana source income received from pass-through	entities				
Mo	(Montana	source income from MT Schedules K-1 issued	o this entity)	19a	0.0		
	19b Total Mont	ana source income from Schedules VII		19b	00		
	19c Nonapport	tionable income allocated to Montana. (See inst	ructions)	19c	00		
			the total nonapportion	nable income (loss) s	sourced to Montana.	19	00
	20 Add lines 1	18 and 19; enter result.	TI	his is your total Mont	ana source income.	20	00





2022v1 06/2022

Form F	PTE, Page 2 – 2022	FE	IN		
PTE Liability	<ul> <li>21 Enter your total composite tax from Schedule IV, column H</li> <li>21a Enter the PTE's tax liability resulting from an adjustment to partnership income. (</li> <li>21b Previously unreported Montana source income from federal Form 8082 (See ins</li> <li>22 Enter the sum of pass-through withholding from all owners' MT Schedules K-1, F</li> </ul>	structions)		21 21a 21b 22	0 0 0 0 0 0 0 0
Withholding	<ul> <li>23a Total Montana mineral royalty tax from MT Schedules K-1 and federal Forms 1099 received by the PTE</li> <li>23b Mineral royalty tax allocated to owners on their MT Schedules K-1, Part 5, line 4</li> <li>23 Subtract line 23b from line 23a.</li> <li>24a Total Montana pass-through withholding from MT Schedules K-1 received</li> <li>24b Montana pass-through withholding allocated to owners on their MT Schedules K-1 received</li> <li>24b Montana pass-through withholding allocated to owners on their MT Schedules K-1 received</li> <li>24b Montana pass-through withholding allocated to owners on their MT Schedules K</li> <li>24 Subtract line 24b from 24a.</li> <li>25 Add lines 23 and 24.</li> </ul>	24a 24b <b>s-through withho</b>	00	23 24	00
Return Payments	<ul> <li>26a 2021 overpayment applied to 2022</li> <li>26b 2022 estimated payments</li> <li>26c 2022 tentative payments</li> <li>26d For amended returns only – payments made with original return</li> <li>26e For amended returns only – previously issued refunds. (See instructions)</li> <li>26 Add lines 26a through 26d, then subtract line 26e.</li> <li>27 Add lines 21, 21a, and 22, then subtract lines 25 and 26.</li> </ul>	-	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	26	00
Penalties and Interest	<ul> <li>28a PTE information return late filing penalty</li> <li>28b Interest on underpayment of estimated composite tax</li> <li>28c Composite income tax return late filing penalty</li> <li>28d Late payment penalty</li> <li>28e Interest</li> </ul>	28a 28b 28c 28d 28e			
Amount Owed or Refund	<ul> <li>Add lines 28a through 28e.</li> <li>Add lines 27 and 28</li> <li>If line 29 results in an amount due, enter it here.</li> <li><i>Why not e-pay? See your options at</i> <u>MTRevenue.gov</u>. If writin</li> <li>If line 29 results in an overpayment, enter it here.</li> <li>This is your options</li> <li>Enter the amount from line 31 that you want applied to your 2023 tax</li> <li>Subtract line 32 from line 31 and enter the amount here.</li> </ul>	This is	tal penalties and interest. the amount you owe. ► <i>it payable to MONTANA</i> ter as a positive number. 0 0 This is your refund. ►	29 30 <i>DEPARTME</i> 31	00 00 00 INT OF REVENUE. 00
You Comp	Act Deposit1. RTN#2r Refund1. RTN#2alete 1, 2, 3, and 4.3. If using direct deposit, you are required to mnstructions)4. If this refund is going to an account that is local		•	Savin s territorie	•
to the	er penalties of false swearing, I declare that I have examined this rebest of my knowledge and belief, it is true, correct, and complete ture of Officer Date Provide Date Pro				nd statements, and elephone Number
	Type Preparer's Name Preparer's Signature	3	Date		PTIN Firm's FEIN

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





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

er amounts in columns A and B. Enter percentages in column		A. Everywhere B. M	lontana.	C. Factor
Property Factor: Use average value for real and tangible personal 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	0 0		00
1i Supplies and other	1i	0 0		00
1j Multiply amount of rents by 8 and enter result	1j	0 0		00
1k Total Property Value. Add lines 1a through 1j	1k	0 0		00
Divide the total in column B by the total in column A. Multiply the result by 100.		This is your property f	actor. 1	
Payroll Factor:				
2a Compensation of officers	2a	0 0		00
2b Salaries and wages	2b	0 0		00
Payroll included in:				
2c Costs of goods sold	2c	0 0		00
2d Other expenses and deductions	2d	0 0		00
2e Total Payroll Value. Add lines 2a through 2d.	2e	0 0		00
Divide the total in column B by the total in column A. Multiply the result by 100.		This is your payroll f	actor. 2	
Gross Receipts Factor:				
3a Gross Receipts, less returns and allowances	3a	0 0		
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 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.		This is your receipts f	actor. 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 fa	ctors. 5	
Divide the total percentage from line 5, column C, by the number of factors that c If a property, payroll, or receipts factor is 0%, it is included in the calculation for lin			actor. 6	





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

Use the corresponding credit code in the table below 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.

	А	В	C
	Credit Code	Credit Authorization Number	Amount of credit
1			00
2			00
3			00
4			00
5			00
6			00
7			00
8			00
9			00
10			00

Credit name	Credit Code
Apprenticeship tax credit	APP
Contractor's gross receipts tax credit	CGR
Historic property preservation credit	HPP
Infrastructure user fee credit	IUF
Innovative educational program credit	IEP
Jobs growth incentive credit	JGI
Media credit	MED
Qualified endowment credit	QET
Recycle credit	RCY
Student scholarship organization credit	SSO
Trades education and training credit	TET
Unlocking public lands credit	UPL



00

# 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	0

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

	А	В	С	D	Е	F	G	Н
	Name	Social Security Number or Federal Employer Identification Number	Owner's share of federal income from entity	Standard deduction	Exemption \$2,710	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	e 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
				Ιάλ
\$0	\$3,300	1% (0.010)	\$0	
\$3,300	\$5,800	2% (0.020)	\$33	
\$5,800	\$8,900	3% (0.030)	\$91	
\$8,900	\$12,000	4% (0.040)	\$180	
\$12,000	\$15,400	5% (0.050)	\$300	
\$15,400	\$19,800	6% (0.060)	\$454	
More than \$19,800		6.75% (0.0675)	\$603	

Schedule VI – Reporting of Special Transactions Complete Schedule VI only if your PTE filed any of the federal ir box indicating which form(s) you filed with the Internal Revenue one or more of these forms, you must include a complete copy o	Service (IRS) for	this tax year. If your ans		
1 The entity filed federal Form 8918 – Material Advisor Dis	sclosure Statem	ent with the IRS		Yes
2 The entity filed federal <b>Form 8824 – Like-Kind Exchange</b> NOTE: Mark the box if your like-kind exchange includes M				Yes
3 The entity filed federal Form 8865 – Return of U.S. Pers Partnerships with the IRS	ons with Respec	t to Certain Foreign		Yes
4 The entity filed federal Form 8886 – Reportable Transac	tion Disclosure	Statement with the IRS		Yes
5 For S corporations only: The S corporation filed federal <b>For</b> <b>for Corporations Making Qualified Stock Purchases</b> w		ons Under Section 338	3	Yes
Complete this section if the	PTE is a partner	ship.		
<ul> <li>6 Mark the box if the partnership filed one or more of the fol Provide a copy of each form with your tax return.</li> <li>• Federal Form 8985, Pass-Through Statement - Transmitt</li> <li>• Federal Form 8986, Partner's Share of Adjustment(s) to</li> <li>• Federal Form 8082, Notice of Inconsistent Treatment or 1</li> </ul>	tal/Partnership Ac Partnership-Relat	ljustment Tracking Repo ed Items(s)		
7 Mark the box if the partnership had Montana source incom If applicable, provide a copy of your federal audit adjustme				
Complete this section if you made a d	isbursement to a	a related party.		
8 During this tax year, the entity made payments to one (excluding salary compensation) that exceeded \$100, If you answered "Yes" to this question, please provide the number of each related party below and the amount that y	000 per recipient name and federa ou paid to each r	l employer identification elated party:		Yes
Name	FEIN	Amount of Paymen		
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	

FEIN

Form PTE, Page 6 – 2022



# 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								0 0
3								00
4								00
5								00
6								00
7								00
8								00
9								0 0
10								00
11								00
12								00
13								00
14								00
							15 Total	0 0



#### 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

DISIC			Everywhere		
	1a Gross income	1a	00		
me	1b Returns and allowances	1b	00		
UCO	1c Balance. Subtract line 1b from line 1a.	1c	00		
Business Income	1d Cost of goods sold (provide statement)	1d	00		
sine	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		
ucti	1j Other deductions (provide statement)	1j	00		
Deductions	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
e	6 Ordinary dividends	6	00	6	00
E C	7 Royalties	7	00	7	00
lnc	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
÷	15 Montana additions to income	15	00	15	00
Adj.	16 Montana subtractions from income	16	00	16	00
Total	17 Add lines 14 and 15, then subtract line 16.				
Po	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	%
	2a Everywhere payroll	2a	00		
Factor	2b Montana payroll			2b	00
Fac	2 Divide line 2b by line 2a.		This is your Payroll factor.	2	%
Jent	3a Everywhere receipts	3a	00		
uuo	3b Montana receipts			3b	00
Apportionmen	3 Divide line 3b by line 3a.		This is your Receipts factor.	3	%
App	4 Enter the amount reported on line 3			4	%
	5 Add the percentages from lines 1, 2, 3, and 4.	٦	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	%



# 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
0 Martin - Oaktrastiana	Tatal	00	00	00	00	0
2 Montana Subtractions	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		00	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
	oouc	00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	00	0
		00	00	00	0.0	0
		0.0	00	00	0.0	0
	Total	0.0	00	00	0.0	0
4 Montana Source Subtractions						
		0 0	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

		A B		C	D	E	
Sum of Montana source income		Montana Source Income from	Montana Source Income from	Montana Source Income from	Montana Source income 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	00	00	
3 Other net rental income (loss)	3	0.0	00	00	00	00	
4 Guaranteed payments	4	0.0	00	00	00	00	
5 Interest income	5	0.0	00	00	00	00	
6 Ordinary dividends	6	0.0	00	00	00	00	
7 Royalties	7	0.0	00	00	00	00	
8 Net short-term capital gain (loss)	8	0.0	00	00	00	00	
9 Net long-term capital gain (loss)	9	0.0	00	00	00	00	
10 Net §1231 gain (loss)	10	0.0	00	00	00	00	
11 Other income (loss).	11	0.0	00	00	00	00	
12 §179 expense deduction apportionable							
and/or allocable to Montana	12	0.0	00	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 2022, or tax year beginning	MMDDYYY and ending MMDDYYY
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		endar year 2022, or tax year t			ending MM		
uo	Mark applicable boxes:	Amended Schedule K-1	Final Schedule K-	1			
Part 1 PTE Information	Pass-through Entity's Na	FEIN					
rt 1	Mailing Address						
Part 1 Inform	Maining Address						
щ	City	C	State ZI	<sup>D</sup> Code			
Ы	Oity			Code			
	Name					FEIN	
Ľ						OR	
atic	Mailing Address					SSN	
ш, 2	Ū					Beneficial owner	
Part 2 <sup>-</sup> Inforn	City		FEIN				
<u> </u>						or SSN	
Part 2 Owner Information	Owner Type	Resident Nonreside	nt				
ó	Special Allocations (See				Profit and loss		%
	The owner is included in	n a composite income tax return			Capita	al/Ownership	%
				I		II .	
Part 3 Adj.	-	nts (See worksheet on page		Everywhei		Monta	
Par Ac	1 Additions		1		00		00
	2 Subtractions	of Montana Source Income	2		00		00
	1 Ordinary business income		(LOSS) 1		00		00
	2 Net rental real estate inco	. ,	2		00		00
me	3 Other net rental income (I		3		00		00
00	4 Guaranteed payments		4		0.0		00
elu	5 Interest income		5		00		00
Part 4 Montana Source Income	6 Ordinary dividends		6		00		00
Par Sot	7 Royalties		7		00		00
Ja	8 Net short-term capital gain	n (loss)	8		00		00
ıtar	9 Net long-term capital gain	(loss)	9		00		00
Nor	10 Net section 1231 gain (los		10		00		00
	11 Other income (loss) (inclu	-	11		00		00
	12 Section 179 expense ded		12		00		00
	13 Other expense deduction		13		00		00
	Supplemental Infor			nestic 2nd tier PTE			
	The owner filed Form PT	4		00			
ion	1 Owner's share of Montan	ne tax paid on behalf of owner			1		00
Part 5 ormati		held on behalf of owner. (See instruc	tions)		2 3a		00
Part 5 Informatio	3b Montana income tax with	3b		00			
Inf	3c Add lines 3a and 3b.		•	ome tax withheld on y			0.0
	4 Montana mineral royalty t			, , ,	4		00
	5 Other information. List typ		and amount 5		00		00
S	Tax Credits						
Part 6 Tax Credits	Credit Code	<b>Credit Authorization Num</b>	ber	Amount of credit			
Part 6 k Cred	1			0	C		
aX P	2			0			
	3			0			
7 Se		nts Detail: Enter the amount and					
	1 Code	00 2 C		00	3 Code		00
Part 7 PTE Use	4 Code	00 5 C 00 8 C		00	6 Code		00
_	7 Code	00 <b>8 C</b>	oue	00	9 Code		00

